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## Self-Compassion and Psychological Resilience in Older Adults

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### **Abstract:**

*The objective of the present study to determine whether there is a relationship between self-compassion and psychological resilience in older adults living with families and those living in old age homes. The present study also aimed to find whether there is a difference between older adults living with families and those living in old age homes with respect to self-compassion and psychological resilience. A purposive sampling technique was employed to select the sample of 60 participants (30 living in old age homes and 30 living with their families) between the age group of 60-75year. The Self-Compassion Scale(Neff, 2003) and Brief Resilience Scale(Smith et al., 2008) were administered to the participants. The results indicated that there was a significant relationship between overall self-compassion and resilience among older adults living in old age homes as well as among those living with their families. Further analysis showed that there was a significant relationship between resilience and the dimensions of self-kindness, common humanity, mindfulness, and isolation among older adults living with their families. Moreover, significant correlations were observed between resilience and the dimensions of common humanity, self-judgement, isolation and over-identification among older adults living in old age homes. The results of the present study also reported that there were significant differences between the older adults living with their families and those living in old age homes with respect to self-compassion and the dimensions of self-kindness, common humanity and mindfulness. Based on these findings it may be suggested that recovery, sustained purpose and growth, which are the hallmarks of resilience, combined with self-compassion adds to well-being in old age.*

**Keywords:** self-compassion, Psychological resilience

### **1. Introduction**

Self-Compassion involves treating oneself with the same kindness, concern and support that one would show to a good friend when faced with difficulties, life struggles or confronting personal mistakes, failures and inadequacies (Neff, 2003). Self-compassionate individuals respond with kindness rather than harsh self-judgment, recognizing that imperfection is a part of shared human experience. In order to give oneself self-compassion, one must be able to turn towards, acknowledge and accept that one is suffering.

Self-compassion is simply compassion directed inward. Drawing from the writings of various Buddhist teachers, self-compassion can be operationalized as consisting of three main elements: kindness, a sense of common humanity, and mindfulness. These components combine and mutually interact to create a self-compassionate frame of mind. Self-compassion is applicable when considering personal inadequacies, mistakes and failures as well as when confronting painful life situations that are outside our control (Salzberg, 1997; Neff, 2003b).

Self-kindness entails being warm and understanding towards ourselves when we suffer, fail or feel inadequate rather than flagellating ourselves with self-criticism. Sadly, however, many people tend to use harsh, critical language with themselves- "You're so stupid and lazy, I'm ashamed of you!" We would be unlikely to say such things to a close friend, or even a stranger for that matter. When asked directly, most people report that they are kinder to others than themselves (Neff, 2003a), and it is usual to encounter extremely kind and compassionate people who continually beat themselves up. With self-kindness, however, we soothe and nurture ourselves when confronting our pain rather than getting angry when life falls short of our ideals. The inner conversation is gentle and encouraging rather than harsh and belittling. We clearly acknowledge our problems and shortcomings, but do so without judgment, so we can do

what's necessary to help ourselves (Neff, 2003). Neff's scale proposes three interacting components of self-compassion, which are each composed of two opposite facets. The first dimension is self-kindness versus self-judgment. Self-kindness refers to one's ability to be kind and understand oneself, whereas self-judgment refers to being critical and unforgiving towards one. The second dimension is common humanity versus isolation. Common humanity states one's ability to identify that they are part of a related group of others and that suffering is shared human condition. The third dimension is mindfulness versus over-identification. Mindfulness denotes one's awareness and acceptance of painful experiences in a balanced and non-judgmental way. These three dimensions interact among each other to enhance and stimulate one another.

Although many people fear that being self-compassionate will undermine their motivation (Gilbert, McEwan, Matos & Ravis, 2011), research suggests that self-compassion essentially enhances motivation. For instance, self-compassion has no association with the level of performance standards adopted for the self, but it is negatively related to maladaptive perfectionism (Neff, 2003a). Self-Compassionate people are less afraid of failure (Neff, Hsieh & Dejitterat, 2005), and more likely to try again when they fail (Neely et al., 2009). A study found that having self-compassion for personal weaknesses, failures and past moral transgressions resulted in motivation to grow for the better, try harder to learn and avoid repeating past mistakes (Breines & Chen, 2012). Similarly, self-compassion appears to motivate health-related behaviours such as holding to a diet (Adams & Leary, 2007), trying to quit smoking (Kelly, Zuroff, Foa, & Gilbert, 2009) or starting a fitness routine (Magnus, Kowalski & McHugh, 2010). Moreover, a self-compassionate person helps himself/herself and also improves interpersonal functioning. Self-compassionate individuals are described by their romantic partners as being more emotionally connected, accepting and autonomy supporting while being less controlling and aggressive than those who lack self-compassion (Neff & Beretvas, 2012).

The construct of self-compassion provides an alternative model for thinking about self-views that may promote resilience. Self-compassion refers to the ability to hold one's feelings of suffering with a sense of warmth, connection, and concern. Compassion can be extended towards the self when suffering occurs through no fault of one's own—when the external circumstances of life are simply painful or difficult to bear. Self-compassion is equally relevant, however, when suffering stems from one's own foolish actions, failures, or personal inadequacies. Two studies assessed the role of self-compassion as a moderator of the relationship between physical health and subjective well-being in the elderly. In Study 1, participants completed a questionnaire that assessed their perceptions of their physical health, self-compassion, and subjective well-being. However, for participants with poorer physical health, self-compassion was associated with greater subjective well-being. In Study 2, the participants completed a questionnaire assessing self-compassion, well-being, and their willingness to use assistance for walking, hearing, and memory. Self-compassionate participants reported being less bothered by the use of assistance than those low in self-compassion, although the relationship between self-compassion and willingness to use assistive devices was mixed. These findings suggest that self-compassion is associated with well-being in later life and that interventions to promote self-compassion may improve quality of life among older adults (Leary, 2012).

Psychological resilience is defined as the ability to recover quickly from a distressing situation, and is crucially important to avoid weariness. The term resilience means an individual's ability to overcome adversity and continue his or her normal development. However, the RRC (Resilience Research Centre) uses a more ecological and culturally sensitive definition. Resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways (Unger, 2008).

Research on psychological resilience refers to a body of international cross-cultural, lifespan developmental studies that followed children born into seriously high-risk conditions such as families where parents were mentally ill, alcoholic, abusive, or criminal, or in communities that were poverty-stricken or war-torn. The astonishing finding from these long term studies was that at least 50% and often closer to 70% of youth growing up in these high-risk conditions did develop social competence despite exposure to severe stress and did overcome the odds to lead successful lives. Furthermore, these studies not only identified the characteristics of the "psychologically resilient" youth, but also documented the characteristics of the environment of the families, schools, and communities that were facilitated by the manifestation of psychological resilience (Bernard, 1991). In a study, psychological resilience has appeared to be significantly associated with indicators of successful aging (Wagnild, 2003). Another study suggested that in older women, greater psychological resilience is a precursor of successful aging (Lamond, Depp, Allison, Langer, Reichstadt, Moore & Jest, 2008).

At the most fundamental level, research on psychological resilience validates previous research and theory in human development that has clearly established the biological imperative for growth and development that exists in the human organism, that is part of our genetic makeup, and which unfolds naturally in the presence of certain environmental attributes. We are all born with innate psychological resilience, with the capacity to develop the traits commonly found in resilient survivors: social competence (responsiveness, empathy, caring, communication skills, and a sense of humor); problem-solving (planning, help-seeking, critical and creative thinking) autonomy (sense of identity, self-efficacy, self-awareness, task-mastery, and adaptive distancing from negative messages and conditions); and a sense of purpose and belief in a bright future (goal direction, educational aspirations, optimism, faith, and spiritual connectedness) (Bernard, 1991). The major point here is that resilience is not a genetic trait that only a few "super kids" possess; it is our inborn capacity for self-righting (Werner & Smith, 1992) and for transformation and change (Lifton, 1993).

The influence of psychological resilience is evident by its reach across diverse disciplines. In the area of business, resilience is measured by an organization's ability to withstand the impact of any interruption and recuperate while resuming its operations to provide basic services. In the fields of engineering and physics, psychological resilience is the capacity of a material to absorb energy,

resist damage and recover quickly. Thus, as evident in most fields, the essence of psychological resilience is described as the ability to bounce back from some form of disruption, stress or change.

Life expectancy has nearly doubled in the past century as a result of advances in medical care, improved sanitation, and industrialization. As a result, most people in Western societies now live long enough to experience various physical, cognitive, and social changes that accompany aging, some of which may undermine their well-being and life satisfaction in later life (Mirowsky & Ross, 1992). With increasing age, the likelihood of experiencing stressors such as the death of a partner or friend, declining mental and physical health, dependency on one's children, and lowered ability to engage in enjoyable and fulfilling activities increases (Allen, Goldwasser & Leary, 2012).

Because older people show great variability in how they cope with aging, research has investigated potential mediators and moderators of the link between people's objective circumstances and their subjective quality of life (George, 2010). The role of factors such as perceived control, social support, and self-esteem has been investigated to understand the connection between objective and subjective well-being in old age. For example, maintaining a sense of control is related to well-being and life satisfaction throughout life (Allen, Goldwasser & Leary, 2012), but as people age they often cannot control the consequences of the aging process and must adapt to their changing circumstances. Likewise, social support predicts well-being throughout the lifespan, and research indicates that people who have more social support experience fewer physical and mental declines as they age (Allen, Goldwasser & Leary, 2012).

Older adults bring with them a lifetime of experience and this can be applied to difficulties that come up later in life. For example, older adults often cope better with the loss of a spouse than younger adults because late adulthood is the expected time for such a loss to occur, with friends often in similar situations. In comparison, younger people may find themselves isolated and lacking in coping resources. Many older adults also demonstrate psychological resilience despite decreasing social networks. There is a perception that they lack social support because their friends are dying. But, even though the amount of social contact lessens with age, great satisfaction continues to be derived from those remaining, long-standing interpersonal relationships (Anstey & Luszcz, 2002a).

Psychological resilience has come to describe a person having a good track record of positive adaptation in the face of stress or disruptive change. Their longitudinal studies found that a high percentage of children from an "at risk" background needing intervention still became healthy, competent adults. Werner and Smith (1992) purported that a psychologically resilient child is one "who loves well", works well, plays well, and expects well.

In this context, the current research endeavor purports to determine whether there is a relationship between self-compassion and psychological resilience in older adults living with families and those living in old age homes. The present study also aims to find whether there is a difference between older adults living with families and those living in old age homes with respect to self-compassion and psychological resilience.

### 1.1. Objectives

- 1) To determine whether there is a relationship between self-compassion and its 6 dimensions (viz, self-kindness, common humanity, mindfulness, self-judgement, isolation and over identified) and psychological resilience in older adults living in old age homes and those living in with their families.
- 2) To determine whether there are any differences between older adults living in old age homes and those living in with their families with respect to self-compassion and its 6 dimensions (viz, self-kindness, common humanity, mindfulness, self-judgement, isolation and over identified) and psychological resilience

### 1.2. Hypotheses

- H1a. There will be a significant relationship between self-compassion and psychological resilience in (i) older adults living in old age homes and (ii) older adults living with their families.
- H1b. There will be a significant relationship between the self-kindness dimension of self-compassion and psychological resilience in (i) older adults living in old age homes and (ii) older adults living with their families.
- H1c. There will be a significant relationship between the common humanity dimension of self-compassion and psychological resilience in (i) older adults living in old age homes and (ii) older adults living with their families.
- H1d. There will be a significant relationship between the mindfulness dimension of self-compassion and psychological resilience in (i) older adults living in old age homes and (ii) older adults living with their families.
- H1e. There will be a significant relationship between the self-judgement dimension of self-compassion and psychological resilience in (i) older adults living in old age homes and (ii) older adults living with their families.
- H1f. There will be a significant relationship between the isolation dimension of self-compassion and positive dimension of psychological resilience in (i) older adults living in old age homes and (ii) older adults living with their families.
- H1g. There will be a significant relationship between the over-identified dimension of self-compassion and psychological resilience in (i) older adults living in old age homes and (ii) older adults living with their families.
- H2a. There will be a significant difference between older adults living in old age homes and those living with their families with respect to (i) self-compassion and its 6 dimensions, viz, (ii) self-kindness, (iii) common humanity, (iv) mindfulness, (v) self-judgement, (vi) isolation and (vii) over identified.
- H2b. There will be a significant difference between older adults living in old age homes and those living with their families with respect to psychological resilience.

## 2. Methodology

### 2.1. Research Design

The present study is a quantitative study which adopts a correlational design to determine the relationship between self-compassion and its 6 dimensions (viz, self-kindness, common humanity, mindfulness, self-judgement, isolation and over identified) and psychological resilience in older adults living in old age home and those living with their families. The study also adopted a between-groups design to observe whether there were any differences between older adults living in old age homes and those living with their families with respect to self-compassion and its 6 dimensions(viz, self-kindness, common humanity, mindfulness, self-judgement, isolation and over identified)and psychological resilience.

### 2.2. Participants

A purposive sampling technique was used to select a sample of 60 older adults, aged between 60-75 years, among whom 30 were living in old age homes and 30 were living with their families.

Inclusion criteria:

1. Older adults between the age group of 60 – 75 years were only included.
2. Older adults from the metropolitan city of Hyderabad were included in this sample.

Exclusion criteria:

1. Older adults above the age of 75 and below 65 years were not included.
2. Older adults suffering from any chronic illness were not included.
3. Older adults suffering from any psychological disorders were not included.

### 2.3. Instruments

➤ Development and validation of a scale to measure Self-Compassion, Neff, k. D. (2003) Kristin Neff, Ph. D.

- Self-Compassion Scale: The self-compassion scale (SCS) was designed by Neff (2003). It is a 26 item Likert scale that ranges from 1(almost never) to 5 (almost always). It consists of 6 subscales, that are, self-kindness (item numbers: 5, 12, 19, 23, 26), common humanity (item numbers: 3, 7, 10, 15), mindfulness (item numbers: 9, 14, 17, 22) , self-judgement (item numbers: 1, 8, 11, 16, 21) isolation (item numbers: 4, 13, 18, 25 )and over identified (item numbers: 2, 6, 20, 24).The SCS gives an insight on how people respond to themselves in times of struggle. The SCS is a standardized scale with internal consistency reliability was .78 for the five item Self-Kindness subscale and .77 for the five-item self-judgment subscale. Internal consistency reliability was .80 for the four-item Common Humanity subscale and .79 for the four-item isolation subscale. Internal consistency reliability was .75 for the four-item Mindfulness subscale and .81 for the four-item over identification subscale.
- Brief Resilience Scale: The Brief Resilience Scale was designed by Smith, Dalen, Wiggins, Tooley, Christopher & Bernard in 2008. It is a 6 item Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). It assesses the ability to bounce back from stress. Its internal consistency ranged from .80- .91.

### 2.4. Procedure

After selecting the measures, a few arrangements were made for data collection. The questionnaires and the Information Schedule were prepared and organized. The study was initiated after taking due permission and consent from the caretakers of all the selected old age homes and the other concerned people. The selected older adults referred for the study were contacted. Informed consent was taken from the participants. In addition to the written instructions they were also instructed verbally and were encouraged to seek clarification on any aspect related to the study. On an average the time taken to administer the scales was 20 minutes.

### 2.5. Statistics Used

Mean, Standard Deviation, Correlation and t-test were the statistics used to draw inferences from the obtained data.

## 3. Results and Interpretation

<i>Group Statistics</i>				
Variables	Living arrangements of older adults	N	Mean	Std. Deviation
Self Kindness	Older adults living in old age homes	30	15.1333	3.53049
	Older adults living with families	30	18.1000	2.60437
Common Humanity	Older adults living in old age homes	30	12.4333	2.64814
	Older adults living with families	30	14.9667	2.23581
Mindfulness	Older adults living in old age homes	30	12.6333	2.56614
	Older adults living with families	30	14.1333	2.09652
Self Judgement	Older adults living in old age homes	30	15.3000	3.27109
	Older adults living with families	30	14.3333	3.11097
<i>Group Statistics</i>				
Variables	Living arrangements of older adults	N	Mean	Std. Deviation
Isolation	Older adults living in old age homes	30	11.7667	3.59773
	Older adults living with families	30	13.5000	3.28791
Over Identified	Older adults living in old age homes	30	11.6333	2.98829
	Older adults living with families	30	12.5667	2.43088
Overall Self-Compassion	Older adults living in old age homes	30	78.9000	10.91140
	Older adults living with families	30	87.6000	8.96584
Overall Resilience	Older adults living in old age homes	30	18.5333	3.45147
	Older adults living with families	30	19.3000	2.86657

Table 1: Showing the Mean and Standard Deviation of older adults living in old age homes and older adults living with their families.

Correlations									
		Self Kindness	Common Humanity	Mindfulness	Self Judgement	Isolation	Over Identified	Overall Self Compassion	Overall Resilience
Self Kindness	Pearson								
	Sig.								
Common Humanity	Pearson	.348							
	Sig.	.060							
Mindfulness	Pearson	.146	.055						
	Sig.	.440	.774						
Self Judgement	Pearson	.014	.088	-.442*					
	Sig.	.940	.644	.014					
Isolation	Pearson	.144	.568**	-.174	.411*				
	Sig.	.449	.001	.358	.024				
Over Identified	Pearson	.299	.487**	-.050	.379*	.675**			
	Sig.	.109	.006	.795	.039	.000			
Overall Self Compassion	Pearson	.576**	.715**	.092	.461*	.781**	.813**		
	Sig.	.001	.000	.628	.010	.000	.000		
Overall Resilience	Pearson	.169	.393*	-.020	.389*	.657**	.685**	.666**	
	Sig.	.371	.032	.917	.034	.000	.000	.000	

\*\* . Correlation is significant at the 0.01 level (2-tailed).  
\* . Correlation is significant at the 0.05 level (2-tailed).

Table 2: showing the correlations between Self-compassion and its 6 dimensions (viz. self-kindness, common humanity, mindfulness, self-judgement, isolation, over identified) and psychological resilience in older adults living in old age homes.

Table 2 reveals that there is a significant relationship ( $r=0.666$ ) between overall self-compassion and resilience ( $p<0.01$ ) among older adults living in old age homes. In other words, the results suggest that increase in self-compassion is accompanied by an increase in resilience. Moreover, the above table indicates that there is a significant relationship between the dimensions of common humanity ( $r = 0.393$ ;  $p<0.05$ ), self-judgement ( $r = 0.389$ ;  $p<0.05$ ), isolation ( $r = 0.657$ ;  $p<0.01$ ), and over-identified ( $r = 0.685$ ;  $p<0.01$ ) and resilience among older adults living in old age homes. In other words, increases in the dimensions of common humanity, self-judgement, isolation and over-identification are accompanied by an increase in resilience. However, no significant correlations were observed between resilience and the dimensions of self-kindness and mindfulness in older adults living in old age homes. Moreover, significant correlations were observed between some of the dimensions of self-compassion. Thus, hypotheses H1a(i), H1c(i), H1e(i), H1f(i) and H1g(i) were accepted and hypotheses H1b(i), H1d(i) were not accepted.

<i>Correlations</i>									
		<b>Self Kindness</b>	<b>Common Humanity</b>	<b>Mindfulness</b>	<b>Self Judgement</b>	<b>Isolation</b>	<b>Over Identified</b>	<b>Overall Self Compassion</b>	<b>Overall Resilience</b>
<b>Self Kindness</b>	Pearson								
	Sig.								
<b>Common Humanity</b>	Pearson	-.136							
	Sig.	.475							
<b>Mindfulness</b>	Pearson	.067	.016						
	Sig.	.725	.934						
<b>Self Judgement</b>	Pearson	.089	.200	.241					
	Sig.	.639	.289	.199					
<b>Isolation</b>	Pearson	-.074	.392*	.370*	.196				
	Sig.	.696	.032	.044	.300				
<b>Over Identified</b>	Pearson	.143	-.022	.330	.243	.559**			
	Sig.	.450	.909	.075	.195	.001			
<b>Overall Self Compassion</b>	Pearson	.315	.421*	.566**	.617**	.749**	.674**		
	Sig.	.090	.021	.001	.000	.000	.000		
<b>Overall Resilience</b>	Pearson	.448*	.400*	.406*	.344	.474**	.311	.703**	
	Sig.	.013	.029	.026	.063	.008	.094	.000	

\*. Correlation is significant at the 0.05 level (2-tailed).  
 \*\*. Correlation is significant at the 0.01 level (2-tailed).

Table 3: Showing the correlations between Self-compassion and its 6 dimensions and psychological resilience in older adults living with their families.

Table 3 shows that there is a significant relationship ( $r=0.703$ ) between overall self-compassion and resilience ( $p<0.01$ ) among older adults living with their families. In other words, the results suggest that increase in self-compassion is accompanied by an increase in resilience. Moreover, the above table reveals that there is a significant relationship between the dimensions of self-kindness ( $r = 0.448$ ;  $p<0.05$ ), common humanity ( $r = 0.400$ ;  $p<0.05$ ), mindfulness ( $r = 0.406$ ;  $p<0.05$ ), and isolation ( $r = 0.474$ ;  $p<0.01$ ) and resilience among older adults living with their families. In other words, increases in the dimensions of self-kindness, common humanity, mindfulness and isolation are accompanied by an increase in resilience. However, no significant correlations were observed between resilience and the dimensions of self-judgement and over-identification among older adults living with their families. Moreover, significant correlations were observed between some of the dimensions of self-compassion. Thus, hypotheses H1a(ii), H1b(ii), H1c(ii), H1d(ii), and H1f(ii) were accepted and hypotheses H1e(ii) and H1g(ii) were not accepted.

Independent Samples Test				
Variables	t-test for Equality of Means			
	t	df	Sig.	Mean Difference
Self Kindness	-3.704	58	0.001**	-2.96667
Common Humanity	-4.004	58	0.000**	-2.53333
Mindfulness	-2.479	58	0.016*	-1.50000
Self Judgement	1.173	58	.246	.96667
Isolation	-1.948	58	.056	-1.73333
Over Identified	-1.327	58	.190	-.93333
Overall Self-Compassion	-3.374	58	0.001**	-8.70000
Overall Resilience	-.936	58	.353	-.76667

Table 4: Showing the *t* values of older adults living in old age homes and older adults living with their families with respect to self-compassion and its 6 dimensions and psychological resilience.

\* $p < 0.05$ , \*\* $p < 0.01$

Table 4 reveals that there is a significant difference between older adults living in old age homes and old adults living with their families with respect to the self-kindness dimension of self-compassion ( $p < 0.01$ ). It is evident from the mean scores in Table 1 that the mean of older adults living with their families ( $M = 18.1000$ ) is higher than the mean of old adults living in old age homes ( $M = 15.1333$ ) in the self-kindness dimension of self-compassion. In other words, the older adults living with their families were more kind towards themselves than the older adults living in old age homes. The above table also showed that there is a significant difference between older adults living in old age homes and those living with their families with respect to the common humanity dimension of self-compassion ( $p < 0.01$ ). It is evident from the mean scores in Table 1 that the mean of older adults living with their families ( $M = 14.9667$ ) is higher than the mean of old adults living in old age homes ( $M = 12.4333$ ) in the common humanity dimension of self-compassion. In other words, the older adults living with their families were higher on the dimension of common humanity when compared to older adults living in old age homes. Furthermore, the results of the present study indicated that there is a significant difference between older adults living in old age homes and those living with their families with respect to the mindfulness dimension of self-compassion ( $p < 0.05$ ). It is evident from the mean scores in table 1 that the mean of older adults living with their families ( $M = 14.333$ ) was higher than the mean of older adults living in old age homes ( $M = 12.6333$ ) on the dimension of mindfulness. In other words, the findings suggest that the older adults living with their families were more mindful when compared to the older adults living in old age homes. Moreover, a significant difference was reported between the older adults living in old age homes and those living with their families with respect to overall self-compassion ( $p < 0.01$ ). It is evident from the mean scores in Table 1 that the mean of older adults living with their families ( $M = 87.6000$ ) was higher than the mean of older adults living in old age homes ( $M = 78.9000$ ) with respect to overall self-compassion. The findings suggest that the older adults living with their families were more self-compassionate than the older adults living in old age homes. However, no significant differences were observed between the older adults living in old age homes and those living with their families with respect to resilience and the self-judgement, isolation and over-identification dimensions of self-compassion. Thus, hypotheses H2a(i), H2a(ii), H2a(iii) and H2a(iv) were accepted and hypotheses H2a(v), H2a(vi) H2a(vii) and H2b were not accepted.

#### 4. Discussion

The purpose of the present study was to determine whether there is any relationship between self-compassion (and its 6 dimensions, viz., self-kindness, isolation, common humanity, mindfulness, over identification and self-judgment) and psychological resilience among older adults living in old age homes and those living with their families. This study also aimed to find whether there were any differences between older adults living in old age homes and those living with their families with regard to self-compassion (and its 6 dimensions) and psychological resilience.

Analysis of the obtained results indicated that there was a significant relationship between overall self-compassion and resilience among older adults living in old age homes as well as among those living with their families. Further analysis showed that there was a



significant relationship between resilience and the dimensions of self-kindness, common humanity, mindfulness, and isolation among older adults living with their families. Moreover, significant correlations were observed between resilience and the dimensions of common humanity, self-judgement, isolation and over-identification among older adults living in old age homes. These results are supported by the findings of previous research (Hayter & Dorstyn, 2013) which reported significant correlation between resilience and psychological traits like self-esteem and self-compassion. Their suggestion was that resilience involves a complex interplay between physical determinants of health and psychological characteristics such as self-esteem and self-compassion.

Earlier studies of self-compassion have also shown that self-compassion moderates reactions to negative or difficult situations, helping people to react with greater equanimity toward themselves, other people, and the difficulties that they experience (Leary et al., 2007). Although self-compassionate responses could also be interpreted as indifference, indulgence, or a refusal to accept responsibility, on the contrary, people who are self-compassionate are more likely to accept responsibility for their mistakes and failures and to take initiative when personal changes are needed than those who are less self-compassionate (Neff et al., 2007a). A self-compassionate stance allows people to accept responsibility and to move on rather than engaging in denial, defensiveness, or excessive self-blame.

The results of the present study also reported that there were significant differences between the older adults living with their families and those living in old age homes with respect to self-compassion and the dimensions of self-kindness, common humanity and mindfulness. In other words, the older adults living with their families were more self-compassionate, kind towards themselves, mindful, and interested in humanitarian purposes as compared to the older adults living in old age homes. These findings can be justified in the light of previous studies on older adults which reported that strong social networks were associated with higher resilience levels (Adams, Sanders, & Auth, 2004; Easley, 2003; Felten, 2000; Garnezy, 1991; Hinck, 2004; Kinsel, 2005; Lamond et al., 2009; Montross et al., 2006). Another study by Hardy, Concata, and Gill (2004) assessed resilience in community-dwelling older adults who experienced a stressful event within the past 5 years and found that living with others was associated with greater resilience. It appears that social networks in families may serve as a protective factor for individuals when faced with adversity. Moreover, the findings of the current study are supported by research conducted by Dubey, Bhasin, Gupta & Sharma (2011) who found that women living in the families had a positive attitude towards old age and better social relationships were maintained by them because they had regular interactions, expressions of feelings and support from the family.

Aging can be a looming stressful event for those approaching the later part of life (Sneed & Krauss Whitbourne, 2001). Even when older adults are not yet experiencing negative life changes, self-compassion may play a role in how they prepare for the future. People who are high in self-compassion treat themselves with kindness and concern when they experience negative events. Previous studies have examined the construct of self-compassion from the standpoint of research on coping in an effort to understand the ways in which people who are high in self-compassion cope with stressful events (Allen & Leary, 2010). According to these studies, self-compassionate people tend to rely heavily on positive cognitive restructuring and less so on avoidance and escape but do not appear to differ from less self-compassionate people in the degree to which they cope through problem-solving or distraction.

Based on the findings of the present study and similar research conducted in the past, it can be recommended that older adults should be guided into intentionally mapping their life resources, mine for social support, tap into the benefits of human connection and know the importance of practicing radical self-care and compassion especially in the face of uncertainty. Further research could be conducted to understand how protective factors like the experience of positive emotions can be inculcated to assist the elderly to cope effectively with the daily stressors of aging. Since India is witnessing a rapid aging of its population, resilience and self-compassion should be treated as critical skills to be taught in negotiating life's challenges as relationship building lies at the heart of creating both individual and family resilience.

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