



# Self-Compassion and Resilience in Senior Living Residents

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## ABSTRACT

This study examines the relationship between self-compassion and psychological resilience in older adults. A sample of 102 (69% female) older adults residing in independent living in a continuing care retirement community (CCRC) participated in this study. They completed a survey that assessed self-compassion, perceived stress, general health, happiness, and depression. In older adults with lower self-compassion, high stress and poor health predicted lower levels of happiness and higher levels of depression. Higher self-compassion buffered these negative effects. Older adults with higher self-compassion displayed greater psychological well-being even when they also had high stress or poor health. These findings have implications for developing and implementing self-compassion programs in senior living communities to enhance resident resilience and psychological well-being.

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## INTRODUCTION

Seniors housing and aging services are currently taking steps to prepare for the needs of an aging population. The Centers for Disease Control estimate that one out of five Americans will be older than age 65 by 2030 (Centers for Disease Control and Prevention, 2013). Older adults face a number of age-related challenges that may be threatening to their sense of autonomy and security, such as retirement, decreases in physical and cognitive functioning, and loss of loved ones. While some people adapt successfully to these changes, others respond with avoidance or self-criticism, which can exacerbate or prolong difficulties. It is important for senior living providers to help older adults navigate these changes. Self-compassion was identified as a psychological factor that can help support positive aging, particularly during times of stress (Phillips & Ferguson, 2012).

The purpose of the current study is to examine the relationship between self-compassion and psychological resilience in a sample of residents living in a continuing care retirement community (CCRC). A CCRC is a housing model that provides residents with a continuum of care, from independent living to assisted living and skilled nursing. Residents are able to age in place within the community and receive increasing levels of care as they are needed. For many reasons, it can be difficult for some residents to accept changes in their health and acknowledge the need to transition to the next level of care within a CCRC. Residents with higher levels of self-compassion may display greater psychological resilience when navigating these challenges. The ability to respond resiliently to age-related challenges is important for both the safety and well-being of the resident as well as for the operations of the senior living community.

### Self-Compassion Defined

People who are self-compassionate treat themselves with care and understanding during stressful or challenging times in a similar way that they would extend compassion to a close friend or family member (for reviews, see Barnard & Curry, 2011; Neff, 2011). Conceptualized by Kristen Neff and based on Buddhist

philosophies, self-compassion is a combination of three factors: mindfulness, self-kindness, and a sense of common humanity (e.g., Neff, 2003; Neff, 2011; Neff & Pommier, 2013).

*Mindfulness* is the ability to be present and aware of one's thoughts, feelings, and experiences in the current moment (e.g., Neff, 2011). It enables people to have a balanced perspective of their challenges and shortcomings in relation to their successes and strengths. Rather than ignoring or avoiding stressors and negative information, people who are mindful are able to acknowledge these experiences and process them without ruminating or becoming overwhelmed by the difficulties.

When faced with a challenging experience or failure, *self-kindness* is the ability to soothe and support one's self (e.g., Neff, 2011). People who display self-kindness refrain from judgment and harsh self-criticism, even when they are personally responsible for the mistake or failure. It is important to note that being kind to oneself during difficult times is not the same as self-indulgence or holding oneself to lower standards (Neff, 2011). In fact, research suggests that people with greater self-compassion are more motivated to take actions to improve themselves, such as trying to enhance a personal weakness or studying harder to improve their score after initially failing a test (Breines & Chen, 2012). Self-kindness encourages people to make healthy changes to improve their well-being and reduce their suffering.

An awareness of one's *common humanity* helps people to take a big-picture view of their mistakes and imperfections, and it enables people to see themselves and their experiences within the context of the greater world (e.g., Neff, 2011). Rather than feeling isolated or uniquely burdened by challenges, people with a sense of common humanity are able to see how others share their experiences, leading to a greater feeling of connection. It can be comforting to realize that other people also experience the difficulties, pain, and hardships that one experiences.

Taken together, mindfulness, self-kindness, and a sense of common humanity promote self-compassionate

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thoughts and behaviors during difficult situations. For example, misplacing one's keys may trigger worries about dementia in some older adults. A self-compassionate older adult, however, is likely to take a more objective perspective (e.g., "Is there a pattern of memory problems or is this a unique situation?"). The older adult would also tell himself/herself that everything is okay—everyone forgets where they put their keys sometimes. Moving forward, this person may begin using a memory strategy to keep track of his/her keys or schedule an appointment to speak with a physician to discuss brain health.

### **Correlates of Self-Compassion**

In general, people with higher levels of self-compassion tend to report better mental health, including greater satisfaction with life (Neff, 2003), psychological well-being (Neff, 2004), happiness and positive affect (Neff, Rude, & Kirkpatrick, 2007), and subjective well-being (Wei, Liao, Ku, & Shaffer, 2011). In a prospective study, higher levels of self-compassion in first-year college students predicted lower depression levels five months later (Raes, 2011). Greater self-compassion is also associated with better interpersonal functioning. For example, self-compassion is positively correlated with social connectedness and secure attachment styles (Neff & McGehee, 2010). Previous research has found gender differences in self-compassion, with women reporting lower levels of self-compassion compared to men (Neff, 2003; Neff & McGehee, 2010); however, these gender differences have not been found consistently (e.g., Neff, Kirkpatrick, & Rude, 2007; Neff & Pommier, 2012; Neff, Rude, & Kirkpatrick, 2007).

Most of the previous research on self-compassion has been conducted with college-aged samples, but some studies have focused on older adults. At present, the available research on the relationship of self-compassion and aging is inconclusive. Some research suggests that self-compassion may increase with age (Neff & Pommier, 2012; Neff & Vonk, 2009), whereas other research has found no relation between age and self-compassion (Neff & McGehee, 2010; Phillips & Ferguson, 2012). Focusing specifically on older adults, self-compassion predicts greater positive affect, ego

integrity, and meaning in life as well as lower negative affect (Phillips & Ferguson, 2012). In addition, self-compassion in older adults is associated with successful aging, psychological well-being, satisfaction with life, decreased emotional problems, and decreased depression (Allen, Goldwasser, & Leary, 2012).

### **Self-Compassion and Resilience to Stress**

People who are more self-compassionate tend to display greater emotional resilience when they are faced with personal failures and ego-threatening information (Allen & Leary, 2010; Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, Kirkpatrick, & Rude, 2007). Researchers have found similar patterns of results using individual differences in trait self-compassion (a personality variable) and experimentally manipulating people's self-compassion levels. For example, in one study, young adults were instructed to spend five minutes writing about their greatest weakness (a stressful task), and then they reported their anxiety levels (Neff, Kirkpatrick, & Rude, 2007). Young adults who had higher trait self-compassion reported less anxiety following the stressful task. In another study, undergraduate students were instructed to recall a past threatening experience, such as a loss, failure, or rejection (Leary et al., 2007, Study 5). Then, participants completed a self-compassion manipulation, self-esteem manipulation, or other control manipulations. Compared to the other conditions, participants in the self-compassion condition reported less negative emotions and more personal responsibility, and this effect was stronger for people who reported low trait self-compassion (Leary et al., 2007, Study 5). Although most research on self-compassion and stress has primarily focused on young adults or middle-aged adults, self-compassion is also predicted to similarly buffer the negative effects of stress on older adults' psychological well-being.

Leary and colleagues (2007) posit several explanations for why self-compassion buffers these negative effects of stress. One reason is that people with higher self-compassion may have more accurate self-evaluations. In particular, the mindfulness component of self-compassion emphasizes balanced and objective

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perceptions of problems. Furthermore, people with higher self-compassion may be more likely to accept themselves unconditionally, even when they make mistakes or fail in some way. As a result, these unconditional self-evaluations may be more stable during times of stress. Another possibility is that people with high self-compassion think about stressful situations in ways that reduce negative impact. For instance, recent research suggests that older adults with higher levels of self-compassion think about age-related events, such as retirement, arthritis, and memory loss, differently than older adults with lower levels of self-compassion (Allen & Leary, 2013). After recalling an age-related event or change, older adults with higher self-compassion reported more positive (and fewer negative) self-compassionate cognitions.

## **Self-Compassion and Resilience to Health Challenges**

A growing body of research suggests that self-compassion is positively related to physical health outcomes and greater acceptance of threatening health information (e.g., Allen et al., 2012; Terry, Leary, Mehta, & Henderson, 2013). Supporting this, community members ( $M_{age} = 41$  years) who reported more self-compassionate responses to negative events also tended to report lower health anxiety, health depression, and illness self-blame, and greater health consciousness, satisfaction with health, health status, and motivation to avoid unhealthiness (Terry et al., 2013). Health status only moderated the relation between self-compassion and health depression. For community members who reported poor health, self-compassion predicted lower depression.

Higher levels of self-compassion can help protect older adults from some of the negative effects of health problems, pain, and decreased physical functioning. Previous research has found that high self-compassion buffers the deleterious effects of pain, poor health, and low mobility on the life satisfaction and general well-being of older adults (Allen et al., 2012, Study 1). For instance, poor health was associated with lower general well-being for older adults with low self-compassion; however, poor health was not associated with a decrease

in general well-being for older adults with high self-compassion. In other words, people with high self-compassion tended to report high levels of general well-being even when they had poor health.

An important component of self-compassion is a willingness to acknowledge one's limitations and to make efforts to improve these shortcomings when possible (Neff, 2011). Terry and Leary (2011) propose that self-compassion is associated with selecting more realistic (and therefore more achievable) health-related goals, as well as a greater likelihood of seeking and completing treatment for health symptoms. People with high self-compassion reported that they would seek treatment faster for symptoms of illness (Terry et al., 2013). In addition, previous research found that older adults with higher self-compassion were more willing to accept help and use assistive devices as needed (Allen et al., 2012, Study 2). Specifically, older adults with high self-compassion were more willing to use a walker, ask people to repeat what was said, and use memory strategies when needed. This is important because the use of assistive devices can help increase the quality of life and safety of older adults (e.g., Mulrow et al., 1990).

## **Current Study**

Previous research suggests self-compassion helps protect against negative responses during stressful events and reduces defensiveness to threatening information (e.g., health information, negative feedback). These findings have implications for the importance of self-compassion to the resilience and well-being of residents in senior living communities; however, aside from the research on self-compassion and health, most of the research on self-compassion has been conducted with younger adults. The purpose of the current study is to examine the relationship between self-compassion, stress, and health on the psychological well-being in older adults. The results have implications for developing interventions to increase self-compassion and resilience in senior living residents.

It is hypothesized that older adults with higher (versus lower) levels of self-compassion will display greater psychological resilience to stress and poor health. More

specifically, self-compassion is expected to moderate the relationship between stress/health and psychological well-being (i.e., happiness and depression). Older adults with higher self-compassion are expected to maintain relatively high levels of happiness and low levels of depression regardless of their levels of stress or health. This suggests that self-compassion helps protect against some of the negative effects of stress and poor health. It is predicted that older adults with lower self-compassion will respond less resiliently. Their levels of happiness and depression will be more negatively impacted by increases in stress and decreases in health.

## METHODS

### Participants

A sample of 102 (69% female) older adults residing in independent living in a CCRC in a large metropolitan area participated in this study. Ages of the participants ranged from 65 to 94 years ( $M = 82.1$ ,  $SD = 5.53$ ). Nearly all participants were white/European American

(99%), and most respondents were either married (51%) or widowed (37%). A majority of participants reported having a bachelor's degree (40%) or an advanced degree (54%). Approximately 20% of respondents reported household incomes less than \$75,000, 41% reported household incomes between \$75,000 and \$150,000, and 39% reported household incomes greater than \$150,000. Compared to the general population 65 years and older, this sample had a greater representation of women, higher education and income levels, and less racial diversity.<sup>1</sup>

### Measures

Participants completed a paper-based survey that consisted of a series of measures, including self-compassion, perceived stress, health, happiness, depression, and demographics. These measures were included as part of a larger survey on health and well-being. The means, standard deviations, reliabilities, and correlations for each variable are presented in **Table 1**.

**Table 1. Correlations, Means, Standard Deviations, and Reliabilities of Variables.**

	Mean (SD)	1	2	3	4	5
1. Self-Compassion	5.27 (.91)	<b>.83</b>				
2. Perceived Stress	2.01 (.61)	-.60	<b>.73</b>			
3. Health	69.72 (16.96)	.29	-.35	<b>.71</b>		
4. Happiness	5.10 (1.00)	.63	-.60	.31	<b>.79</b>	
5. Depression	1.59 (.46)	-.53	.74	-.35	-.67	<b>.82</b>

*Note.* All correlations are statistically significant,  $p < .01$ . Cronbach's alpha is displayed on the diagonal for each measure.

<sup>1</sup> According to the U.S. Census Bureau (2009-2013), data for adults 65 years and older, approximately 57% of the U.S. older adult population are female, 85% are white, 55% are married, and 22% attained an education level of bachelor's degree or higher. In 2010, the real median income of households for adults 65 and older was \$31,408 (DeNavas-Walt, Proctor, & Smith, 2011).



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**Self-Compassion Scale.** Self-compassion was measured using the short-form Self-Compassion Scale (Raes, Pommier, Neff, & Van Gucht, 2011). The scale consisted of 12 items, with four items assessing each component of self-compassion: mindfulness (e.g., “When something painful happens I try to take a balanced view of the situation.”), self-kindness (e.g., “I try to be understanding and patient toward those aspects of my personality I don’t like.”), and common humanity (e.g., “I try to see my failings as part of the human condition.”). Participants were asked to indicate to what extent each statement reflected how they typically act toward themselves during difficult times on a 7-point scale (1 = *almost never*, 7 = *almost always*). Negatively phrased items were reverse-scored, and all items were averaged together to calculate an overall self-compassion score. Self-compassion subscales were calculated by averaging together the four items for mindfulness ( $\alpha = .69$ ), self-kindness ( $\alpha = .76$ ), and common humanity ( $\alpha = .55$ ).

**Perceived Stress.** The short four-item version of the Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) was administered to participants. On a 5-point scale, participants were asked to indicate how often they experienced stressful events over the last week (1 = *never*, 5 = *very often*). The items assessed participants’ perceptions of their ability to control and manage problems and challenges in their daily life (e.g., “How often have you felt that you were unable to control the important things in your life?”). Items were recoded and averaged together so that higher scores reflected greater stress.

**Health.** The general health subscale of the RAND 36-Item Short Form Health Survey (SF-36) (version 1.0) was used to assess participants’ self-reported health (Hays, Sherbourne, & Mazel, 1993; Ware & Sherbourne, 1992). One item was a global assessment of their health from poor to excellent. Participants also indicated the extent to which four statements about their health were true of them on a 5-point scale (e.g., “I seem to get sick a little easier than other people.”: 1 = *definitely true*, 5 = *definitely false*). The five items were rescored on a 100-point scale following RAND’s recommendations and averaged together (RAND Corporation, n.d.). Participants with higher scores reported better general health.

**Happiness.** Happiness was measured using the four-item Subjective Happiness Scale (Lyubomirsky & Lepper, 1999). Using 7-point scales, participants reported their general level of happiness (1 = *not a very happy person*, 7 = *a very happy person*) as well as their level of happiness relative to most of their peers (1 = *less happy*, 7 = *more happy*). Participants indicated to what extent descriptions of happy and not happy people applied to them (e.g., “Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?”: 1 = *not at all*, 7 = *a great deal*). Items were recoded so that higher scores reflected greater happiness, and the items were averaged together.

**Depression.** The short-form Center for Epidemiologic Studies Depression Scale (CES-D) was administered to assess participants’ depression levels (Andresen, Malmgren, Carter, & Patrick, 1994). The scale consisted of 10 items (e.g., “I was bothered by things that don’t usually bother me.”), and participants reported how often the statement described how they felt over the last week using a 4-point scale (1 = *rarely or none of the time [less than 1 day]*, 4 = *all of the time [5-7 days]*). Positively worded items were reverse-scored, and all items were averaged together into an overall depression score. Higher scores indicated greater levels of depression.

## RESULTS

A series of multiple regression analyses were used to test study hypotheses. To improve interpretability of the intercept and reduce multicollinearity, predictor variables were mean-centered. The independent variable (i.e., stress or health), moderator (i.e., self-compassion), and cross-product interaction term were entered simultaneously into regression models predicting the outcome variable (i.e., happiness or depression). Following procedures prescribed by Aiken and West (1991), simple slope analyses were used to determine the nature of any significant interactions separately for participants who were higher (+1 SD) and lower (-1 SD) on self-compassion.

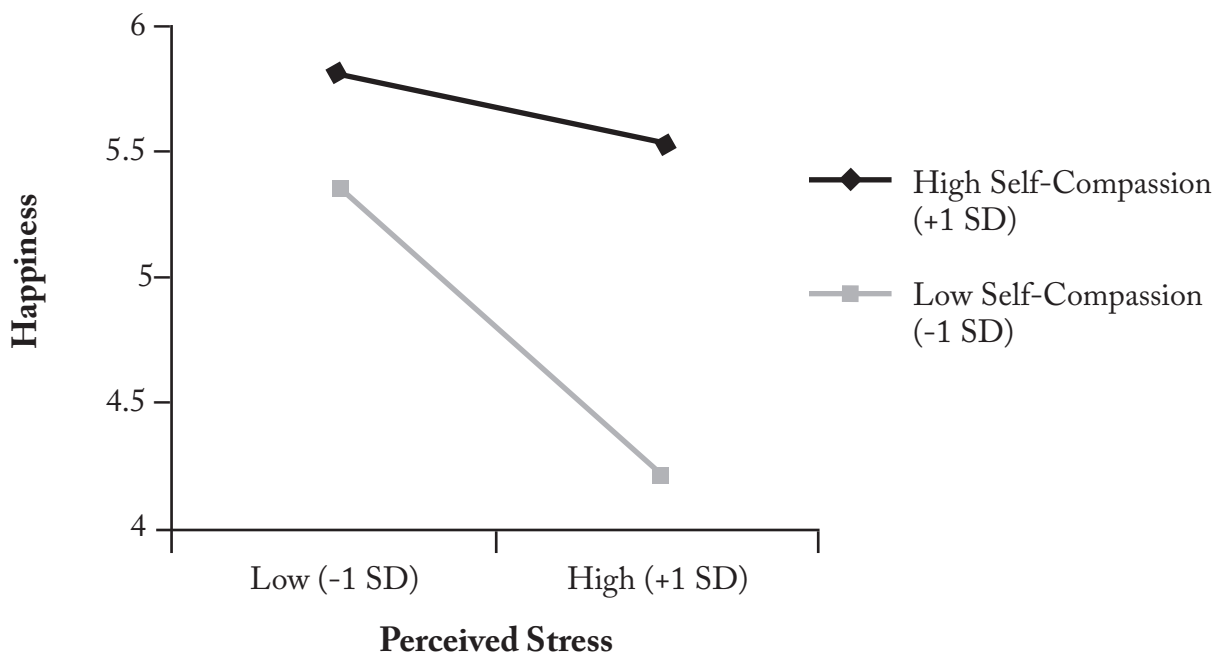
**Table 2. Multiple Regression Analyses Predicting Psychological Well-Being from Perceived Stress and Self-Compassion.**

Variables	Predicting Happiness			Predicting Depression		
	<i>b</i>	$\beta$	<i>p</i>	<i>b</i>	$\beta$	<i>p</i>
Constant	5.21		< .001	1.53		< .001
Perceived Stress	-.51	-.29	.002	.43	.56	< .001
Self-Compassion	.45	.40	< .001	-.07	-.15	.094
Stress x Self-Compassion	.36	.22	.005	-.16	-.21	.005

Finally, in order to gain a deeper understanding of self-compassion as a moderator of the relationship between stress/health and psychological well-being, exploratory analyses were conducted to determine which components of self-compassion (i.e., mindfulness, self-kindness, and common humanity) were driving the effects. Specifically, stress or health, mindfulness, self-kindness, common humanity, and the three cross-product interaction terms

(i.e., stress or health crossed with each self-compassion subscale) were entered simultaneously into a regression model predicting happiness or depression. Follow-up analyses were conducted to explore the nature of any significant two-way interactions. To achieve this, simple slope analyses were conducted separately for participants who were higher (+1 SD) and lower (-1 SD) on the relevant self-compassion subscale.

**Figure 1. Perceived Stress and Self-Compassion Predicting Happiness.**



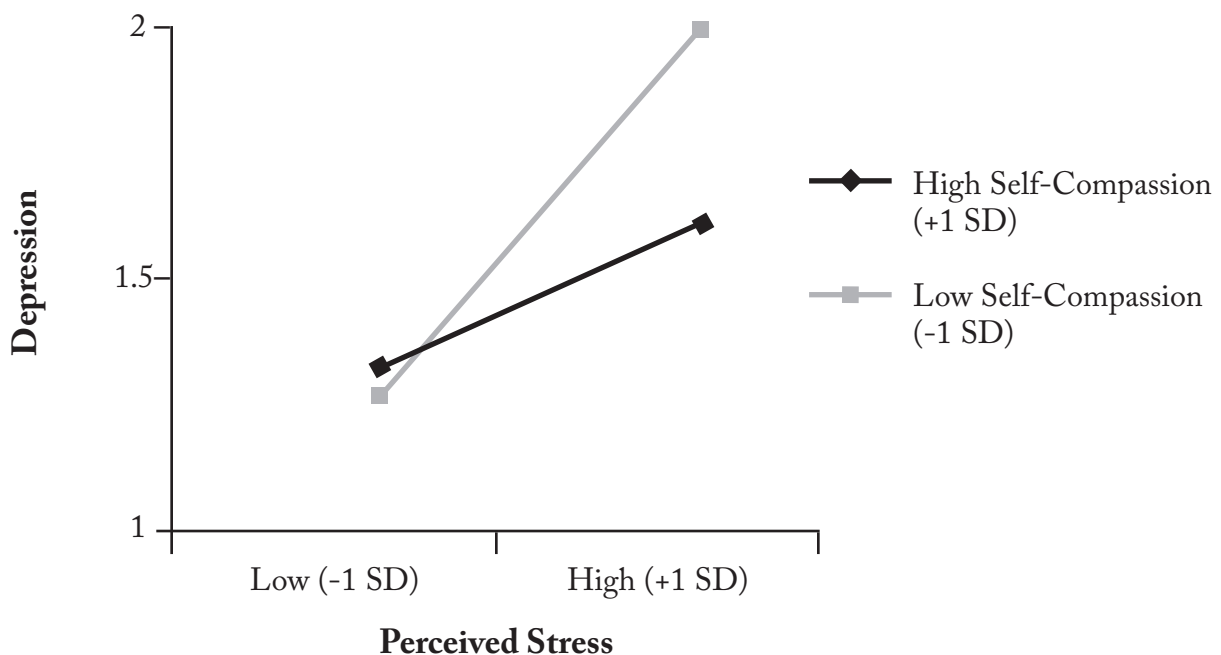
## Self-Compassion and Resilience to Stress

Perceived stress, self-compassion, and the cross-product interaction term were entered into a regression model predicting happiness. As expected, there were significant main effects of stress and self-compassion on participants' happiness levels (see **Table 2**). Older adults who reported higher levels of stress tended to report lower levels of happiness, whereas higher levels of self-compassion were associated with greater happiness. These main effects, however, were qualified by a significant Stress x Self-Compassion two-way interaction, indicating that the relationship between stress and happiness depended on the participants' level of self-compassion (see **Figure 1**). Specifically, for participants with lower self-compassion, higher levels of stress predicted lower levels of happiness,  $b = -.84$ ,  $\beta = -.48$ ,  $p < .001$ . For participants with higher self-compassion, there was no relation between stress and happiness,  $b = -.18$ ,  $\beta = -.10$ ,  $p = .416$ . Because high happiness levels are maintained despite the stressful conditions, these findings suggest that older adults

with higher self-compassion are more resilient to stress compared to older adults with lower self-compassion.

Perceived stress, self-compassion, and the cross-product interaction term were then entered into a regression model predicting depression. There was a significant main effect of stress on residents' depression scores (**Table 2**). Older adults who reported higher levels of stress also tended to report higher levels of depression. The main effect of self-compassion on depression was not significant, but the significant Stress x Self-Compassion two-way interaction indicates that the relation between stress and depression is moderated by self-compassion (see **Figure 2**). Although higher levels of stress significantly predict greater depression for both people with higher and lower levels of self-compassion, the association between stress and depression is weaker for people with higher self-compassion than for people with lower self-compassion,  $b = .29$ ,  $\beta = .38$ ,  $p = .003$  and  $b = .58$ ,  $\beta = .74$ ,  $p < .001$ , respectively. These findings indicate the higher levels of self-compassion may help buffer some of the negative effects of stress on older adults' psychological well-being.

**Figure 2. Perceived Stress and Self-Compassion Predicting Depression.**





Exploratory analyses were conducted to assess whether the findings were driven by one component of self-compassion more than the other components. Multiple regression analyses were conducted with stress, mindfulness, self-kindness, common humanity, and the cross-product interaction terms (i.e., Stress x Mindfulness, Stress x Self-Kindness, and Stress x Common Humanity) predicting either happiness or depression (see **Table 3**). Focusing first on predictors of happiness, higher levels of self-kindness predict greater happiness, and this effect is qualified by a significant Stress x Self-Kindness two-way interaction. For older adults with higher levels of self-kindness, there was no relation between stress and happiness,  $b = -.14$ ,  $\beta = -.08$ ,  $p = .569$ . Older adults with higher self-kindness were able to maintain high levels of happiness despite perceived stress. In contrast, for older adults with lower self-kindness, higher levels of stress significantly predicted lower levels of happiness,  $b = -.99$ ,  $\beta = -.58$ ,  $p < .001$ .

A different pattern of results was found when predicting depression. Mindfulness significantly moderated the relationship between stress and depression. For older

adults with higher and lower levels of mindfulness, greater stress significantly predicted greater depression,  $b = .26$ ,  $\beta = .33$ ,  $p = .008$  and  $b = .57$ ,  $\beta = .73$ ,  $p < .001$ , respectively. The association between stress and depression, however, was much stronger for participants with lower levels of mindfulness. Overall, the self-kindness component of self-compassion appears to be integral for maintaining happiness in times of stress, whereas mindfulness may play a larger role in resilience to depression.

### Self-Compassion and Resilience to Poor Health

Health, self-compassion, and the cross-product interaction term were entered into a regression model predicting happiness. Although there was a small positive relationship, health was not a significant predictor of happiness in this study (see **Table 4**). There was a significant main effect of self-compassion on happiness. Participants with higher levels of self-compassion reported greater happiness, but their self-reported health was unrelated to their happiness levels.

**Table 3. Multiple Regression Analyses Predicting Psychological Well-Being from Perceived Stress and Self-Compassion Subscales.**

Variables	Predicting Happiness			Predicting Depression		
	<i>b</i>	$\beta$	<i>p</i>	<i>b</i>	$\beta$	<i>p</i>
Constant	5.20		< .001	1.53		< .001
Perceived Stress	-.56	-.33	< .001	.42	.53	< .001
Mindfulness	-.09	-.09	.368	-.08	-.16	.095
Self-Kindness	.36	.41	< .001	.00	.00	.975
Common Humanity	.11	.13	.184	-.01	-.01	.866
Stress x Mindfulness	.00	.00	.993	-.16	-.25	.006
Stress x Self-Kindness	.37	.28	.019	-.02	-.03	.773
Stress x Common Humanity	-.03	-.02	.894	.03	.04	.738

**Table 4. Multiple Regression Analyses Predicting Psychological Well-Being from Health and Self-Compassion.**

Variables	Predicting Happiness			Predicting Depression		
	<i>b</i>	$\beta$	<i>p</i>	<i>b</i>	$\beta$	<i>p</i>
Constant	5.14		< .001	1.53		< .001
Health	.01	.14	.071	.00	-.14	.090
Self-Compassion	.64	.57	< .001	-.23	-.44	< .001
Health x Self-Compassion	-.01	-.17	.028	.01	.35	< .001

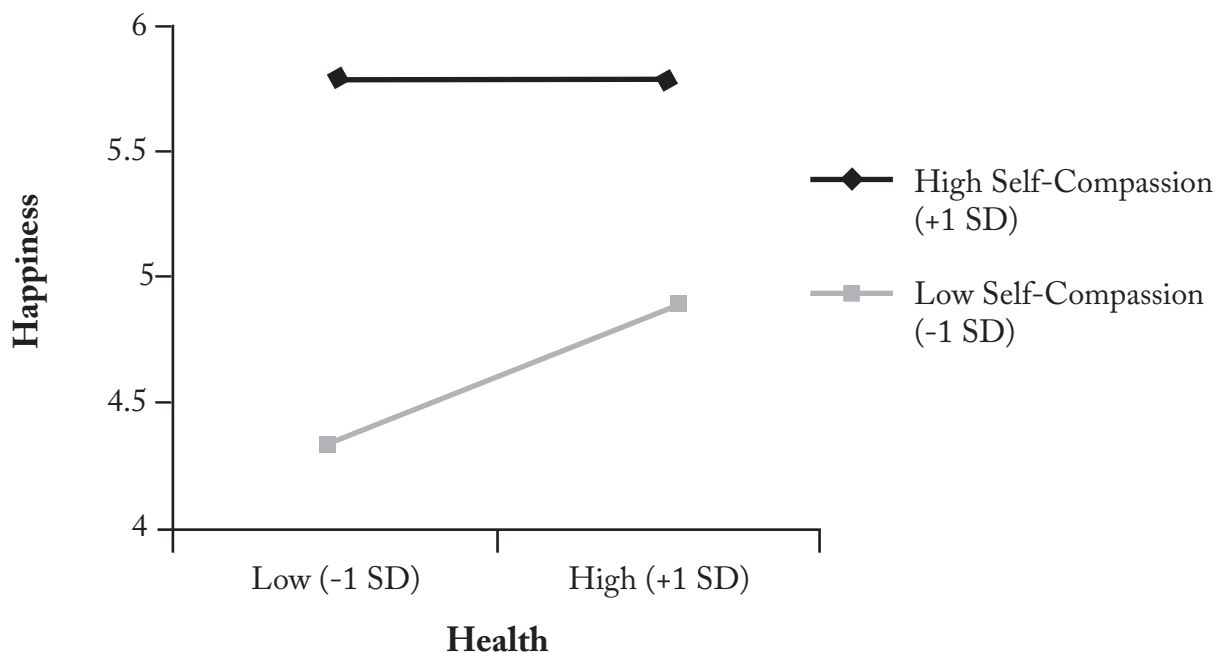
In addition, there was a significant Health x Self-Compassion two-way interaction predicting happiness (see **Figure 3**). This significant interaction indicates that the relationship between older adults' health and happiness depended on their level of self-compassion. For participants with lower self-compassion, lower levels of health were related to lower levels of happiness,  $b = .02, \beta = .30, p = .005$ . For residents with higher self-compassion, however, there was no association between health and happiness,  $b = -.001, \beta = -.01, p = .896$ . As predicted, these findings suggest that older adults with higher levels of self-compassion respond with greater

psychological resilience (i.e., happiness levels are maintained) when they experience poor health.

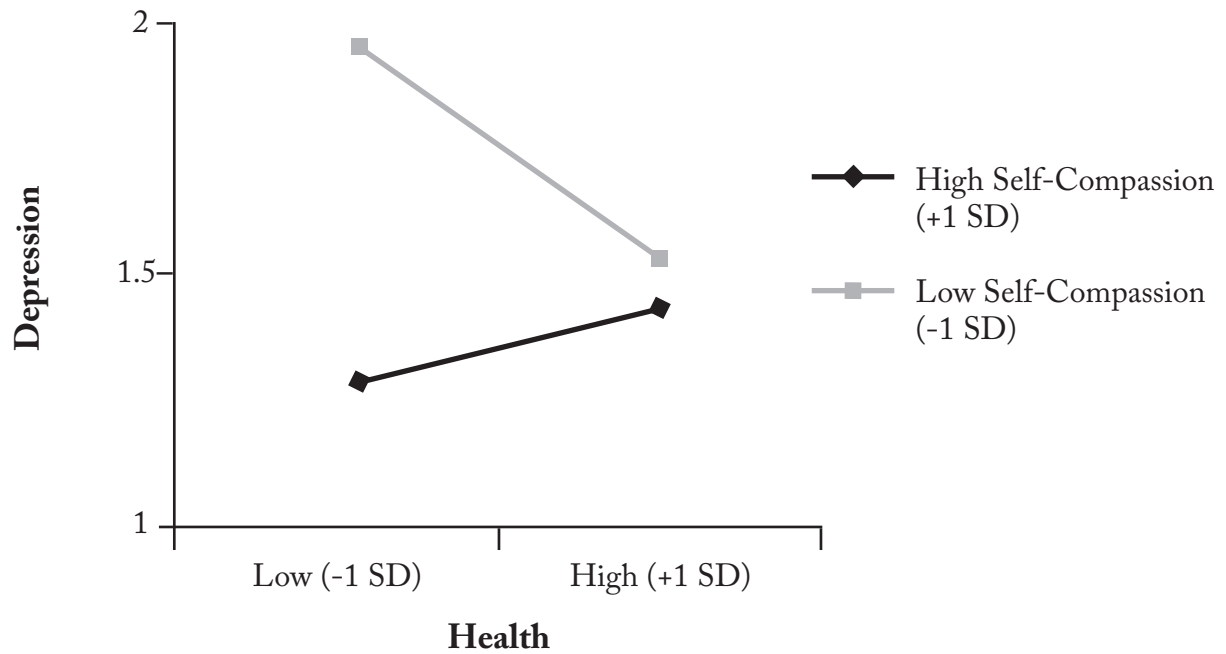
Health, self-compassion, and the cross-product interaction term were entered into a regression model predicting depression. There was a small negative association between health and depression, but the main effect of health on depression was not statistically significant (**Table 4**).

There was a significant main effect of self-compassion on depression, indicating that people with higher

**Figure 3. Health and Self-Compassion Predicting Happiness.**



**Figure 4. Health and Self-Compassion Predicting Depression.**



**Table 5. Multiple Regression Analyses Predicting Psychological Well-Being from Health and Self-Compassion Subscales.**

Variables	Predicting Happiness			Predicting Depression		
	<i>b</i>	$\beta$	<i>p</i>	<i>b</i>	$\beta$	<i>p</i>
Constant	5.14		< .001	1.53		< .001
Health	.01	.12	.152	-.01	-.19	.026
Mindfulness	.08	.08	.443	-.17	-.35	.001
Self-Kindness	.35	.40	< .001	-.01	-.03	.811
Common Humanity	.21	.23	.020	-.05	-.11	.251
Health x Mindfulness	.00	.05	.650	.01	.28	.014
Health x Self-Kindness	-.01	-.17	.146	.00	-.05	.634
Health x Common Humanity	.00	-.08	.440	.00	.14	.187

levels of self-compassion tend to report lower levels of depression (see **Figure 4**). In addition, the Health x Self-Compassion two-way interaction predicting depression was statistically significant. For residents with lower self-compassion, poorer health was associated with higher levels of depression,  $b = -.01$ ,  $\beta = -.48$ ,  $p < .001$ .

In contrast, for people with higher self-compassion, the relation between health and depression was not statistically significant,  $b = .01$ ,  $\beta = .19$ ,  $p = .111$ . People with higher levels of self-compassion reported relatively low levels of depression regardless of whether they had good or poor health.

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Follow-up analyses were conducted to explore whether the self-compassion subscales have differential effects on psychological resilience to poor health. Multiple regression analyses were conducted with health, mindfulness, self-kindness, common humanity, and the cross-product interaction terms (i.e., Health x Mindfulness, Health x Self-Kindness, and Health x Common Humanity) predicting either happiness or depression (see **Table 5**). Higher levels of self-kindness and higher levels of common humanity predicted greater happiness. These effects were found regardless of participants' level of health, and there were no other significant predictors of happiness. Focusing on the results of the regression model predicting depression, participants with higher levels of mindfulness reported significantly lower levels of depression. Analyses also revealed that the relationship between health and depression depended on participants' mindfulness levels. The nature of this significant Health x Mindfulness two-way interaction was further tested using simple slope analyses. For participants with higher mindfulness, health was not a significant predictor of depression,  $b = .00$ ,  $\beta = .09$ ,  $p = .479$ . This suggests that people with higher mindfulness were more psychologically resilient to poor health. For participants with lower mindfulness, poorer health was related to higher levels of depression,  $b = -.01$ ,  $\beta = -.48$ ,  $p = .003$ .

## DISCUSSION

This study examined the role self-compassion plays in buffering the effects of stress and poor health on senior living residents' psychological well-being (i.e., happiness and depression). It was hypothesized that participants with higher (versus lower) levels of self-compassion would display greater psychological resilience to stress and poor health. Older adults with higher self-compassion were expected to maintain relatively high levels of happiness and low levels of depression regardless of their levels of stress or health, whereas the happiness and depression levels of older adults with lower self-compassion were expected to be negatively impacted by increases in stress and decreases in health. Supporting these hypotheses, older adults who reported higher levels of stress displayed lower levels of happiness when they had lower self-compassion but not when they had

higher self-compassion. In particular, it was the self-kindness component of self-compassion that accounted for the participants' high happiness scores despite also experiencing high levels of stress. In addition, there was a weaker relationship between stress and depression for people with higher self-compassion compared to people with lower self-compassion. Higher scores on the mindfulness subscale primarily drove this effect.

Consistent with hypotheses, this research found that older adults with higher levels of self-compassion displayed greater psychological resilience to poor health. For older adults with lower self-compassion, poorer health was related to lower levels of happiness and higher levels of depressive symptoms. Older adults with higher self-compassion, however, reported high levels of happiness and low levels of depression regardless of their health. For people with high and low levels of health, the self-kindness and common humanity components of self-compassion predicted greater happiness. It was primarily the mindfulness component that buffered the negative effects of poor health on depression.

As predicted, these findings suggest that older adults with higher self-compassion displayed greater levels of psychological resilience compared to older adults with lower self-compassion. Follow-up analyses suggest that the mindfulness component of self-compassion may play a large role in increasing older adults' resilience to depression during times of stress and poor health. Self-kindness in older adults appears important to maintaining happiness during difficult times.

## Theoretical and Practical Implications

In several ways, this study contributes to the growing body of research on the importance of self-compassion to the well-being of older adults. Consistent with previous research (Allen et al., 2012), the relationship between physical health and psychological well-being was moderated by self-compassion. Building upon previous research with younger populations (Leary et al., 2007; Neff, Kirkpatrick, & Rude, 2007), the current study also found that self-compassionate older adults are more resilient to stress. These findings suggest that self-compassion has important implications for

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increasing resilience in older adults. These findings also extend past research by examining the different roles of the separate self-compassion components in buffering the effects of stress and poor health on older adults' well-being. In particular, higher mindfulness appears to protect against depression in older adults. People who are more mindful are able to take a more balanced, less reactive view to challenges in their life. This ability may help temper the detrimental effects of stress and poor health on people's psychological well-being.

Interestingly, self-kindness was key to greater levels of happiness when faced with higher levels of stress or poor health. A fundamental aspect of self-kindness is the ability to soothe oneself during difficult times. Common humanity did not appear to buffer the effects of stress or poor health on happiness or depression; however, common humanity may enhance resilience in other ways. For example, people with a strong sense of common humanity do not feel that their difficulties isolate or separate them from others. Building upon this, common humanity may serve to protect feelings of belonging and help people maintain interpersonal relationships.

This study has important practical implications for residents' well-being in senior living communities. For example, self-compassion may help ease the transition between levels of care in CCRCs. Resistance to transitioning to the next level of care often delays the move until a triggering event occurs that forces the decision (e.g., a fall or other incident that signals that the resident is at risk). Residents tend to have negative beliefs about transitioning from independent living to a higher level of care (i.e., assisted living or skilled nursing) because of concerns about loss of autonomy or isolation (Shippee, 2009). Residents may lose touch with friends from independent living when they relocate to a higher level of care (Shippee, 2012). This loss of contact is partly due to residents in independent living failing to maintain contact, but residents who move to assisted living may also withdraw from group interactions. Residents in both levels of care are aware that people with greater physical and cognitive impairments are sometimes stigmatized and avoided by other residents (Shippee, 2012). Researchers have found that older adults are transitioning into assisted living at a higher

level of frailty and greater care needs than before (Caffrey, Sengupta, Park-Lee, Moss, Rosenhoff, & Harris-Kojetin, 2012). Residents with higher levels of self-compassion may be more willing to accept that they have physical or mental limitations that require a higher level of care and make the necessary accommodations.

Senior living communities may introduce training programs to increase self-compassion in residents. To the researcher's knowledge, no existing research has tested the effectiveness of self-compassion interventions on enhancing the well-being of older adults or the effectiveness of implementing self-compassion programs in senior living communities; however, researchers have found that self-compassion interventions, such as the Mindful Self-Compassion Program, improve well-being in younger populations (e.g., Birnie, Speca, & Carlson, 2010; Neff & Germer, 2013; Shapira & Mongrain, 2010).

The fundamentals of self-compassion (mindfulness, self-kindness, and common humanity) can also be incorporated into a senior living community's culture. For example, self-compassionate messages could be included in wellness programming or activities such as yoga classes and wellness fairs. Additionally, senior living employees could be trained on self-compassion, including communication strategies for enhancing self-compassion in residents. This training may improve employee well-being as well as enable senior living employees to better navigate difficult conversations with residents (e.g., declines in self-care). Self-compassionate language could also be incorporated into messages about transitions between levels of care. The advantages of establishing a self-compassionate culture may extend beyond individual benefits. Previous research has found that people who report greater self-compassion also display greater compassion and concern for others (Neff & Pommier, 2013). This suggests that self-compassion may also improve interpersonal interactions between residents (and between residents and staff) and increase a sense of belonging within the senior living community.

## **Limitations and Future Directions**

This study has interesting implications for the use of



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self-compassion interventions to increase resilience of residents in senior living; however, it has several limitations that should be addressed in future research. The primary limitation of this study is the correlational design, because the design does not allow one to test whether self-compassion causes the increase in resilience. Future research should examine whether self-compassion buffers the effects of stress and poor health on older adults using experimental methods, interventions, or daily diary procedures (e.g., Breines, Toole, Tu, & Chen, 2014; Leary et al., 2007; Neff & Germer, 2013).

It is important to note that future research should examine if the current findings can be generalized for other populations of older adults. Residents of CCRCs tend to have higher-than-average socioeconomic statuses; consistent with this, participants in this study had higher income and education levels than what would be found in a community sample. Previous research, however, found that self-compassion was unrelated to income levels after controlling for self-esteem (Neff & Vonk, 2009). In the current study, self-compassion did not significantly differ across household income, education level, marital status, or gender.<sup>2</sup> Although future research is needed to test whether the findings can be generalized, these findings suggest that a similar pattern of effects may be found across other groups of older adults.

Another limitation of this study is that the short version of the self-compassion scale was used in order to reduce participant burden. The reliabilities of two of the self-compassion subscales, common humanity and mindfulness, were lower than the acceptable range. Neff recommends using the full self-compassion scale for analyses with the subscales (Raes et al., 2011). In order to further understand the different roles that the self-compassion subscales have on psychological well-being, researchers should use the 26-item self-compassion scale in future research (Neff, 2003).

A potentially fruitful area for future research would be to examine the relation between self-compassion and transitions between levels of care within a CCRC. Researchers could evaluate the effectiveness of self-

compassion training on residents' willingness to transition to higher levels of care within a CCRC. For community-based populations, future research could explore the relationship between self-compassion and decisions to move into CCRCs or other forms of seniors housing.

Although this study focused on senior living residents, self-compassion is also relevant to senior living employees. Some evidence suggests that self-compassionate employees may provide better care to residents. For instance, self-compassion contributes to psychological well-being (e.g., Neff, 2011), and higher employee well-being predicts better job performance (e.g., Wright & Cropanzano, 2000). In addition, employees with higher self-compassion are likely to be more receptive to feedback and more open to development opportunities (e.g., Breines & Chen, 2012). Future research could explore the efficacy of self-compassion training on preventing compassion fatigue and staff burnout. Additional research is needed to examine the relationship between self-compassion and work performance in senior living.

## CONCLUSION

Overall, this study found that self-compassion plays an important role in the psychological resilience of senior living residents. Residents with higher levels of self-compassion were able to maintain high levels of psychological well-being (i.e., high happiness and low depression) even during times of stress and poor health. An important implication of this finding is that senior living communities should consider implementing self-compassion programs for residents. Future research should test the effectiveness of self-compassion training on increasing physical health and psychological well-being of senior living residents and staff as well as improving staff's ability to support residents during challenging times.

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<sup>2</sup> Self-compassion did not significantly differ by household income, education level, and marital status,  $F(8, 73) = 1.45, p = .191$ ,  $F(3, 89) = 0.46, p = .709$ , and  $F(4, 92) = 0.41, p = .803$ , respectively. Women ( $M = 5.30, SD = 1.02$ ) and men ( $M = 5.23, SD = 0.67$ ) reported similar levels of self-compassion,  $t(95) = -0.33, p = .742$ .

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