Self-Compassion: A Resource for Positive Aging

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Objectives. Self-compassion has been associated with psychological health in young and multigenerational samples. This study investigated whether self-compassion may be associated with subjective well-being (positive affect [PA] and negative affect [NA]) and psychological well-being (ego integrity and meaning in life) in older adults. It also assessed the structure of the Self-Compassion Scale (SCS; Neff, 2003a) in older adults.

Method. A total of 185 adults aged 65 and older ($M_{\text{age}} = 73.42$) completed several self-report measures, including the SCS.

Results. Path analysis revealed that self-compassion was significantly positively associated with PA, ego integrity, and meaning in life, and negatively associated with NA. Factor analyses indicated that the SCS structure identified among undergraduates was not observed in our older sample. Instead, two factors emerged which provided predictive utility.

Discussion. These results extend research knowledge, inform strategies to enhance well-being in older adults, and indicate that self-compassion may represent a valuable psychological resource for positive aging.

Key Words: Aging—Psychological well-being—Self-Compassion—Subjective well-being.

Aging is often inherently challenging. Growing older can entail multiple losses, including loss of work through retirement, the spouse role through widowhood, and health and/or physical functioning. Positive aging refers to maintaining a positive attitude, feeling good about oneself, keeping healthy, and engaging in life despite these challenges (Australian Psychological Society, 2012). Prominent aging theories have emphasized processes involved in adapting to age-related changes such as accommodative strategies (Brandtstädter & Renner, 1990) and primary and secondary control (Heckhausen, Wrosch, & Schulz, 2010). However, theorists (Hohfoll, 1989) and researchers (Jopp & Smith, 2006) have also highlighted the importance of resources, which may be defined as aspects of an individual’s circumstances that facilitate adaptation to challenge. Influential resources include physical resources such as health and income (Steverink, Westerhof, Bode, & Dittmann-Kohli, 2001), social resources such as social support (Fiksenbaum, Greenglass, & Eaton, 2006), and psychological resources such as control beliefs (Wurm, Tesch-Römer, & Tomasik, 2007) and optimism (Ferguson & Goodwin, 2010). Recently, self-compassion has been identified as a strong predictor of psychological health among younger people (Barnard & Curry, 2011; Neff, 2011), and some evidence suggests that it may represent a particularly important psychological resource for older adults as they strive to achieve positive aging.

Self-compassion involves unconditional feelings of care, acceptance, and kindness toward oneself when dealing with difficult experiences (Gilbert, 2009a; Neff, 2003b). Neff (2003a, 2003b) defined self-compassion as a construct comprising three interrelated dimensions: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus overidentification. Self-kindness refers to a tendency to respond to perceived personal inadequacy or difficult situations by giving oneself understanding and comfort, whereas self-judgment involves responding with harsh self-criticism. Common humanity entails viewing discomfort or failure as part of the shared human condition, so that one feels connected to others during painful life experiences, whereas isolation occurs when a person believes their failings or struggles represent human aberrations. Finally, mindfulness involves viewing responses to difficult experiences from an open and accepting perspective, which allows a clear and balanced recognition of one’s distress, whereas overidentification involves fixating on one’s suffering and negative self-related cognitions (Neff, 2003b). Research has revealed strong associations between self-compassion and diverse signs of positive psychological health (for reviews, see Barnard & Curry, 2011; Neff, 2011).

Many correlates of self-compassion represent indicators of well-being, which in turn have been viewed as components of positive aging (Knight & Ricciardelli, 2003). Well-being has been conceptualized as either subjective (hedonic), which emphasizes happiness and life satisfaction, or psychological (eudaimonic), which focuses on fulfillment of human potential (Keyes, Shmotkin, & Ryff, 2002). One robust finding from the self-compassion literature is a positive association with subjective well-being. Self-compassionate individuals have reported more happiness and positive affect (PA; Neff, Rude, & Kirkpatrick, 2007; Neff & Vonk, 2009; Wei, Liao, Tsun, & Shaffer, 2011), greater life satisfaction (Neff, 2003a; Wei...
et al., 2011), less negative affect, neuroticism and mood disturbance (Birnie, Speca, & Carlson, 2010; Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, Rude, et al., 2007; Wei et al., 2011), and fewer symptoms of depression and anxiety (Costa & Pinto-Gouveia, 2011; Neff, 2003a; Neff, Hsieh, & Dejitterat, 2005; Neff & McGehee, 2010; Ying, 2009) than less self-compassionate individuals. In contrast, evidence supporting a relationship between self-compassion and psychological well-being has been limited to positive associations with personal growth (Neff, Rude, et al., 2007) and a composite well-being variable comprising a measure of purpose in life (Neely, Schallert, Mohammed, Roberts, & Chen, 2009).

Of particular relevance to the challenges of old age, self-compassion has been associated with an ability to manage adversity and make necessary life changes (Neff, 2011; Neff, Kirkpatrick, & Rude, 2007). Self-compassionate individuals respond to personal weaknesses, failures, and challenges with fewer emotional overreactions, greater emotional coping skills, and more adaptive motivational orientations than less self-compassionate individuals (Leary et al., 2007; Neff, 2003a; Neff et al., 2005). For example, highly self-compassionate students have reported greater perspective-taking and less anxiety and isolation when contemplating unpleasant life events, and less negative affect (NA) and more emotional equanimity when responding to situations involving failure or embarrassment (Leary et al., 2007). Self-compassionate individuals have also demonstrated greater ability to redirect energy toward new and more attainable goals (Neely et al., 2009), and greater acceptance of chronic pain (Costa & Pinto-Gouveia, 2011). These findings suggest that self-compassion provides a buffer against difficult situations, which may include losses associated with old age.

To date, most self-compassion research has used younger samples with mean ages of less than 25 years. Although a few studies have used multigenerational samples including some older adults (Birnie et al., 2010; Neff & Vonk, 2009; Robins, Keng, Ekblad, & Brantley, 2012; Van Dam, Sheppard, Forsyth, & Earleywine, 2011; Wei et al., 2011), no study has examined relationships between self-compassion and subjective or psychological well-being in an exclusively older sample. Therefore, the strength of these relationships in later life is not yet known. Subjective and psychological well-being tend to increase with age (for review, see Charles & Carstensen, 2010) and some evidence suggests that self-compassion may also increase with age. For example, Neff and Vonk (2009) observed a significant positive relationship between self-compassion and age ($r = .24, p < .001$) among participants aged 18–83. (Age/ self-compassion correlations were not reported in the other multigenerational studies cited previously.) However, Neff and McGehee (2010) found self-compassion levels did not differ between high school and college students, leading Neff (2011) to suggest that self-compassion may increase later in life, especially upon reaching Erikson’s (1968) proposed stage of ego integrity.

According to Erikson’s (1968) psychosocial theory of personality development, a crisis of Ego Integrity versus Despair occurs in later adulthood when people reflect upon mortality and evaluate the life they have lived. This crisis represents the last of a series of eight stages through which people progress during their lives. Successful stage resolution results in ego integrity: a composite of wisdom, wholeness, integration, and acceptance in relation to one’s past life experiences. Unsuccessful resolution results in despair or disdain. Erikson proposed that most individuals experience this crisis at around age 65, but research has indicated that ego integrity may also develop earlier in life and/or follow a curvilinear trend throughout adulthood (Whitbourne, Sneed, & Sayer, 2009). Nevertheless, some studies have supported Erikson’s proposition that ego integrity represents the final stage in a developmental continuum (Hannah, Domino, Figueredo, & Hendrickson, 1996).

Due to its focus on the fulfillment of human potential, ego integrity represents an indicator of psychological well-being (Keyes et al., 2002). The relationship between self-compassion and ego integrity has not yet been examined. However, self-compassion has been associated with wisdom (Neff, Rude, et al., 2007), which Erikson (1968) viewed as the most definitive sign of ego integrity. Neff, Rude, et al. (2007) and Neff, Kirkpatrick, et al. (2007) observed significant positive correlations between self-compassion and both reflective and affective wisdom in an undergraduate sample. Reflective wisdom refers to an ability to see phenomena from diverse perspectives, which facilitates self-awareness and an undistorted perception of reality, whereas affective wisdom involves an emotionally supportive demeanor toward others. Neff and colleagues suggested that self-compassion may enhance reflective wisdom by providing the requisite emotional safety to see oneself clearly, and that affective wisdom may reflect an extension of self-acceptance and compassion to others. Another key sign of ego integrity is the expansion of perceived relationships to encompass the whole human race (Erikson, Erikson, & Kivnick, 1986); which strongly echoes the common humanity dimension of self-compassion. These findings and similarities suggest that self-compassion may influence the development of ego integrity.

Another aspect of psychological well-being that has not yet been assessed in relation to self-compassion is meaning in life; a construct that arose from observations that life can be meaningful even under adverse conditions. Different theoretical perspectives offer different conceptualizations of meaning in life (for overview, see Wong, 2012). Several theorists have defined it as meaning derived from comprehending, making sense of, and attributing value to life, along with perceiving an overall sense of purpose (Steger, 2012). A vast body of research has identified
relationships between meaning in life and many positive attributes and outcomes throughout adulthood (for review, see Steger, 2012). As an indicator of positive aging, meaning in life has been positively associated with older adults’ self-reported well-being, psychological adjustment, and self-perceived health and has predicted lower mortality rates among nursing home residents 4 years after testing (O’Connor & Vallerand, 1998). Consequently, it is important to identify and understand factors that can promote meaning in life and its concomitant benefits. Self-compassion may represent one such factor.

Most recent self-compassion research has used the Self-Compassion Scale (SCS; Neff, 2003a). Development of the SCS involved conducting separate exploratory factor analyses (EFAs) on undergraduates’ responses to items that assessed each of the three hypothesized self-compassion dimensions. The positive and negative aspects of each dimension loaded onto separate factors, and subsequent confirmatory factor analyses (CFAs) found that the resulting six factors exhibited adequate model fit and could be explained by a single higher order factor. Thus, the SCS comprises six subscales that measure self-compassion facets of self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification, as well as providing an overall (total) self-compassion score. Neff’s (2003a, 2003b) conceptualization of self-compassion involves a mutual interplay between these six facets. For example, the detached stance of mindfulness may increase self-kindness by reducing self-criticism and increasing self-understanding, as well as countering feelings of isolation and fostering a sense of social connectedness. In accordance with this unidimensional view, total SCS scores have been the focus of most self-compassion research.

Nevertheless, a few researchers have acknowledged the conceptual and factorial independence of the six subscales by examining their relative predictive utility and have found that they differentially predict aspects of well-being. For example, Van Dam and colleagues (2011) found that symptoms of anxiety and worry in a clinical sample were significantly predicted by self-judgment, isolation, and overidentification, and that depressive symptomatology and quality of life were predicted by self-kindness, self-judgment, isolation, and mindfulness. Similarly, Ying (2009) found that depressive symptoms and a sense of coherence among social work students were predicted by select SCS subscales, but other facets did not make significant predictive contributions. Given these findings, specific SCS subscales may also drive relationships between total self-compassion and other well-being measures. Importantly, the structure of the SCS has not yet been examined in older adults to determine whether the six-factor structure extends to this age group. Identifying which self-compassion facets predict indicators of well-being may elucidate how self-compassion transmits its beneficial effects.

The Current Study

This study primarily explored whether self-compassion may be associated with four aspects of well-being in older adults. It also aimed to identify the latent structure of the SCS in an older aged sample. Path analysis was employed to examine the cross-sectional ability of self-compassion and its facets to predict two indicators of subjective well-being (PA and NA) and two aspects of psychological well-being (ego integrity and meaning in life) in older adults. To our knowledge, relationships between self-compassion and PA and NA have not previously been examined in an exclusively older aged sample, and potential associations between self-compassion and ego integrity and meaning in life have not been assessed in any age group. On the basis of previous research, we hypothesised that high levels of overall self-compassion would be significantly associated with high levels of PA and ego integrity and low levels of NA. Given the lack of previous work relating to self-compassion and meaning in life, the structure of the SCS in non-undergraduate samples, and the individual roles of the facets of self-compassion, all other analyses were exploratory in nature.

Method

Participants

The sample comprised 185 participants (79 men, 105 women, and 1 gender unreported) whose ages ranged from 65 to 92 years ($M_{\text{age}} = 73.42, SD = 6.72$; Median = 72.00). Most participants were not in paid employment (83.5%), reported good health (79.8%), and believed their income was sufficient to meet their needs (93.5%). Length of formal education ranged from 2 to 27 years ($M = 13.15, \text{Median} = 12.00$).

Measures

Demographic variables.—Single items assessed Perceived Health (PH), Income Adequacy (IA), and Education (ED). Participants reported their health status by selecting an appropriate adjective to complete the sentence “In general, you would say your health is…” from options on a scale ranging from (1) Poor to (5) Excellent and indicated the adequacy of their income by completing the sentence “In general, you feel your income is…” from options ranging from (1) Insufficient to meet your needs to (4) Very good. Education was assessed by an open-ended question asking participants to enter how many “years of formal education” they had completed.

Self-compassion.—The 26-item SCS (Neff, 2003a) assessed Total Self-Compassion (SCS-Tot), as well as six-factor analytically derived facets of self-compassion: Self-Kindness (SCS-SK), Self-Judgment (SCS-SJ), Common Humanity (SCS-CH), Isolation (SCS-IS), Mindfulness
Based on Erikson’s psychosocial stage theory of development, the Ego Integrity subscale of the Inventory of Psychosocial Development (IPD-EI; Whitbourne & Waterman, 1979) includes five statements that assess positive-stage resolution (e.g., “Proud of what I’ve done”). Participants rated themselves on each statement on a scale ranging from (1) Definitely most characteristic of you to (7) Absolutely uncharacteristic of you. Scale scores were calculated by averaging across items. The Despair subscale of the IPD-EI is typically used with the Ego Integrity subscale to calculate overall ego integrity scores. However, a preliminary EFA indicated a construct overlap between Despair and SCS self-compassion. Consequently, we used only the Ego Integrity subscale in this study. The IPD-EI demonstrated adequate reliability in this study (α = .89).

Meaning in life.—Participants completed the presence subscale of the Meaning in Life Questionnaire (MLQ-P; Steger, Frazier, Oishi, & Kaler, 2006), which involved rating themselves on five statements (e.g., “My life has a clear sense of purpose”) on a scale from (1) Absolutely untrue to (7) Absolutely true. Variables were formed by averaging items. The presence subscale has exhibited sound internal consistency in previous studies (Steger et al., 2006) and adequate 1 year test-retest stability (Steger & Kashdan, 2007). In this study, the MLQ-P demonstrated high internal consistency (α = .89).

Ego integrity.—Based on Erikson’s psychosocial stage theory of development, the Ego Integrity subscale of the IPD-EI includes five statements describing responses to difficult experiences (e.g., “When times are really difficult, I tend to be tough on myself”) on a scale from (1) Almost never to (5) Almost always. Subscale scores were created by averaging across subscale items. SCS-Tot was calculated by averaging all items after reverse-scoring SCS-SJ, SCS-IS, and SCS-OI items. The SCS has previously demonstrated construct validity and test-retest reliability (Neff, 2003a; Neff, Rude, et al., 2007). In this study, SCS-Tot exhibited high internal consistency (α = .88) and all subscales demonstrated good reliability: SCS-SK, α = .81; SCS-SJ, α = .76; SCS-CH, α = .70; SCS-IS, α = .79; SCS-MI, α = .75; SCS-OI, α = .74.

PA and NA.—The 20-item Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988) assessed self-reported levels of PA and NA. Participants indicated how much they had felt each of 10 positive (e.g., “excited”) and 10 negative (e.g., “upset”) feelings “during the past year” on a scale ranging from (1) Very slightly to (7) Extremely. PA and NA scale scores were created by averaging positive and negative items, respectively. Previous research has supported the reliability and validity of the PANAS for older and younger populations (Kercher, 1992; Watson et al., 1988). In this study, high internal consistency was observed for both the NA (α = .82) and PA (α = .83) variables.

Procedure

Participants aged 65 and older were recruited from retirement villages and clubs in Sydney, Australia, and through acquaintances of the researchers. Data were collected over 10 weeks by a survey that could be completed in writing (paper) or online (web based). Demographic questions were followed by measures of self-compassion, PA and NA, meaning in life, and ego integrity. (The survey also included measures of other constructs for related research: social desirability, self-esteem, self-forgiveness, unmitigated communion, unmitigated agency, personal growth, and conscientiousness.) Completed paper surveys were returned in prepaid envelopes or collected by researchers. The return of 124 completed paper surveys represented a 76% response rate, and 61 participants completed the web-based survey. Online participants did not differ significantly from paper participants on any study variables; however, online participants were significantly younger (M = 70.34) than paper participants (M = 75.14, d = −0.75, p < .001) and reported more years of education (M = 14.28 vs. M = 12.58, d = 0.38, p = .01) and better health (M = 3.66 vs. M = 3.36, d = 0.37, p = .02). We considered these differences to be primarily associated with levels of computer knowledge and access, which were likely to influence completion method but not responses. Given the absence of group differences on all study variables, we retained responses from both survey groups. Group equivalence on relationships assessed in this study was also subsequently confirmed. (Multiple group path analyses determined that model fit and all reported regression weights did not differ significantly between online and paper participants: SCS-Tot Model, χ²reference (32) = 32.21, p = .46 [Unconstrained, CFI = 1.00, GFI = .99, RMSEA = .02]; Constrained Model, χ²reference (24) = 22.76, p = .53 [Unconstrained, CFI = 1.00, GFI = .99, RMSEA = .02]; Constrained, CFI = 1.00, GFI = .96, RMSEA = .00] and Subscale Model, χ²reference (24) = 22.76, p = .53 [Unconstrained, CFI = 1.00, GFI = .99, RMSEA = .02]; Constrained, CFI = 1.00, GFI = .96, RMSEA = .01].

Four EFAs confirmed that SCS self-compassion was distinct from meaning in life, ego integrity, PA, and NA in our older sample. Sample size influenced our selection of strategy to confirm independence of SCS self-compassion from the well-being constructs. Subject to variable ratios (Tabachnick & Fidell, 2001) and loading-based guidelines (Guadagnoli & Velicer, 1988) indicate that a model assessing all five constructs (56 items, 123 parameters, and several weak loadings) is unlikely to be stable or valid with N=185. Separate analysis of items from the SCS and each well-being construct satisfies Guadagnoli and Velicer’s guidelines. Consequently, the 26 SCS items were entered with the (1) 5 MLQ-P items, (2) 5 IPD-EI items, (3) 10 PANAS-PA items, and (4) 10 PANAS-NA items. For all analyses, three factors were extracted according to Cattell’s (1966) Scrree Test and subjected to direct oblimin rotation. In all analyses, all SCS items loaded on two factors, the other scale’s items loaded on Factor 3, and no SCS item cross-loaded above .40. One SCS item loaded weakly in the IPD-EI and PA analyses.
(0.37 and 0.36, respectively), and two SCS items loaded weakly in the NA analysis (.34 and .35). One PA item (.38) and one NA item (.38) also exhibited weak loadings. All low loading items displayed smaller loadings on the other scale’s factor. Overall, these results supported the independence of SCS self-compassion from each well-being construct.

RESULTS

Descriptive Statistics and Data Cleaning

Descriptive statistics and correlations are presented in Table 1. Total self-compassion scores were normally distributed from moderately low to very high (SCS-Tot = 2.08–5.00) with a moderately high mean. Age was nonsignificantly correlated with SCS-Tot and all Self-Compassion subscales. Men and women did not differ significantly on SCS-Tot or on any Self-Compassion subscale except for common humanity, where women (M = 1.78) exhibited higher levels than men, M = 1.69, d = 0.30, p = .04. Missing values on PH (2), IA (1), ED (4), and Ego Integrity (4) were imputed using the expectation maximization algorithm in SPSS 20. To satisfy statistical assumptions of factor analysis and path analysis, square root transformations were applied to SCS-CH, SCS-MI, and PA to correct negative skew and to SCS-OI to correct positive skew, and logarithmic transformations were applied to MLQ-P (negative skew) and SCS-IS and NA (positive skew). Additionally, univariate outliers on SCS-SJ (3 high), SCS-SK (1 low), and IPD-EI (1 low) were recoded to .10 beyond the next most extreme score on the distribution (Tabachnick & Fidell, 2001).

Structure of the SCS

CFAs were conducted in AMOS 20.0 (Arbuckle, 2011) to assess goodness of fit of the previously identified six-factor SCS structure on data from an older aged sample. The first CFA tested whether the 26 SCS items loaded onto six intercorrelated latent variables: self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification. Due to small sample size, we used Maximum Likelihood estimation and bootstrapping with 100 resamples. Based on Kline (2005), we defined good fit as a nonsignificant χ², a comparative fit index (CFI) and goodness-of-fit index (GFI) greater than .90, a root mean square error of approximation (RMSEA) less than .08, and a standardized root mean square residual (SRMR) of less than .10. Although almost all items loaded above .40 on their respective factors, the model did not fit the data well: χ²(284) = 499.43, p < .001; CFI = .88; GFI = .83; RMSEA = .06; SRMR = .07. A second CFA examined whether the six subscales could be explained by a single higher order latent variable. That model provided very poor goodness of fit: χ²(9) = 188.19, p < .001; CFI = .59; GFI = .76; RMSEA = .33; SRMR = .18. To improve fit of the first model, AMOS recommended over 100 potential modifications which implicated most SCS items. This fact, along with poor fit of the second model, indicated that the structure of the SCS in our sample differed greatly from the posited six-factor structure. Consequently, we elected to discard the six-factor model and to initiate a new investigation into the underlying structure of the SCS. Unlike Neff’s (2003a) approach, we conducted a Principal Axis Factoring EFA in SPSS 20 to identify the latent structure of responses to all 26 SCS items in our data set. Kaiser’s (1960) rule and Cattell’s (1966) scree test recommended retention of three and two factors, respectively, which were extracted and subjected to direct oblimin rotation. With a cutoff of .40 for inclusion, the two-factor solution provided the most interpretable structure. Following deletion of one item that failed to load greater than .40 (Q23), a simple two-factor structure emerged which explained 43.50% of the variance.
variance in the dataset. Factors 1 and 2 explained 26.97% and 16.52% of the variance, respectively. The two factors exhibited a small but significant negative relationship, \( r = -0.21, p < .05 \). Factor 1 contained Negative items relating to self-judgment, isolation, and overidentification, and Factor 2 comprised Positive items relating to self-kindness, common humanity, and mindfulness. Table 2 presents the 25 retained items and their factor loadings. The sets of SCS items demonstrated high internal consistency: Positive, \( \alpha = .87 \); Negative, \( \alpha = .88 \). Consequently, positive and negative subscales were formed by averaging across items.

**Total Self-Compassion and Well-being**

Path analysis with bootstrapping was conducted to test the hypotheses that self-compassion is associated with ego integrity (IPD-EI), PA and NA in an older sample and to determine whether self-compassion is associated with meaning in life (MLQ-P). The model posited relationships between SCS-Tot and four dependent variables, MLQ-P, IPD-EI, NA, and PA, after controlling for the effects of Age (AGE), PH, IA, and ED. (We also ran the path analyses without the four demographic covariates. Both analyses produced similar results.) To control for high correlations between dependent variables, we allowed each dependent variable’s error variance to covary with the error terms of all other dependent variables. Modification indices recommended allowing the error terms for PH and IA to covary. Given that both variables assessed participants’ subjective evaluations, we considered this represented a coherent addition to the model. Fit indices for the path model were excellent; \( \chi^2(5) = 6.91, p = .23 \); CFI = .99; GFI = .99; RMSEA = .05; SRMR = .03.

A summary of the results is depicted in Figure 1. SCS-Tot explained 20.0% of the variance in MLQ-P, 10.2% of the variance in IPD-EI, 10.8% of the variance in PA, and 25.0% of the variance in NA after controlling for the effects of AGE, PH, IA, and ED. As hypothesised, high levels of self-compassion were significantly associated with high levels of ego integrity and PA and with low levels of NA. Additionally, high levels of overall self-compassion predicted high levels of meaning in life. Pairwise comparisons indicated that the regression weight for PA was significantly smaller than the weight for NA (Z = –6.83, p < .001).

**Self-Compassion Facets and Well-being**

A second path analysis assessed the individual predictive contributions of the two correlated positive (SCS-POS) and negative (SCS-NEG) Self-Compassion subscales to MLQ-P, IPD-EI, PA, and NA. The model fit the data well; \( \chi^2(5) = 6.91, p = .23 \); CFI = .99; GFI = .99; RMSEA = .05; SRMR = .02. Together, the positive and negative subscales explained significant amounts of variance in MLQ-P (22.0%), IPD-EI (11.3%), PA (14.7%), and NA (30.3%) after controlling for the effects of AGE, PH, IA, and ED. As shown in Figure 2, high scores on SCS-POS and low scores on SCS-NEG significantly predicted high MLQ-P.

<table>
<thead>
<tr>
<th>SCS items</th>
<th>Factor 1 Negative</th>
<th>Factor 2 Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.</td>
<td>.70</td>
<td>.07</td>
</tr>
<tr>
<td>25. When I fail at something that’s important to me, I tend to feel alone in my failure.</td>
<td>.67</td>
<td>−.01</td>
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<tr>
<td>2. When I’m feeling down I tend to obsess and fixate on everything that’s wrong</td>
<td>.65</td>
<td>.09</td>
</tr>
<tr>
<td>8. When times are really difficult, I tend to be tough on myself.</td>
<td>.65</td>
<td>.02</td>
</tr>
<tr>
<td>6. When I fail at something important to me I become consumed by feelings of inadequacy.</td>
<td>.64</td>
<td>.00</td>
</tr>
<tr>
<td>18. When I’m really struggling, I tend to feel like other people must be having an easier time of it.</td>
<td>.64</td>
<td>.04</td>
</tr>
<tr>
<td>13. When I’m feeling down, I tend to feel like most other people are probably happier than I am.</td>
<td>.63</td>
<td>−.05</td>
</tr>
<tr>
<td>11. I’m intolerant and impatient towards those aspects of my personality I don’t like.</td>
<td>.62</td>
<td>−.07</td>
</tr>
<tr>
<td>16. When I see aspects of myself that I don’t like, I get down on myself.</td>
<td>.60</td>
<td>−.02</td>
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<tr>
<td>24. When something painful happens I tend to blow the incident out of proportion.</td>
<td>.53</td>
<td>.04</td>
</tr>
<tr>
<td>1. I’m disapproving and judgmental about my own flaws and inadequacies.</td>
<td>.52</td>
<td>.07</td>
</tr>
<tr>
<td>20. When something upsets me I get carried away with my feelings.</td>
<td>.50</td>
<td>.00</td>
</tr>
<tr>
<td>21. I can be a bit cold-hearted towards myself when I’m experiencing suffering.</td>
<td>.49</td>
<td>.08</td>
</tr>
<tr>
<td>5. I try to be loving towards myself when I’m feeling emotional pain.</td>
<td>.03</td>
<td>.71</td>
</tr>
<tr>
<td>10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.</td>
<td>−.17</td>
<td>.71</td>
</tr>
<tr>
<td>12. When I’m going through a very hard time, I give myself the caring and tenderness I need.</td>
<td>.16</td>
<td>.70</td>
</tr>
<tr>
<td>19. I’m kind to myself when I’m experiencing suffering.</td>
<td>.11</td>
<td>.69</td>
</tr>
<tr>
<td>15. I try to see my failings as part of the human condition.</td>
<td>−.02</td>
<td>.64</td>
</tr>
<tr>
<td>17. When I fail at something important to me I try to keep things in perspective.</td>
<td>.17</td>
<td>.62</td>
</tr>
<tr>
<td>26. I try to be understanding and patient towards those aspects of my personality I don’t like.</td>
<td>.22</td>
<td>.61</td>
</tr>
<tr>
<td>7. When I’m down and out, I remind myself that there are lots of other people in the world feeling like I am.</td>
<td>−.21</td>
<td>.58</td>
</tr>
<tr>
<td>22. When I’m feeling down I try to approach my feelings with curiosity and openness.</td>
<td>.17</td>
<td>.55</td>
</tr>
<tr>
<td>14. When something painful happens I try to take a balanced view of the situation.</td>
<td>.20</td>
<td>.49</td>
</tr>
<tr>
<td>3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.</td>
<td>−.36</td>
<td>.44</td>
</tr>
<tr>
<td>9. When something upsets me I try to keep my emotions in balance.</td>
<td>.02</td>
<td>.41</td>
</tr>
</tbody>
</table>

*Note. Retained items loading >.40 are indicated in bold.*
Figure 1. Total self-compassion predicting four indicators of well-being (with standardized loadings).
Notes: N = 185. SCS-Tot, Total Self-Compassion; PA, Positive Affect; NA, Negative Affect; IPD-EI, Ego Integrity; MLQ-P, Meaning in Life Questionnaire; AGE, years; ED, education years; IA, income adequacy; PH, perceived health. *p < .05. **p < .01. ***p < .001.

Figure 2. Positive and negative self-compassion facets predicting four indicators of well-being (with standardized loadings).
Notes: N = 185. SCS-POS, positive subscale; SCS-NEG, negative subscale; PA, Positive Affect; NA, Negative Affect; IPD-EI, Ego Integrity; MLQ-P, Meaning in Life Questionnaire; AGE, years; ED, education years; IA, income adequacy; PH, perceived health. AGE, ED, IA, and PH are covariates with paths extending to all self-compassion and well-being variables. **p < .01. ***p < .001.
However, high PA and IPD-EI were associated with only high SCS-POS scores and high NA was associated with only high SCS-NEG scores.

**Discussion**

Psychological resources play an increasingly important role in achieving subjective and psychological well-being in older age, when changing circumstances often necessitate shifts in social networks and tangible resources (Windle & Woods, 2004). We explored the possibility that self-compassion may represent one hitherto unexplored psychological resource for positive aging.

Path analysis determined that self-compassion was associated with two indicators of subjective well-being (PA and NA) and two indicators of psychological well-being (ego integrity and meaning in life) among older adults, even after controlling for the effects of age, perceived health, income adequacy, and education. As hypothesised, high levels of self-compassion were associated with high levels of ego integrity and PA and low levels of NA. Our exploratory analysis found that high levels of self-compassion also predicted high levels of meaning in life. CFA determined that the six-factor SCS structure ascertained from younger participants’ responses (Neff, 2003a) was not observed in our sample of older adults. Subsequent EFA identified two factors in our data set which represented a positive facet comprising items relating to self-kindness, common humanity, and mindfulness, and a negative facet containing items relating to self-judgment, isolation, and overidentification. A second path analysis found that these two facets made unique predictive contributions to the four well-being variables. Thus, our results indicate that the structure of SCS self-compassion may differ between younger and older adults, and that self-compassion (or its facets) may play an important role in well-being components of positive aging.

Our finding that high self-compassion was associated with beneficial levels of PA and NA extends previous research knowledge by establishing that relationships observed in younger (Leary et al., 2007; Neff, Rude, et al., 2007; Wei et al., 2011) and multigenerational samples (Birnie et al., 2010; Wei et al., 2011) also occur within an older aged sample (\(M_{\text{age}} = 73.42\)). Path analysis of the two Self-Compassion subscales indicated that only the positive facet of self-compassion contributed significantly to the prediction of PA, suggesting that older adults are likely to experience PA if they treat themselves with care and understanding in response to adverse events, perceive such experiences as part of a larger human experience, and hold painful thoughts and feelings in balanced awareness. In contrast, NA was predicted only by the negative facet, indicating that older individuals are most likely to experience NA if they engage in self-criticism, fixate on adverse experiences, and feel alone in their suffering. Although it should be noted that the zero-order correlation between SCS-POS and NA indicates that a significant direct relationship does exist between these variables. The non-significant relationship observed when simultaneously assessing SCS-NEG and SCS-POS as predictors indicates that SCS-NEG drives the overall relationship between SCS-Tot and NA. It also should be noted that the correlational nature of relationships observed in the path analysis allows for the possibility that causality may run in the opposite direction. That is, high levels of PA may increase positive aspects of self-compassion and high levels of NA may increase negative aspects.

Notwithstanding this directional ambiguity, these results are largely consistent with the theoretical premise that self-compassion enhances affective states through an awareness and nonjudgmental acceptance of difficult emotions (Neff, Rude, et al., 2007). From a neurobiological perspective, Gilbert (2009b) proposed that self-compassion may assist affective regulation by balancing activity from separate brain systems. In particular, by activating the soothing/calming oxytocin-opiate system associated with feelings of safety, affiliation, and warmth and deactivating the limbic threat system associated with feelings of insecurity and defensiveness. Accordingly, self-compassion has been associated with less anxiety in response to an ego threat among students (Neff, Kirkpatrick, et al., 2007). Further research is needed to assess relationships between self-compassion and specific reactions to threat, such as anxiety, in older adults. Indeed, future research with older adults may also benefit from assessing depression and anxiety as subjective well-being indicators, as they tend to exhibit stronger relationships with self-compassion than PA and NA in younger samples.

The fact that self-compassion accounted for significantly more variance in NA than in PA may also be explained neurophysiologically. Conceptually, the positive PANAS items (e.g., enthusiastic, excited) are more likely to assess PA arising from the drive/incentive dopaminergic system associated with achievement and acquisition (Gilbert, 2009b) than PA associated with the soothing/calming system. If self-compassion activates the soothing system, then self-compassion may be more strongly related to outcomes that are likely to be associated with that system (e.g., social connectedness, happiness) than to PANAS PA. In contrast, a strong relationship may be expected between PANAS NA and self-compassion because most negative items (e.g., afraid, nervous) are likely to assess activation of the threat system.

In line with Erikson’s (1968) psychosocial theory, ego integrity increased among participants as they moved beyond age 65, albeit nonsignificantly. Ego integrity is an indicator of psychological well-being comprising wisdom, wholeness, integration, and acceptance in relation to past experiences, accompanied by psychosocial maturity and a sense of shared humanity (Erikson, 1968; Erikson et al., 1986). Thus, our finding that self-compassion predicted ego integrity is congruent with a previously reported association between self-compassion and wisdom (Neff, Rude, et al., [2011]).
The subscale path analysis revealed that high levels of ego integrity were associated with high scores on the positive self-compassion facet. This result indicates that an individual who has successfully resolved the ego integrity crisis in older age is likely to review past life experiences from a balanced perspective, feel a sense of connection with others over adverse experiences and give themselves kindness and understanding over unpleasant aspects of their life history.

To our knowledge, this is the first study to report an association between self-compassion and meaning in life. Unlike ego integrity, meaning in life was significantly associated with both positive and negative self-compassion facets. Thus, a highly self-compassionate older individual is likely to approach current life experiences in a similar manner to the approach toward past experiences described previously, and/or to not fixate on negative responses, feel isolated, or engage in harsh self-criticism. Meaning in life has been associated with many positive outcomes among older adults; including subjective well-being (Steger et al., 2006), other forms of psychological well-being (Steger, Kashdan, Sullivan, & Lorentz, 2008), self-perceived health, and a longer life span (O’Connor & Vallerand, 1998). Carstensen, Isaacowitz, and Charles’s (1999) theory of socioemotional selectivity proposes that emotionally meaningful goals gain importance as time remaining is perceived as shorter. In this respect, correlates of self-compassion may help older adults to find new meaning, such as possessing adaptive motivational orientations (Neff et al., 2005) and an ability to make necessary life changes (Neely et al., 2009; Neff, Kirkpatrick, et al., 2007). For example, Neely and colleagues (2009) found that students’ self-reported ease at re-engaging with new goals after having to stop pursuing an important goal was positively associated with self-compassion. This ability to reengage with new goals is particularly important for well-being in older adulthood (Brandstätter, 2002; Wrosch, Scheier, Miller, Schulz, & Carver, 2003).

Our results suggest that highly self-compassionate older adults are likely to experience high levels of well-being, and that increasing self-compassion may be beneficial for those with low self-compassion. Treatment studies of younger adults have found that self-compassion can be increased and that increases coincide with improvements in well-being (Birnie et al., 2010; Gilbert & Proctor, 2006; Leary et al., 2007; Neff, Kirkpatrick, et al., 2007; Orzech, Shapiro, Brown, & McKay, 2009; Robins et al., 2012). Most self-compassion enhancement strategies target one or more of the six facets identified by Neff (2003a), such as self-kindness, self-judgment, or mindfulness (Gilbert & Proctor, 2006; Neff, Kirkpatrick, et al., 2007; Robins et al., 2012). For example, Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1990) has increased self-compassion and well-being (Robins et al., 2012), and pre-post MBSR increases in mindfulness have prospectively predicted enhanced self-compassion and well-being (Orzech et al., 2009). Further research is needed to determine whether these positive outcomes extend to older adults.

Importantly, the SCS (Neff, 2003a) exhibited reliability for future use with older adults. However, although each of the six subscales identified by Neff demonstrated internal consistency in the current older sample, the subscales did not cohere to form an intercorrelated six-factor model that could be explained by a single higher order latent variable. Instead, 25 of the 26 items loaded onto two factors which reflected item valence: positive versus negative. These findings are inconsistent with Neff’s proposition that SCS self-compassion comprises three continuous dimensions ranging from positive to negative (i.e., self-kindness to self-judgment; common humanity to isolation; and mindfulness to overidentification) and with the six-factor structure observed and confirmed in younger samples (Neff, 2003a; Raes, Pommier, Neff, & Van Gucht, 2011). However, it should be noted that Neff’s theoretically driven analytical approach did not include EFA of all 26 items simultaneously. Although the current results indicate that the theoretically derived six-factor structure observed among younger people may not apply to older individuals, it is possible that EFA of responses to all SCS items by younger participants may yield two factors that resemble the structure identified in this study’s older sample. A study that compares the fit of the two- and six-factor models in a younger sample may be of practical and theoretical interest.

Other noteworthy findings from this study include the fact that age was weakly and nonsignificantly correlated with self-compassion in our older aged sample. Although several previous self-compassion studies have used multigenerational samples, only one reported a correlation between age and self-compassion, and that was positive and significant (Neff & Vonk, 2009). Thus, increases in self-compassion may occur steadily throughout life and a significant relationship may be observed only in samples that span a wide age range.

Evidence suggests that self-compassion and other psychological resources, such as control beliefs and optimism (Ferguson & Goodwin, 2010), are associated with well-being in older adults. Consequently, future theory building and research should not be restricted to adaptive regulation processes (Haase, Heckhausen, & Wrosch, 2012) but should also consider the importance of resources. Given that the effects of psychological resources on the well-being of older adults have been found to differ cross-nationally (e.g., control beliefs; Clarke & Smith, 2011), future researchers may also consider exploring cultural differences in self-compassion and its correlates.

Limitations of this study should also be considered when interpreting its results. This study used a community sample of older adults who reported relatively secure financial circumstances, and the current findings may not necessarily generalize to other older populations or future cohorts. Although
online and paper participants did not differ significantly on the assessed variables and relationships, other systematic differences between groups may have affected the data. Importantly, the cross-sectional nature of the analyses prevents the inference of causal processes. Reassessing these relationships using a longitudinal design may provide a framework more consistent with identifying causal effects. Additionally, the SCS EFA and subscale analysis should be considered preliminary investigations, as sample size prevented confirming the two-factor structure on a hold-out sample. Finally, marginal internal consistency of the ego integrity measure may have limited the ego integrity analyses.

**Conclusion**
This study found that self-compassion was significantly associated with four aspects of well-being in older adults, which may be viewed as signs of positive aging. The current results add to the literature by identifying positive associations between self-compassion and ego integrity and meaning in life; showing that previously observed associations between self-compassion and high PA and low NA in younger samples also occur among older adults; determining that the previously identified structure of the SCS did not extend to an older sample; identifying which facets of self-compassion drove relationships with the well-being indicators; and informing the selection of strategies to enhance well-being in older adults. Overall, these results suggest that self-compassion may represent a valuable psychological resource for older adults.

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