

COMMENTARY

Can cultivating self-compassion protect older aging adults against psychological maladjustment?

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Numerous definitions of compassion have been proposed in the literature including “a sensitivity to suffering in self and others, with commitment to alleviate and prevent it” (Gilbert, 2019) and “a distinct affective experience whose primary function is to facilitate cooperation and protection of the weak and those who suffer” (Goetz *et al.*, 2010). While compassion is a feature of all societies, it is given different weighing according to cultural differences. Compassion has been characterized as entailing both cognitive and behavioral processes such as the recognition of suffering, understanding that suffering is part of the human experience, feeling suffering and being able to tolerate difficult feelings and being motivated to reduce suffering (Strauss *et al.*, 2016). Compassion is known to be distinct from other similar concepts such as empathy (Singer and Klimecki, 2014), and neuroscience research suggests that activation of specific brain areas occurs when experiencing compassion (Kim *et al.*, 2020).

While compassion for others is having the ability to recognize and reduce suffering in others, self-compassion is the ability to recognize and be motivated to alleviate one’s own suffering. Self-compassion has been found to predict better psychological health across all ages (Neff, 2003b; Safara and Salmabadi, 2021) and suggested to be an important factor in healthy aging (Kunuroglu and Vural Yuzbasi, 2021). So, could cultivating self-compassion offer the potential to be a protective factor against psychological maladjustment in older aging adults and why is it so important now?

A recent review by Tavares and colleagues (2020) collated and synthesized the evidence on self-compassion to explore its role in positive and negative psychological adjustment of older aging adults. It compliments a previous review on the relationship between self-compassion and wellbeing in older aging adults (Brown *et al.*, 2018) and furthers our understanding by including qualitative studies, gray literature and papers published in Portuguese and Spanish (in addition to English).

Following database and reference list searches, 11 studies published between 2021 and 2018 were included. While the majority of studies were

conducted in the USA (six), two were conducted in Canada and one each in Pakistan, South Korea and Australia. All studies employed a cross-sectional design of which nine used quantitative methods, one qualitative and one used a mixed methods approach. All studies recruited older aging adults from the general community including residential care facilities and either used a version of the Self-Compassion Scale (SCS; Neff, 2003a) or conducted semi-structured interviews. Study aims included testing the relationship between self-compassion and health-related outcomes, self-compassion as a moderator or mediator and the structural validity of the SCS (Neff, 2003a). The relationship between several self-reported and physiological health-related outcomes including mood, body perceptions, loneliness, cortisol (as a marker of physiological stress), sleep disturbance and quality of life was assessed.

Quantitative and mixed methods studies found that self-compassion is associated with a range of physical and psychological outcomes in populations residing in both Western and Eastern societies. The qualitative and mixed methods studies showed some inconsistent findings. While Allen and Leary (2014) reported a positive impact of self-compassion on age-related thoughts and events, Bennett *et al.* (2017) suggest that older aging adults find it difficult to cultivate self-compassion in relation to body image.

This is a timely and well-conducted review (Tavares *et al.*, 2020) of the impact of self-compassion on wellbeing in community-based older aging adults. Despite the use of broad search terms, this review demonstrates how little we know about how older aging adults experience self-compassion and the relationship between self-compassion and wellbeing. However, its findings have important implications on ways in which research and clinical practice can direct its resources at improving mental wellbeing in this population. This is especially pertinent at a time when COVID-19 pandemic lockdown restrictions have resulted in older aging adults reporting isolation and loneliness (Naeim *et al.*, 2021). We know that cultivating compassion for

the self can result in physiological benefits in healthy adults (Kim *et al.*, 2020), and meditation practices promoting compassion could protect older aging adults against cognitive decline (Lutz *et al.*, 2021).

Although this review (Tavares *et al.*, 2020) provides an overview of the evidence to date on self-compassion in older aging adults, the authors may have also considered the experience of compassion more broadly. Gilbert *et al.* (2017) proposed that there are three “flows” of compassion; compassion from self to self, compassion from self to others, and compassion from others to self and developed the Compassionate Engaging and Action Scales (CEAS) as a self-report measure of these different types of compassion. Although not specifically in older aging adults, research suggests that these three “flows” of compassion interact differently with psychological wellbeing, with compassion from others and compassion for the self significantly correlated with depression, anxiety and stress (Gilbert *et al.*, 2017). More recent longitudinal research in a community sample of adults over the age of 60 found that compassion for others and compassion for the self predicted mental wellbeing over 7 years (Lee *et al.*, 2021).

An interesting and quite important factor that was also not explored or identified in this review (Tavares *et al.*, 2020) but that may also contribute to the experience of compassion is the impact of being in the “sandwich generation” (this refers to a group of people who have concurrent caring responsibilities for their children and elderly parents). This is particularly pertinent in the current age because we are living longer, and therefore, people are having to care for family members who may have long-term conditions. We know that family carers of people living with dementia, in particular adult children, experience exhaustion which can lead to emotional states, such as compassion fatigue (Day *et al.*, 2014), and this can be detrimental to caring relationships and the experience of compassion for the self and others. Exploring the impact of caring on compassion would be a valuable avenue of study because recent research has found that while the three flows of compassion are all associated with depression, anxiety and stress in family carers of older aging adults, it increases self-compassion that is predictive of lower levels in psychological distress (Murfield *et al.*, 2020). While the CEAS has been validated for carers of older aging adults (Murfield *et al.*, 2021), future work may consider developing and validating a measure of compassion that is tailored and reflective of the caring role.

Another factor that this review (Tavares *et al.*, 2020) may have considered is the role of gender on the experience of compassion in older aging adults. Previous research has suggested that although

gender differences are present in adults with women reporting lower levels of self-compassion compared to men, the magnitude of this difference reduces as we age (Yarnell *et al.*, 2015). These findings indicate that the relationship between self-compassion and aging is a complex interaction, and further research is needed to disentangle this relationship.

Despite the paucity of research in this area, it can be tentatively suggested that cultivating self-compassion has a positive relationship with psychological adjustment in older aging adults and could be used as a resource to support psychological and physical health. However, this area of research is still very much in its infancy, and more research is needed to understand how self-compassion, and compassion more broadly, functions as a protective mechanism for psychological adjustment in older aging adults. As highlighted in this commentary, there are many more factors (i.e. gender, caring responsibilities/sandwich generation, long-term/life-limiting conditions, etc.) that may contribute to this experience, and future work needs to explore these to inform tailored compassion-based interventions for this population.

Conflict of interest

None.

Acknowledgements

The author would like to thank Dr Louise Jones for her insightful feedback on an earlier draft of this manuscript. Nuriye Kupeli is supported by Alzheimer’s Society Junior Fellowship grant funding (Grant Award number: 399 AS-JF-17b-016).

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