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The role of self-compassion in the well-being of self-identifying gay men

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ABSTRACT

The psychological literature has identified many benefits of self-compassion. In an effort to explore self-compassion as a potential resource for gay men, we explored relationships between self-compassion, well-being, self-esteem, pride (authentic and hubristic), attachment, and two minority-specific processes, outness and internalized heterosexism. A sample of predominantly White, self-identifying gay men (\(N = 139\)) completed an online survey consisting of demographic variables and questionnaires related to these constructs. Authentic pride, self-esteem, self-compassion, and outness were significantly positively related to well-being. Avoidant and anxious attachment styles and internalized heterosexism were significantly negatively related to well-being. No relationship was found between hubristic pride and self-compassion, or well-being. Multiple linear regression analysis revealed that the self-compassion components of self-kindness and isolation, the gay affirmation component of internalized heterosexism, outness, and the avoidance and anxiety components of attachment were significant predictors of general well-being. Results suggest that, in addition to developing an authentic sense of pride, self-compassion may be beneficial in cultivating well-being in gay men.

Mental health and minority stress

Empirical evidence suggests a higher prevalence of poor mental health symptoms among gay individuals compared to their heterosexual counterparts (Bagley & Tremblay, 2000; Faulkner & Cranston, 1998; Fergusson, Horwood, & Beautrais, 1999; French, Story, Resick, Remafedi, & Blum, 1998; King et al., 2008; Lock & Steiner, 1999; Morris, Waldo, & Rothblum, 2001; Safren & Heimberg, 1999). Further, a meta-analysis of more than a dozen studies suggests that gay individuals are at greater risk of developing a mental health disorder (Meyer, 2003). While acknowledging the potential increased risk among gay individuals, it is important to note

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that the vast majority of studies in this area have investigated adolescent samples or combined adolescent and/or college students with older adults, and have relied on self-reports of lifetime incidence of mental health disorders.

The minority stress model (Meyer, 2003) is the most commonly employed framework for understanding mental health in sexual minorities. This framework, although based on social stress theory, draws on a variety of insights from social psychological research (Meyer, 2003). A number of stress processes are outlined based on a distal-proximal distinction. Distal social attitudes gain psychological importance through cognitive reappraisal and become proximal concepts with psychological importance to the individual. Distal processes are objective events, such as experiences of violence, prejudice, and discrimination, which do not depend on the individual’s perceptions or appraisals, and are independent of personal identification with the assigned minority status. Proximal processes are subjective and therefore related to self-identity of sexual minorities and include internalized heterosexism, expectations of rejection, and hiding/concealing (Diamond, 2000).

A large body of research has evidenced that secure attachment relationships are important for positive health and well-being, and attachment insecurity is associated with poor health and well-being (for review, please see Ravitz, Maunder, Hunter, Stthankiya, & Lancee, 2010). However, most studies on this topic do not report sexual identity or utilize samples of all White, heterosexual adults (Magai et al., 2001). Brown and Trevethan (2010) found insecure attachment to be associated with negative experiences of sexual identity development, including increased shame, internalized homophobia, and decreased rates of sexual identity disclosure in a sample of gay men.

Hatzenbeuhler (2009) has extended the minority stress model, utilizing a psychological mediation theoretical framework to explain how sexual minority stigma “gets under the skin.” This framework integrates findings from the minority stress literature with important insights from research focused on general psychological processes that are common across sexual orientations to explain the increased risk of psychopathology in sexual minorities compared to the heterosexual majority. The focus of this framework is not well-being or resilience but to understand the processes leading to mental health disparities between heterosexuals and sexual minorities. It does, however, point to a variety of psychosocial variables, such as emotion regulation, that may explain why many sexual minorities maintain a state of well-being in spite of the minority stress they experience.

The deficit focus that pervades psychological research predisposes prevention and intervention efforts to ignore the strong body of evidence for resilience that also exists in this population. Deficit-based analogues cannot explain why so many gay men experience a sense of wellness despite the fact that they are subject to adversity and marginalization. This suggests that we need to refine our theoretical understanding of patterns of health and illness among gay men that take into account the many strengths found in this population (Herrick, Stall, Goldhammer, Egan, & Mayer, 2013).
By framing heterosexuals’ sexual prejudice and sexual minorities’ self-stigma as manifestations of internalized stigma, it suggests that similar psychological constructs might play important roles in eliminating both of them. Thus, exploring how sexual minorities overcome their self-stigma may yield valuable insights into the process of prejudice reduction among heterosexuals.

**Current focus: Coming out and developing proud identities**

The development of gay identities, communities, and subcultures is a relatively recent phenomenon in Western society. Gay identity is a “set of cultural beliefs, values and support networks, institutions and artefacts, and languages which contribute toward subcultures of which modern lesbians or gay men can identify themselves as members” (Davies & Neal, 1996, p. 13). Self-identifying as a sexual minority requires lesbian, gay, and bisexual (LGB) people to manage being positioned, because of their sexual desire or gendered ways of being, as inferior to the heterosexual majority. At the center of how LGB people negotiate heterosexism and manage the stigma associated with their sexual identity are modalities of shame avoidance, including constructing proud identities (McDermott, Roen, & Scourfield, 2008). One strategy to combat these feelings of shame and inferiority is to declare pride for that quality for which the dominant group is trying to impose shame.

The formation of a cohesive sense of identity is a cornerstone of human development throughout the entire life span. Since the 1970s, there has been increasing interest in studying the process by which lesbian and gay people develop a sense of identity. Often referred to as coming out, this process is well-noted clinically, but surprisingly little research has been conducted to investigate the pathways leading to the acquisition of an integrated gay identity. Cass (1979) offers a model of gay identity development consisting of six stages: identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. Halpin and Allen (2004) investigated changes in psychosocial well-being during stages of gay identity development and found that the relationship was U-shaped, with initially higher well-being that decreased as the person moved through the middle stages and then returned to similar levels in the latter two stages.

The concept of gay pride has received little attention in the psychological literature. There are numerous instruments to measure what has been variously termed internalized homophobia, internalized heteronormativity, or internalized heterosexism. It appears the main way gay pride is measured by psychologists is the absence of internalized homophobia. Discussion of gay pride within the psychological literature is also evident in the creation of models of identity formation, as discussed previously. In the wider psychological literature concerning pride, several researchers have argued that pride is too broad a concept to be considered a single, unified construct and is better viewed as two distinct emotions (Elkman, 2003; Lewis, 2000). Consistent with this perspective, pride has been empirically and theoretically linked to highly divergent outcomes. Pride occurs in response to internal
attributions (Ellsworth & Smith, 1988; Lewis, 2000). However, building on previous theoretical work, Tracey and Robins (2007) have argued that two facets of pride can be distinguished by subsequent attributes. Authentic (beta) pride might result from attributes to internal unstable and controllable causes (e.g., I won because I practiced), whereas pride in the global self, referred to as hubristic, or alpha pride, might result from attributions to internal, stable, uncontrollable causes (e.g., I won because I’m always great).

Authentic pride is the more socially desirable and is linked with positive outcomes that might motivate behaviors geared towards the long-term attainment and maintenance of status, whereas hubristic pride might be a “short-cut” solution, providing status that is more immediate but fleeting (Tracey & Robins, 2007). The likely outcomes of hubristic pride might be adaptive in situations in which it is advantageous to display one’s relative superiority in order to intimidate an opponent. Hubristic pride, however, has been linked to several distinct forms of dysfunction, including narcissistic self-aggrandizement, and is, for the most part, unrelated to mental health (Tracey & Robins, 2007). Genuine self-esteem and authentic pride may promote a clean bill of mental health. Gay pride, considered from this perspective, raises important questions regarding the relationship of gay pride to well-being. If being gay is attributed to internal, stable, and uncontrollable causes (e.g., I am gay and I didn’t chose it), then it may not support well-being.

Without sufficient information about what strengths exist among gay men, and how these strengths contribute to resilience, it is difficult to envisage an empirically supported “Theory of Resilience” as a sub-cultural phenomenon. Investigating and harnessing these natural strengths and resiliencies may enhance gay affirmative mental health prevention and intervention programs. If gay men are exposed to healthy coping strategies and community supports as adults, they may also develop a sense of shamelessness that could be protective against the effects of overt homophobia and marginalization. This sense of shamelessness, or pride, may be one of the greatest strengths that sexual minority communities have developed (Herrick et al., 2011).

**Potential strength and resource: Self-compassion**

Self-compassion is a healthy form of self-acceptance that entails the ability to be kind and caring to oneself in instances of perceived inadequacy and experiences of failure and suffering (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). There is growing evidence that self-compassion is an important variable in the study of positive psychological attributes and also areas of psychological difficulty (Neff, 2003, 2004, 2009; Neff, Kirkpatrick, & Rude, 2007a, 2007b; Neely et al., 2009; Neff & McGehee, 2010; Raes, 2011; Van Dam et al., 2011). This suggests the potential for self-compassion to be particularly meaningful for populations facing the constant paradox of simultaneous personal fulfilment and societal oppression, such as sexual minorities. Self-compassion research within LGB populations may help to clarify the significance of self-compassion in many dimensions of LGB identified existence.
Neff (2003) conceptualized self-compassion as entailing three components: extending kindness and understanding to oneself rather than harsh self-criticism and judgment, seeing one's experience as part of the larger human experience rather than separating and isolating, and holding one's painful thoughts and feelings in balanced awareness rather than over identifying with them. Self-compassion has been found to be associated with a wide variety of positive outcomes in the general literature, including life satisfaction, social connectedness, autonomy, resilient coping, personal growth, happiness, and optimism (Neff, Rude, & Kirkpatrick, 2007b).

A review of the literature identified one unpublished Ph.D. thesis that has examined self-compassion within a sexual minority population (Crews, 2012). The study reports in-depth interviews with 16 LGB individuals, exploring how the participants processes their personal coming-out narratives through the lens of self-compassion, and a further quantitative investigation into the role of self-compassion in the development of a sexual minority identity in 215 LGB adults, aged between 18–70. The narratives from the interviews indicate that self-compassion helped to provide the emotional safety required during the coming-out process to enable the person to move to a more self-accepting position without fear of self-condemnation. Multivariate analyses of the larger sample demonstrated that self-compassion has a positive impact on LGB identity development, explaining 17% of the total variance in LGB identity scale scores.

This study aims to build on previous research in this area by exploring the relationships between well-being, self-compassion, authentic and hubristic pride, attachment, self-esteem, age, level of outness, and self-stigma in gay men. The hypotheses are fourfold. The first hypothesis is that authentic pride, self-esteem, self-compassion, outness, and age will have a significant positive correlation with well-being. Second, it is hypothesized there will be no correlation between hubristic pride and well-being. The third hypothesis is that self-stigma, attachment anxiety, and attachment avoidance will be negatively correlated with well-being. Lastly, we hypothesize that self-compassion will predict well-being within the model of variables being explored. As this study is exploratory in nature, a cross-sectional within-subject design will be utilized.

Method

Participants

One hundred and thirty-nine self-identifying gay men aged 18 years and over completed an online survey; seven of these identified as female to male transgender gay men. The overall sample had a mean age of 38.3 years (range from 19 to 82 years). In total, the online study was accessed 439 times, 201 potential participants provided their consent, and 140 of these fully completed the survey. One participant's data were removed due to them not meeting the criteria of being a self-identifying gay man. Due to the self-selecting sampling procedure utilized in this study, it is
not possible to give an estimate of the sample approached. Of the 139 study participants in this sample, a majority (117, 84.2%) described themselves as “White British,” with five describing themselves as “White Irish,” one as “Black or Black British African,” nine as “White European,” and seven as “Other.” Forty-five (32.4%) reported their religious or spiritual belief as “Atheist,” 30 (21.6%) as “Agnostic,” 43 (30.9%) as “Christian,” six as “Buddhist,” two as “Jewish,” two as “Muslim,” five as “Other,” and six did not state their religious or spiritual beliefs.

Participants reported their total annual household income as less than £10,000 in 16 (11.5%) cases, 20 (14.4%) as £10,001–20,000 per annum, 24 (17.3%) as £20,001–30,000 per annum, 20 (14.4%) as £30,001–40,000 per annum, 19 (13.7%) as £40,001–50,000, 29 (20.9%) as £50,001 or more per annum, while 11 (7.9%) did not state their income.

In this sample, 76 participants (54.7%) reported that they had previously engaged in counselling or therapy, 62 stated that they had never experienced therapy or counselling (44.6%), and one chose to not reveal this. Eighty-one (58.3%) stated that they were in a committed relationship at the time of completing the survey and 13 (9.4%) stated that they were registered disabled.

Sample size, power, and precision

A sample size of 139 participants were recruited, based on the calculation of apriori GPower 3.1 analysis using G*Power 3.1 of 137 participants required, with nine predictor variables, to detect a medium effect size (0.15), error probability of 0.02, and power of 0.8. The relationship between self-compassion and psychological well-being has not been measured in this population before; therefore, a medium effect size was selected based on research measuring similar relationships between self-compassion and happiness, optimism, and life satisfaction (Neff et al., 2007).

Measures

Outness

The Outness Inventory (OI; Mohr & Fassinger, 2000) was used to assess the degree to which participants were open about their gay identity. This is an 11-item scale, on which respondents indicate how open they are on a Likert scale of one to seven (1 = person definitely does NOT know about your sexual orientation status, 7 = person definitely knows about your sexual orientation status and it is OPENLY talked about), to various people and groups of people in their life (family, wider world, religious network). Participants indicate if an item is not applicable to them and a total score is calculated from the average of those completed. The OI can be used to either provide information about levels of outness in three different life domains (family, everyday life, and religion) or to provide an overall index of outness. The higher score indicates a higher level of outness about one’s sexual identity. Analyses from the instrument development study provided an estimated internal consistency of .79. Evidence for convergent validity was provided through predicted correlations.
with measures of need for privacy and degree of interaction with heterosexual individuals. Evidence for discriminant validity was provided by analyses indicating that individuals whose parents practiced antigay religions did not differ from others in level of public outness, but did differ from others in level of outness to family members (Mohr & Fassinger, 2000). In the current study, the Cronbach alpha co-efficient was .91, indicating high internal reliability.

**General well-being**
The 24-item BBC Well-being Scale (Kinderman, Schwannauer, Pontin, & Tai, 2011) was used to assess general levels of subjective well-being. This measure provides an overall measure of well-being based on a three-factor model of psychological well-being, physical health and well-being, and relationships. Participants are required to answer each question on a four-point Likert scale (1 = not at all, 2 = a little, 3 = very much, 4 = extremely), with four reflecting higher well-being. This measure has demonstrated acceptable internal consistency (α = .935) and has correlated significantly with measures of concurrent validity in past validation research (Kinderman et al., 2011). In the current study, the Cronbach alpha co-efficient for the total scale was .95, α = .94 for the psychological well-being sub-scale, α = .80 for the physical health and well-being subscale, and α = .85 for the relationships subscale, indicating high internal reliability.

**Self-compassion scale**
The 26-item Self-Compassion Scale developed by Neff (2003) was used to assess six different aspects of self-compassion (negative aspects are reverse coded): Self-Kindness (e.g., “I try to be understanding and patient toward aspects of my personality I don’t like”); Self-Judgement (e.g., “I’m disapproving and judgmental about my own flaws and inadequacies”); Common Humanity (e.g., “I try to see my failings as part of the human condition”); Isolation (e.g., “When I think about my inadequacies it tends to make me feel more separate and cut-off from the rest of the world”); Mindfulness (e.g., “When something painful happens I try to take a balanced view of the situation”); and Over-Identification (e.g., “When I’m feeling down I tend to obsess and fixate on everything that’s wrong”). Responses are given on a five-point Likert scale (1 = almost never, 5 = almost always). The measure has demonstrated good test-retest reliability and validity in past research. Neff (2003) compared the same participant’s scores on two testing occasions. Test-retest correlations were as follows: Self-Compassion Scale (overall score) = .93; Kindness subscale = .88; Self-Judgment subscale = .88; Common Humanity subscale = .80; Isolation subscale = .85; Mindfulness subscale = .85; and Over-Identification subscale = .88. A six-factor model was found to fit the data well (NNFI = .92; CFA = .93). A higher-order CFA confirmed that a single higher-order factor of self-compassion explained the inter-correlations between the six factors (NNFI = .90; CFI = .92). In the current study, the Cronbach alpha co-efficient for the total scale was α = .95; for the sub-scales of Self-Kindness α = .87; Self-Judgment α = .87; Common Humanity α = .82;
Isolation $\alpha = .85$; Mindfulness $\alpha = .78$; and Over-Identification subscale $\alpha = .80$. This indicates high internal reliability in all domains.

**Internalized sexual stigma**

The 23-item Internalized Homonegativity Inventory (Mayfield, 2001) was used to assess what has variously been termed internalized homophobia, internalized homonegativity, and internalized heterosexism. This measure is specific to the measurement of internalized homonegativity in gay men and assesses three different aspects (positive aspects are reverse coded): Personal Homonegativity (e.g., “I feel ashamed of my homosexuality”); Gay Affirmation (e.g., “I am proud to be gay”); and Morality of Homosexuality (e.g., “In general, I believe that gay men are more immoral than straight men”). Responses are given on a six-point Likert scale. The measure provides an overall measure of internalized homonegativity in gay men based on the three-factor model. In the current study, $\alpha = .91$ for the total scale, $\alpha = .92$ for the Personal Homonegativity subscale, $\alpha = .77$ for the Gay affirmation subscale, and for the Morality of Homosexuality subscale $\alpha = .46$. This indicates high internal reliability for all subscales, except the latter.

**Self-esteem scale**

The 10-item Rosenberg self-esteem scale (Rosenberg, 1965) is the most commonly used measure of global self-esteem and has demonstrated high reliability and construct validity in past research. Responses are given on a five-point Likert Scale with half of the items negatively worded and reverse scored. Test-retest correlations are typically in the range of .82 to .88, and Cronbach’s alpha for various samples are in the range of .77 to .88 (see Blascovich & Tomaka, 1993; Rosenberg, 1986). In the current study, the Cronbach alpha coefficient for the total scale was .91, which indicates high internal reliability.

**Pride**

The Authentic and Hubristic Pride Scales (Trait version; Tracy & Robins, 2007) were used to assess dispositional tendencies to experience pride. Participants are asked to rate seven items for authentic pride (e.g., “Accomplished”), followed by seven items for hubristic pride (e.g., “Arrogant”) on a five-point Likert scale, indicating the extent to which they generally identify with the word being described. These have demonstrated to be brief, relatively independent, and reliable measures in past research. In a sample of 362 undergraduate students, the reliability coefficient for each scale ranged between .88 and .90. In the current study, the Cronbach alpha coefficient for both scales was .912, indicating high internal reliability.

**Attachment**

The Experience in Close Relationships Scale-Short Form (Wei, Russell, Mallinckrodt, & Vogel, 2007) was used to assess two facets of attachment in adult relationships: anxiety and avoidance. Positively phrased questions are reverse scored; high scores on either or both scales represent insecure attachment. A low score on both
scales represents a secure attachment. This has been shown to possess stable factor structure, acceptable internal consistency, test-retest reliability, and construct validity. In a sample of 851 undergraduate students, the reliability coefficient for the Anxiety subscale was .78 and for the avoidance subscale was .81. In the current study, the Cronbach alpha coefficient for the anxiety subscale was \( \alpha = .81 \) and \( \alpha = .814 \) for the avoidance subscale, indicating high internal reliability.

**Design**

As this study is exploratory in nature, it utilized a within-subjects, cross-sectional design, exploring the concept of self-compassion and the relationships with psychological well-being, authentic and hubristic pride, self-esteem, internalized homonegativity, age, attachment anxiety and avoidance, and outness. The data were analyzed utilizing exploratory correlation analysis and hierarchical multiple regression.

**Procedures**

The University of Liverpool Institute of Psychology, Health and Society Research Ethics Committee provided favorable ethical review of the study. The study was advertised widely, both online and through posters in gay community venues, to support the recruitment of a diverse population of self-identifying gay men. Due to recognized difficulties in accessing and recruiting sexual minority populations, a self-selecting sampling procedure was utilized. The sample was self-selecting by following a link from the study advertisement to the online survey.

The study was initially piloted for one month with a sample of self-identifying gay men who volunteered for a large LGBT charity to test the procedures for sensitivity to the participants’ needs and perspectives. The online survey was accessed on 73 occasions throughout the pilot stage of the study; 54 people consented, and of these, 37 completed the survey in full. The pilot stage did not result in any changes being made to the study procedures; therefore, the pilot data were combined with the data collected from the live study to provide the final sample.

The study was available online for a period of five months between December 2012 and May 2013. Participants who followed the link to the study were presented with a participant information sheet outlining the nature of the study, information regarding the ethical considerations, and an estimate of 20 minutes to complete the survey. The information sheet included a space for participants to confirm their informed consent to participate in the study; those who provided their informed consent were then directed to the demographics page to commence data entry. The demographics page was followed by eight pages, each one containing a different measure. The measures were followed by written debriefing information regarding the nature of the study.

Those participants who completed the survey in full were provided with the option to enter a prize draw to win up to £75 in high-street shopping vouchers by
Table 1. Means, standard deviations, and correlations for all measures.

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<td>- .185*</td>
<td>- .165</td>
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providing an email address through which they could be contacted at the end of the study. Providing incentives to participants in sexual minority populations is recommended (Moradi, Mohr, Worthington, & Fassinger, 2009).

**Data analysis procedure**

Preliminary analyses were performed to ensure the parametric assumptions of normality, linearity, and homoscedasticity were upheld. All scales met these assumptions except for Outness and Internalized Homonegativity. At the initial stage of analysis, correlations were conducted to explore the relationships between each of the variables. In the second stage, a multiple linear regression model was run on the data, with general well-being held as the dependent variable and all other variables as predictors.

**Results**

Table 1 provides means, standard deviations, and correlation coefficients between all measures.

In line with Hypothesis 1, authentic pride, self-esteem, self-compassion, and outness displayed a significant positive correlation with general well-being; however, the relationship between age and well-being was not significant. Authentic pride, self-esteem, and self-compassion all yielded a large effect size, each respectively accounting for 62%, 60%, and 40% of the variance in their relationships with general well-being. The relationship between outness and well-being displayed a medium effect size, accounting for 9% of the variance with well-being. Therefore, the first hypothesis was supported except for the hypothesized relationship between well-being and age.

Hypotheses 2 and 3 were fully supported by the data. The relationship between hubristic pride and general well-being was not significant. Sexual self-stigma (as measured by the internalized homonegativity inventory), attachment avoidance, and attachment anxiety all displayed a significant, medium-size, negative relationship with general well-being. However, the subscale of Morality of Homosexuality was not significantly correlated with any other variable.

To examine the fourth hypothesis, a multiple linear regression was conducted on the data. Graphical analysis indicated that the assumptions of the linear regression model were upheld. Authentic pride and self-esteem were removed from the regression model because of evidence of multicollinearity. The high strength of their correlation with general well-being indicated that the constructs used to measure these variables were not sufficiently differentiated and therefore measuring similar underlying constructs. Rather than entering the total self-compassion or internalized homonegativity scores data into the model, they were broken down into their subscale scores to differentiate which aspects of self-compassion and internalized homonegativity uniquely predict general well-being. Separating the total self-compassion score into its six subscales allowed the researchers to determine which elements of self-compassion contributed to well-being while controlling for
Table 2. The unstandardized and standardized regression coefficients for the variables entered into the model for general well-being.

<table>
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<th>Variable</th>
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<td>.571</td>
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*p = < .05. **p = < .01.

...the combined impact of the other variables. The subscale of morality of homosexuality and data for age and hubristic pride were withheld from the model because they did not evidence significant relationships with general well-being in the correlation stage of analysis.

Using the enter method, a significant model emerged: \(F (11,127) = 15.256, p < .001\). The model explains 53.2% of the variance (\(R^2 = .532\)). Table 2 presents information for the predictor variables entered into the model. Self-judgement, common humanity, mindfulness, over-identification, personal homonegativity, and ECR-Avoidance were not significant predictors, but outness, self-kindness, isolation, gay affirmation, and ECR-Anxiety were.

The regression was run again for each component of general well-being: psychological well-being, physical health and well-being, and relationships. The model remained significant for each. Significant predictors for psychological well-being were self-kindness (\(\beta = .258, p < .05, R^2 = .594\)), isolation (\(\beta = .297, p < .01, R^2 = .594\)), gay affirmation (\(\beta = -.196, p < .01, R^2 = .594\)), and ECR-Anxiety (\(\beta = -.173, p < .05, R^2 = .594\)). Only one predictor, self-kindness, remained significant for physical health and well-being (\(\beta = .379, p < .01, R^2 = .258\)). The significant predictors for relationships were outness (\(\beta = .231, p < .05, R^2 = .590\)), isolation (\(\beta = .203, p < .05, R^2 = .590\)), and ECR-Anxiety (\(\beta = -.256, p < .001, R^2 = .590\)). Therefore, the data suggest that different components of self-compassion predict well-being, depending on which aspect of well-being is being measured. Self-kindness appears to be an important predictor of psychological well-being and physical health and well-being. Isolation appears to be an important predictor of psychological well-being and relationships.

Discussion

This study revealed a pronounced relationship between self-compassion and general well-being in gay men, with some aspects of self-compassion appearing more
important than others, depending on which aspect of well-being is being explored. Self-kindness and isolation were both significant predictors of psychological well-being, whereas only self-kindness was a significant predictor of physical health and well-being, and isolation the only significant aspect of self-compassion that predicted relationships. This finding suggests the potential for self-compassion to be a naturally occurring strength that contributes to resiliency in this population.

It is interesting that only two of the self-compassion subscales were significant predictors of well-being and that the relative importance of these differed, depending on which component of well-being was being explored. This highlights the importance of measuring all components of self-compassion rather than the total construct. Most research that has explored self-compassion using this measure has only reported total self-compassion scores. The reporting of the subscale scores is a relative strength of this research and suggests the need to explore the contribution of the various components of self-compassion in other research.

These results indicate that self-kindness and isolation are the two components of self-compassion that predict well-being in this sample of gay men. In relation to minority stress, it may be that treating yourself kindly predicts psychological well-being through a buffering effect on stress, or that someone who treats themselves kindly may appraise stress differently than someone who is prone to self-criticism. Similarly, people who view their experiences as isolating will appraise any stressful events more negatively than those who reminds themselves that what they are experiencing is not unique to them. In terms of physical health and well-being, treating yourself kindly may ensure greater resources are available for self-care. Finally, in terms of the relationships component of well-being, an isolating view in regards to personal difficulties may be a barrier to seeking out and utilizing social support networks, as social support buffers the relationship between social stress and well-being. However, this needs to be explored in future research to test specific hypotheses.

The findings regarding pride and well-being raise important questions. Authentic pride had the most pronounced relationship with well-being; however, its ability to predict well-being could not be distinguished because the strength of relationship between the two constructs indicated that they were perhaps not distinct and therefore potentially measuring a similar underlying construct. Hubristic pride exhibited no relationship with well-being. Although these measured a general tendency to experience authentic or hubristic pride, they point to important potential differences in the relationship between gay pride and well-being, based on the types of attributions the person is making regarding their sense of gay pride. To explore the potential of gay-specific pride, the finding that the gay affirmation subscale of the internalized homonegativity inventory was a significant predictor of psychological well-being (negatively related due to it being reverse scored) indicates that a lack of gay affirmation has negative consequences for well-being. The necessity to extrapolate findings regarding gay pride from a measure of internalized homonegativity is further evidence for the deficit focus of sexual minority mental health research. The development of a measure of gay pride that differentiates authentic and
hubristic pride has the potential to improve upon and extend these initial findings, and to explore what form gay pride takes that has positive consequences for the well-being of gay men.

Attachment anxiety was also a negative predictor of well-being, specifically psychological well-being and the relationships component of well-being. This finding supports the notion of self-compassion being a positive predictor of well-being because self-compassion is linked to attachment styles. Past research has found that people with secure attachment styles report significantly higher levels of self-compassion (Neff & McGehee, 2010).

Regarding the gay-specific factors of outness and internalized homonegativity, previous research was supported. Level of outness, while increasing some risk factors, such as experience of violence of discrimination, is a significant predictor of general well-being and specifically of the relationships component of well-being. Internalized homonegativity, while having a significant negative relationship with well-being, did not predict well-being. Rather, a lack of gay affirmation was a significant negative predictor of psychological well-being. However, there are important limitations regarding the measurement of sexual stigma that will be addressed later.

The finding that there was no relationship between age and internalized homonegativity was unexpected and inconsistent with previous research. However, not measuring the length of time someone has self-identified as gay may have important implications here.

Limitations

This study utilized a cross-sectional correlational design. While the effects of self-compassion and well-being make theoretical sense, it is possible that a sense of well-being enables people to be more self-compassionate. Correlation can only suggest explanatory mechanisms, and cross-sectional surveys make it difficult to ascertain the timing of events, to ensure that theorized causes actually occur before the effects attributed to them. However, correlational studies such as this can offer evidence around theories that can be tested further within longitudinal research design. The lack of a comparison group makes it impossible to assess whether self-compassion is a relative strength of gay men compared to other sexual minority groups and the male heterosexual majority. The difficulties of recruiting a matched comparison group for sexual minority research are well noted, however, and were beyond the scope of this research. This is an important area for further research.

The sampling procedure utilized a self-selecting and snowball sampling method; therefore, the results cannot be generalized beyond the characteristics of this particular sample. Self-selecting and Internet-based research designs are known to recruit a restricted range of the population of interest, which is biased towards higher well-being and more affluent participants. Although the use of these methods is justified in research with minority groups, and particularly in the present research because the aim was to explore the natural occurrence of self-compassion within a healthy
self-identifying gay male sample, the findings cannot be generalized to the wider gay community.

No measure of gay pride currently exists; while the inclusion of general measures of pride point to potentially important areas for future research, they do not measure gay pride specifically. Therefore, any conclusions regarding the role of gay pride need to be interpreted cautiously. The internalized homonegativity measure was chosen as the most appropriate measure based on construct validity of past research. However, this only measured internalized sexual stigma regarding sexual attraction and not sexual stigma related to the wider aspects of sexual identity; for example, gender nonconformity and stereotypes regarding the gay community. The lack of significance regarding any of the relationships between the morality of homosexuality subscale indicate that this conceptualization of sexual self-stigma may no longer be valid in the current social and political context of greater acceptance of sexual minorities in society.

Non-significant findings regarding the relationship between age and internalized homonegativity may be due to the influence of a confounding variable that was not measured. Time since coming out was not measured because of the complex and ongoing dynamic nature of this process. However, this would have been a valuable variable to include, due to the importance of time required to develop a sexual identity and learning to cope with the minority stress, as well as sexual stigma that sexual minorities experience. While this study has drawn preliminary conclusions regarding the potential importance of self-compassion as a general psychological process in the well-being of gay men, it does not represent the complete picture because there are many other variables, both general (e.g., mastery, emotion regulation, and social support) and gay-specific (e.g., sense of connection to community, coming-out growth, and what has been termed shamelessness), which are considered to influence well-being.

Clinical and research implications

This is the first investigation, to the authors’ knowledge, of the role of self-compassion in well-being amongst men who self-identify as gay. While it seems that self-compassion is a predictor of well-being, over and above the gay-specific factors of outness, gay affirmation, and personal homonegativity variables, there is scope to examine dispositional self-compassion. For example, investigating the extent to which those who have greater self-compassion are less likely to exhibit greater stress, anxiety, depression, or more likely to exhibit resilient outcomes in terms of adversity related to minority stress. Given the multiple stressors, and increased prevalence of mental health issues amongst this population, there could be a role of fostering self-compassion, or exploring compassion-based interventions, to aid the development of a compassionate stance to the self in sexual minority clinical populations. For example, individuals who are struggling to come to terms with their sexual identity may struggle to develop a self-compassionate stance. Compassion-based approaches were initially developed to support
people to overcome the barriers to self-compassion in relation to their high levels of shame.

Past research in this area has been deficit focused and resiliency research is in its infancy. This initial study utilized a non-clinical sample to identify self-compassion as a naturally occurring strength in this population. It is possible that mental health prevention in this population could be improved by capitalizing on this naturally occurring resource. Herrick et al. (2011) suggest a number of positive constructs that are deserving of future investigation as possible strengths that exist within the gay community. One of these constructs, shamelessness, which is attributed to the proud identities that gay men develop, requires further investigation. The current findings suggest that this sense of shamelessness may be more related to the ability to be self-compassionate when experiencing shame rather than developing a proud identity. The identification of self-compassion as a strength that exists in gay men supports its inclusion in future research towards developing an empirically supported “Theory of Resilience” in gay men.

Further research is needed to explore how self-compassion interacts with minority stress in a longitudinal design to explore if there are differences in self-compassion compared to other populations, both within and between groups who may or may not experience stress in line with the MSM. Although the impact of stigma related to HIV/AIDS was not examined in this study, there is evidence that those people who are affected by HIV/AIDS also suffer stigma specifically related to this (Smit et al., 2012). There may be a role for fostering self-compassion for those with a diagnosis in terms of well-being and self-care.

**Future directions**

This exploratory cross-sectional study has provided evidence for the potential role of self-compassion as a naturally occurring strength and resource that exists within gay men and also points to important areas regarding the role of pride in gay men’s well-being that justifies further research efforts. Given the finding that components of self-compassion are significant predictors of well-being, it is worth exploring whether self-compassion buffers the effects of stigma on well-being or mediates the relationship between stigma and well-being in gay men. This research focused on one specific sexual minority population and could also be replicated on other sexual minority populations, such as those with intersecting identities, and other minority populations such as lesbian, bisexual, transgender, and adolescent populations. Understanding the role of self-compassion could be particularly fruitful with an adolescent population, when established risk factors for poor well-being are higher, and sexual minority adolescents are particularly at risk due to the additional complexity of developing a sexual minority identity. Future research should take a longitudinal design to allow for identification of the timing of events and causal pathways.

Self-compassion is a construct that is being increasingly recognized as an important clinical tool for a variety of difficulties because of its protective benefits to
adaptive psychological functioning and because it is amenable to change. However, there has been no empirical research exploring this construct as a tool within gay-affirmative therapeutic frameworks. Self-compassion is a resource that can be promoted within the wider gay community, but it also deserves investigation as a clinical tool for use with gay men when experiencing psychological distress, whether or not related to their sexual identity. Future research could explore experimental manipulations of self-compassion in this population and compare gay-affirmative approaches that include self-compassion to more traditional affirmative approaches that tend to emphasize increasing self-esteem. Self-compassion could also inform work with other stigmatized minority groups and the social problem of sexual stigma and sexual prejudice within the wider heterosexual majority of society.

In conclusion, this study offers preliminary support for the role of self-compassion as a naturally occurring resource and strength within the gay male community that contributes to well-being and deserves further attention. The potential implications go beyond promoting and supporting resilience in gay men and developing traditional gay-affirmative approaches. If self-compassion supports the resolution of sexual stigma in gay men, then it may have potential to reduce sexual prejudice in wider society.

**Disclosure**

The author do not report any potential conflict of interest.

**References**


