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The Effects of Mindfulness and Self-Compassion on Improving the Capacity to Adapt to Stress Situations in Elderly People Living in the Community

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ABSTRACT

Objectives: This study aimed to show the effectiveness of mindfulness and self-compassion therapy in improving coping ability and adaptation to stressful situations in the elderly.

Methods: Forty-five elderly non-institutionalized adults were randomized to either treatment or a treatment waiting list. A pre- and post-treatment assessment was performed, consisting of the Brief Resilient Coping Scale (BRCS), Depression Anxiety Stress Scales (DASS), and Coping Strategies Questionnaire. The program was developed over 10 sessions lasting 120 minutes each.

Results: Analysis of variance for repeated measures showed significant differences in the time-group interaction for the treatment’s effectiveness in improving resilience, positive reappraisal and avoidance strategies, and decreasing anxiety, problem-solving coping, negative self-focus, overt emotional expression and religion.

Conclusions: The mindfulness and self-compassion program is useful for improving resilience and coping strategies and reducing anxiety and stress levels in the elderly.

KEYWORDS
Anxiety; coping; mindfulness; resilience; self-compassion

Introduction

Interest in mindfulness and its enhancement has increased in recent years. Derived from ancient Buddhist and Yoga practices, the term mindfulness may be used to describe a psychological trait, a practice for cultivating mindfulness (e.g., mindfulness meditation), a mode or state of awareness, or a psychological process. Mindfulness refers to a process that leads to a mental state characterized by non-judgmental awareness of the present moment experience, including one’s sensations, thoughts, bodily states, consciousness, and the environment, while encouraging openness, curiosity, and acceptance (Bishop et al., 2004). Mindfulness has been broadly conceptualized as a state in which one is highly aware and focused on the reality of the present moment, accepting and acknowledging it, without getting caught up in thoughts about the situation or emotional reactions to it (Kabat-Zinn, 1990).
In relation to this concept, compassion involves sensitivity to the experience of suffering, coupled with a deep desire to alleviate that suffering (Goetz, Keltner, & Simon-Thomas, 2010). Neff (2003a) operationalized self-compassion as consisting of three main elements: kindness, common humanity, and mindfulness. These components combine and mutually interact to create a self-compassionate frame of mind. Currently, there are programs for increasing self-compassion whose benefits are being tested experimentally. Gilbert and Procter (2006) developed a group-based therapy intervention for clinical populations called Compassionate Mind Training (CMT). CMT is designed to help people develop self-compassion skills, especially when their usual way of relating to themselves involves self-attack. Germer and Neff (2013) developed a training program called Mindful Self-Compassion (MSC), designed to teach self-compassion skills to the general population. Experimental studies that include training in mindfulness and self-compassion for mental health have shown positive results (Phillips & Ferguson, 2013).

Mindfulness-based interventions have brought about a revolution in the health sciences field in recent years, and their efficacy has been shown in numerous clinical and non-clinical contexts (see meta-analysis by Eberth & Sedlmeier, 2012; Visted, Vøllestad, Nielsen, & Nielsen, 2015).

One demonstrated effect of this type of therapy is increased coping ability and adaptation to stressful situations (Weinstein, Brown, & Ryan, 2009). Specifically, a person is more likely to face a situation adaptively if he/she is able to consciously observe the situation and objectively note the internal aspects, thoughts and emotions taking place, instead of focusing on negative thought patterns or distorted past- or future-oriented thoughts (McCullough, Orsulak, Brandon, & Akers, 2007).

Approach coping is generally considered adaptive because an effort is made to resolve stressful situations or to overcome the stress associated with them. Coping based on the Lazarus and Folkman (1984) paradigm is conceptualized as having two dimensions, problem-focused versus emotion-focused coping. The objective of problem-focused coping is to manage or change the problem that causes the disturbance. Emotion-focused coping methods regulate the person’s emotional response to the problem. Resilience is inextricably linked to coping, as it is an outcome of good adaptation to stressful situations. Masten (2001) described it as “a class of phenomena characterized by good outcomes in spite of threats to adaptation or development” (p. 228). Resilience is a positive and adaptive approach to stress.

Throughout life, people have to address various adverse situations and adapt to numerous changes that affect their daily lives. However, elderly adults experience an age-associated loss of resources, both material and personal, that can hinder their ability to adjust to unfortunate situations (loss of loved ones, increased dependency, etc.). Given that the basis for
successful aging is the ability to adapt and adjust to changes, training in mindfulness and self-compassion creates an emotionally positive self-attitude that can protect against the negative consequences of self-judgment, isolation, and rumination (Neff, 2003b). It is a good tool for working with people who face aging (Neff & Germer, 2013), as it produces benefits in mental health and coping in the presence of stressful events in old age (Allen & Leary, 2014). Furthermore, with a Mindfulness program, people can learn to resolve life’s challenges through methods that are not based on rationality (Kabat-Zinn, 2014).

Studies with older people have found benefits in both physical and physiological aspects, such as brain aging (Epel, Daubenmier, Moskowitz, Folkman, & Blackburn, 2009) and chronic pain (Morone, Lynch, Greco, Tindle, & Weiner, 2008); cognitive processes such as attention (McHugh, Simpson, & Reed, 2010), flexibility (Moore & Malinowski, 2009), visuo-spatial processing, working memory and executive functioning (Zeidan, Johnson, Diamond, David, & Goolkasian, 2010); and emotional aspects, such as emotional distress (de Frias & Whyne, 2015; Young & Baime, 2010), levels of depression (Smith, Graham, & Senthinathan, 2007) and anxiety (Manouchehri et al., 2014). In general, the practice of mindfulness has been found to regulate emotion, even improving the self-perception of aging (Turner, 2009) and effective coping with stressful aging events (Allen & Leary, 2014). However, to date, few studies have focused on analyzing the effectiveness of mindfulness in healthy older people with variables such as resilience and coping.

Given the number of changes and losses that occur during the normal aging process, it is important to develop a type of intervention that can help these people to gain optimal strategies to better adapt to the environment and these changes. In addition, given the concept of successful aging, where the senior continues to live an active life despite the typical decline related to aging, such interventions in older people are of great interest. If older people develop, maintain and/or enhance their capabilities, they can improve their health and, therefore, their quality of life. These results can be of interest to the literature and in clinical practice with older adults to improve their quality of life.

In sum, this study evaluates the effectiveness of a mindfulness and self-compassion program with a sample of older people in improving resilience levels and reducing the levels of stress, anxiety and depression associated with aging, and it explores whether changes occur in coping strategies.

Method

Participants

The initial sample was composed of 45 elderly adults living in a community. The sample was recruited for participation in a mindfulness program offered
by a senior program at the University of Valencia. This program aims to be a link between society and the university, promoting and conducting activities for the diffusion and dissemination of knowledge, science and culture. To participate, inclusion criteria required that participants had to be 60 years old or more, could not be under institutional care, and could not have any cognitive impairment that interfered with their daily activities. The participants, who met all the criteria, gave their informed consent to take part in the study. They were evaluated individually before being assigned to groups. After this first evaluation, all the participants were randomly assigned to either the intervention group (N = 22) or the control group (N = 23). To randomize the groups, a spreadsheet was used where the participants’ codes were introduced. The program offered an output file with the participants who would receive the treatment. The other participants became the control group and continued with their usual care. The participants did not know which group they belonged to until the second data collection was completed. Members of the control group were on a waiting list for treatment. Members of the treatment group had to attend at least 90% of the sessions. For health reasons, two participants did not have 90% attendance and were excluded from the analyses, leaving a final sample size of 43 participants (N = 20 in the intervention group, and N = 23 in the control group). Following the intervention, post treatment measures were taken in both groups. The average age of the group was 63.56 years (SD = 4.1). As for gender, 32.6% were male and 67.4% female. Regarding marital status, 34.9% were married, 14.3% were single, and 19% were widows or widowers. In terms of educational level, 34.9% had only completed elementary education, 25.6% had completed secondary education, and 39.5% had higher education. An analysis of the homogeneity of these variables revealed no significant differences (see the Results).

**Instruments**

In addition to collecting socio-demographic data, various tests and scales were administered to obtain pre- and post-intervention measures.

The Brief Resilient Coping Scale (BRCS; Sinclair & Wallston, 2004) has been validated in the Spanish elderly population (Tomás, Meléndez, Sancho, & Mayordomo, 2012). The BRCS is a brief 4-item scale designed to assess the tendency to cope with stress in a highly adaptive manner. The scale has demonstrated adequate levels of reliability and validity and shows one coping factor that emerges from the four indicators (Sinclair & Wallston, 2004); reliability obtained by Cronbach’s alpha was .83.

The Depression Anxiety Stress Scales (DASS; Lovibond & Lovibond, 1995) is a 42-item questionnaire that includes three self-report scales. This test is designed to measure the negative emotional states of depression, anxiety and
stress. Each of the three scales contains 14 items. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia and inertia; the Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and the subjective experience of anxious affect; the Stress scale is sensitive to levels of chronic non-specific arousal, and assesses difficulty in relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Each item is scored from 0 to 3, according to the degree to which subjects have experienced each state during the past week (0 = nothing, 3 = very applicable). Reliability obtained by Cronbach’s alpha was .96 for depression, .86 for anxiety, and .93 for stress.

The Coping Strategies Questionnaire is a 42-item self-report measure designed to assess seven basic coping styles: (1) problem-solving coping, (2) negative self-focused coping, (3) positive reappraisal, (4) overt emotional expression, (5) avoidance, (6) seeking social support, and (7) religious coping. The questionnaire was developed and validated by Sandín and Chorot (2003), and its factor structure has been confirmed in an elderly population with satisfactory reliability (Tomás, Sancho, & Meléndez, 2013). The CAE is based on the classic distinction between problem-focused and emotion-focused coping (Lazarus & Folkman, 1984), and confirmatory factor analysis was conducted on the seven coping dimensions to test a two-factor solution of problem- and emotion-focused coping (Tomás et al., 2013). Reliability obtained by Cronbach’s alpha for the dimensions was: problem-solving coping .88; negative self-focused .65; positive reappraisal .65; overt emotional expression, .76; avoidance .64; seeking social support .92; religious .82.

**Procedure**

The mindfulness training program applied integrates practical and theoretical elements of the following models: Kabat Zinn’s Mindfulness-Based Cognitive Therapy, Salzberg (2010) and the Mindful Self-compassion Program by Neff (2011). Based on these studies, sessions are held in a group format, due to the advantages of this type of intervention format. The intervention was carried out for 10 consecutive weeks, with one two-hour session held each week. Each session combined theoretical explanations and practical exercises, and ended with proposals for daily tasks to be carried out during that week. These tasks included formal practice—different forms of meditation—and informal practice—daily mindful activities, such as bringing one’s attention to what was being done and what was occurring in the present moment with openness, curiosity, acceptance, and friendliness. We also handed out recordings to enable guided meditations. The different topics addressed are:
(1) Living under automatic pilot versus living with mindfulness: sitting meditation, eating mindfully, mindful activity;
(2) Breathing as an anchor for living in the present: breathing meditation, eating mindfully, mindful activity, 3-minute breathing;
(3) Body sensation awareness: body scan meditation, mindful activity, 3-minute breathing;
(4) Sensorial awareness: sound landscape meditation, mindful activity related to sounds, 3-minute breathing;
(5) Thinking awareness: mental landscape meditation, mindful pleasant activity, 3-minute breathing in pleasant moments;
(6) Emotion awareness: meditations: labelling emotions and paying attention to emotions through body sensations, 3-minute breathing and emotions, mindful activity;
(7) Exploring difficult moments: meditation with difficult emotions, 3-minute breathing in unpleasant moments, mindful activity;
(8) Unconditional love versus praiseworthy self-esteem: metta meditation (3-minute pause with metta), mindful self-care activity (3-minute pause with metta);
(9) Compassion and forgiveness: Compassion meditations, forgiveness meditation, 3-minute pause with compassion during difficult moments, mindful self-care activity.
(10) How to maintain and secure mindful practice: Mountain meditation, Lake meditation.

Data analysis

We performed $t$-tests for independent samples, chi-squared tests and Mann-Whitney U-tests to determine whether the groups were homogenous prior to treatment. To analyze the intervention’s effects, repeated measures analyses of variance were conducted. Simple effects and interaction effects (group X time) were examined. The level of statistical significance employed was $p < .05$; for the interpretation of eta squared, scores equal to or greater than .50 are considered moderate, and .80 is considered large (Cohen, 1992). All analyses were carried out using the SPSS 19 statistical package.

Results

First, tests for homogeneity revealed no significant differences between groups at pre-treatment: age (62.06 vs. 64.60; $t(37) = 1.99$, n.s.), gender ($\chi^2 (1) = .94$, n.s.), marital status (Mann-Whitney $z = .516$, n.s.), educational level (Mann-Whitney $z = .72$, $p = \text{n.s.}$).
The resilience (BRCS results) time-group interaction was found to have a significant effect ($F_{1,35} = 5.35, p = .027, \eta^2 = .133$). The groups showed no significant differences at pre-treatment, but the treatment group’s scores increased significantly between pre-treatment and post-treatment ($F_{1,35} = 10.92, p = .002, \eta^2 = .239$). Means and standard deviations of the variables with significant interactions are presented in Table 1.

Next, we studied the effect of the intervention on the depression, anxiety and stress (DASS) dimensions, and simple effects analysis revealed no significant differences between pre-treatment measures. Dimensions showed only time-group interaction effects on anxiety ($F_{1,35} = 8.99, p = .005, \eta^2 = .204$), as a significant reduction was observed in the treatment group’s scores between the two measurement points ($F_{1,35} = 15.14, p < .001, \eta^2 = .302$). The effect of the interaction on stress was marginally significant ($F_{1,35} = 3.30, p = .078, \eta^2 = .086$), and a significant decrease was observed in the treatment group ($F_{1,35} = 4.19, p = .048, \eta^2 = .107$).

Finally, with regard to the coping dimensions, simple effects analysis revealed no differences at pre-treatment, except on positive reappraisal ($p = .001$). The coping dimensions showed significant effects on the group X time interaction strategies: problem-solving coping ($F_{1,35} = 23.25, p < .001, \eta^2 = .392$), positive reappraisal ($F_{1,35} = 7.99, p = .008, \eta^2 = .186$), negative self-focused coping ($F_{1,35} = 19.65, p < .001, \eta^2 = .360$), overt emotional expression ($F_{1,35} = 29.63, p < .001, \eta^2 = .458$), avoidance ($F_{1,35} = 5.47, p = .025, \eta^2 = .135$) and religion ($F_{1,35} = 37.125, p < .001, \eta^2 = .515$) (Table 1). Seeking social support showed no significant interaction. Regarding simple effects, analysis of the groups over time indicated a significant decrease in the scores of the treatment group on problem-solving coping ($F_{1,35} = 32.64, p < .001, \eta^2 = .476$), negative self-focused coping ($F_{1,35} = 33.58, p < .001, \eta^2 = .490$), overt emotional expression ($F_{1,35} = 55.68, p < .001, \eta^2 = .614$) and religion ($F_{1,35} = 68.99, p < .001, \eta^2 = .663$), and a significant increase in positive reappraisal ($F_{1,35} = 21.78, p < .001, \eta^2 = .384$) and avoidance ($F_{1,28} = 9.44, p = .004, \eta^2 = .212$).

Table 1. Means and Standard Deviations of the Groups in Dimensions with Significant Group x Time Interaction.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Tr Gr</th>
<th>C Gr</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M1</td>
<td>M2</td>
</tr>
<tr>
<td>Resilience</td>
<td>2.51 (0.50)</td>
<td>3.36 (0.51)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.84 (0.68)</td>
<td>.29 (0.37)</td>
</tr>
<tr>
<td>Stress</td>
<td>.74 (0.60)</td>
<td>.42 (0.34)</td>
</tr>
<tr>
<td>Problem-solving coping</td>
<td>3.86 (1.17)</td>
<td>2.49 (1.13)</td>
</tr>
<tr>
<td>Positive reappraisal</td>
<td>1.26 (0.38)</td>
<td>2.21 (0.79)</td>
</tr>
<tr>
<td>Negative self-focused</td>
<td>2.61 (0.84)</td>
<td>1.15 (0.76)</td>
</tr>
<tr>
<td>Overt emotional expression</td>
<td>2.19 (0.56)</td>
<td>1.03 (0.52)</td>
</tr>
<tr>
<td>Avoidance</td>
<td>1.19 (0.69)</td>
<td>1.83 (0.81)</td>
</tr>
<tr>
<td>Religion</td>
<td>2.04 (1.05)</td>
<td>.17 (0.40)</td>
</tr>
</tbody>
</table>
Discussion

Throughout life, people have to face a variety of adverse situations and adapt to numerous changes that affect their daily lives. However, during aging, the loss of certain resources (loss of health, loss of loved ones, increased dependency . . .) and cognitive capacities (memory, processing speed . . .), which is biologically unavoidable, occur during this developmental period, and it is difficult to adjust to these unfavorable situations (Martin, Kliegel, Rott, Poon, & Johnson, 2008). Evidence suggests that self-compassion may be beneficial to older adults who are struggling to cope with the aging process (Allen & Leary, 2014). For this reason, it is important to implement mindfulness interventions in healthy elderly people because they can improve successful aging, and this is one of the aims of positive psychology. The main objective of this study was to analyze the consequences of the use of a Mindfulness Program with self-compassion, based on resilience and coping strategies, in improving elderly people’s adjustment by reducing their anxiety and stress levels. The results obtained suggest that mindfulness practice with self-compassion can be useful in this type of therapy.

Mindfulness practice produces changes at four levels (Shapiro, Carlson, Astin, & Freeman, 2006): self-regulation, values clarification, cognitive, emotional and behavioral flexibility, and exposure to internal events that promote resistance and healthy adaptation to unfavorable situations. These changes are coherent with the improvement observed in resilience values. Regarding the effects of mindfulness on resilience, de Frias (2014) indicates that mindfulness may serve as an adaptive strategy that can protect older adults from the effects of stress on mental health. Therefore, it can be a mechanism for resiliency late in life.

The increase in resilience levels occurs parallel to the decrease in anxiety and stress levels. The effect of Mindfulness practice on these variables has been clearly shown in many studies on anxiety (Hofmann, Sawyer, Witt, & Oh, 2010) and stress (Shapiro, Astin, Bishop, & Cordova, 2005). This improvement comes from attention regulation, body awareness and sustained attention to physical sensations, emotional regulation through acceptance without judgment, emotional regulation through exposure, extinction of automatic responses and reconsolidation, and changes in self-perspective that involve a greater disregard for a rigid image of the self (Hölzel et al., 2011).

Most elderly people have to confront situations such as loss of loved ones or an increase in their dependency. All of these situations will be characterized as involving damage or loss (Martin et al., 2008). In addition, some studies indicate that older people have lower scores on self-efficacy, which makes them more vulnerable (Bandura, 1977). Thus, interventions in the use of more adaptive coping strategies are fundamental in this last stage of life. As indicated by de Frias and Whyne (2015), mindfulness meditation
techniques appear to shift cognitive appraisals from threat to challenge, decrease ruminative thought, and reduces stress arousal. They showed that life stress was inversely related to mental health and physical health, and that trait mindfulness had a positive effect on mental health in middle-aged and older adults.

With Mindfulness practice, people learn to resolve life’s challenges through methods that are not based on rationality or the desire to control or understand all the variables in a life situation (Kabat-Zinn, 2014). Thus, in the present study, the scores on strategies based on problem-solving also decreased. People learn to observe the internal and external reality; they learn to accept it and react without being impulsive. They trust in their own capacity to find an adequate response with an open and secure attitude.

In the positive re-evaluation strategy, although the statistical analysis showed differences in the assessment of the intervention, there was only a significant improvement in the treatment group, while the control group remained stable. This strategy, defined as cognitive methods that modify the meaning of a stressful situation, also obtained higher scores. It should be kept in mind that Mindfulness produces a change in the meaning of a stressful situation by increasing confidence and acceptance of the present situation. As Mindfulness is practiced, a change takes place in the relationship between the individual and his/her personal beliefs. The change is characterized by greater flexibility in overcoming beliefs, greater confidence in the capacity to cope with life’s challenges, and greater awareness that all phenomena have a cause and an effect that is not always possible to understand. On the other hand, and as other authors have stated (Allen & Leary, 2014), people with high self-compassion, an aspect worked on in the intervention, tend to confront painful situations with a more positive approach than those who are less self-compassionate.

Regarding the decrease produced in negative self-focusing, mindfulness and self-compassion training is fundamentally based on the acceptance of suffering as something universal, a full awareness of painful experiences, and a kind and loving response toward oneself, precisely because of this suffering. Thus, people do not attribute guilt to themselves or to the negative aspects of the situation. Elderly people learn to live with the situation by controlling the negative values that produced discomfort before participating in the program (Neff & Germer, 2013). Our results, therefore, coincide with previous studies with elderly people, indicating that self-compassion predicted positive responses to aging and that self-compassionate thoughts explained the relationship between trait self-compassion and emotional tone, as well as the belief that their attitude helped them to cope with age-related events (Allen & Leary, 2014).

Another noteworthy effect is the decrease in the open emotion expression strategy. After the intervention, participants manifested much less tendency
to express their emotions in a cathartic way. This result was expected because these types of interventions make people less impulsive when facing stressful situations, they help them to manage their emotions better (Jazaieri, Urry, & Gross, 2013), and they give them greater capacity for introspection and emotional awareness (Sze, Gyurak, Yuan, & Levenson, 2010).

As far as increasing the avoidance strategy is concerned, mindfulness training produces an increase in the postponing response strategy because it teaches qualities such as attentive, kind, receptive and accepting awareness that can be applied in everyday stressful situations in order to respond to them at the appropriate time. Being aware of each moment allows us to avoid worsening the situation or employing inadequate methods to deal with it. Furthermore, as other authors also state (Meléndez, Mayordomo, Sancho, & Tomás, 2012), elderly people use avoidance strategies more often because they have more time and are able to choose the best solution more calmly. Therefore, in the short term, this type of transitory and voluntary avoidance can be beneficial.

Different studies indicate that, as people age, they benefit from religious and mystic support and turn to religious or magical thoughts as a way to cope with problems (Meléndez et al., 2012). And because some studies find an association between levels of mindfulness and spirituality (Carmody, Reed, Kristeller, & Merriam, 2008), the program was expected to have the effect of increasing the religion variable. However, our results did not confirm our hypothesis: the use of this strategy actually declined after participation in the program. One possible explanation for this would be that mindfulness practice is considered a secular spirituality that is compatible with any type of religious belief and has the additional advantage of being performed privately. The decline in participation in religious rituals may be due to the fact that people acquire a tool that allows them to channel their spiritual concerns more autonomously, without resorting to social religious ceremonies.

Finally, the results for the search for social support are not significant. This is reasonable because, although Mindfulness improves satisfaction with social relations, promoting the search for social support as a way to deal with stressful situations is not an objective of this type of intervention.

In conclusion, this study provides evidence of beneficial results of mindfulness intervention with older people, in terms of the capacity to adapt and cope in adverse situations with greater resilience and less stress and anxiety. In other words, these programs promote cognitive, emotional and behavioral flexibility, which is essential for successful adaptation to a new phase and context that involves developmental losses. This study ultimately contributes to the identification of strategies that promote well-being and successful aging, an area of study where research on mindfulness is scarce. Given that mindfulness and self-compassion training programs could help older adults
to cope more effectively with the changes associated with aging, as some studies have already shown (Allen & Leary, 2014; Rejeski, 2008), this field should be studied further. Therefore, these results suggest that the field of gerontology would benefit from devoting additional attention to self-compassion.

As limitations, we must mention the small sample and the absence of a follow-up study of the benefits acquired through this program, making it difficult to generalize the results. Furthermore, another limitation is the absence of double-blind assessment and not controlling for potential covariates such as the effects of the therapist. In addition, some of the eta squared obtained is low. Regarding future studies, as stated by Bishop and colleagues (2004), mindfulness practices provide opportunities to gain insight into the nature of thoughts and feelings as events passing through the mind, rather than as inherent aspects of the self or valid reflections on reality. Moreover, mindfulness would probably be associated with more complex descriptions of one’s thoughts as contextual, relativistic, transient and subjective, as shown by this author (Bishop et al., 2004). Therefore, in future studies in this area, it would be interesting to set up a mindfulness program adapted to elderly people, in order to obtain greater benefits for this population.

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References


