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Exploring Self-Compassion in Older Adults: a systematic review

Explorando a Autocompaixão em Idosos: uma revisão sistemática

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Abstract: The present study sought to synthesize available evidence on the role of self-compassion in elders aged 60 or above and its potential implications during the process of aging. A systematic review was conducted in order to search for empirical scientific articles with quantitative, qualitative, or mixed methods with a focus on self-compassion in samples with elders aged 60 years or more. Searches were carried out in the Psycinfo, Scopus, Pubmed, Embase and Cochrane databases, without limit of time. After the application of including and excluding criteria, 11 articles were considered eligible for this review, with all presenting good methodological quality. Self-compassion was found to be a promising skill that can promote healthy psychosocial aging, enabling a better adjustment to changes associated with aging. Such results contribute to the development of new mental health intervention protocols, especially in the field of psychogerontology. There is a need for more longitudinal research and investment in the development of specific interventions for this age group.
Keywords: compassion; positive psychology; aging – psychological aspects; geriatrics; mental health.

Resumo: O presente estudo busca sintetizar evidências disponíveis sobre o papel da autocompaixão em idosos com 60 anos ou mais e suas potenciais implicações durante o processo do envelhecimento. A revisão sistemática foi conduzida com o objetivo de buscar estudos científicos com metodologia quantitativa, qualitativa ou métodos mistos com foco na autocompaixão em amostras de idosos com 60 anos ou mais. As buscas foram conduzidas nas bases de dados Psycinfo, Scopus, Pubmed, Embase e Cochrane, sem limite de tempo. Após a aplicação dos critérios de inclusão e exclusão, 11 artigos foram considerados elegíveis para esta revisão, com todos apresentando adequada qualidade metodológica. Autocompaixão se mostrou uma habilidade promissora que pode promover a saúde psicossocial no envelhecimento, possibilitando melhor ajustamento às mudanças associadas ao envelhecimento. Tais resultados podem contribuir para o desenvolvimento de novos protocolos de intervenção em saúde mental, especialmente no campo da psicogerontologia. São necessários mais estudos longitudinais e investimento no desenvolvimento de intervenções específicas para esta faixa etária.
Palavras-chave: compaixão; psicologia positiva; envelhecimento–aspectos psicológicos; geriatria; saúde mental.

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Background

Currently, it is estimated that the elderly represent 12,3% of the population, with a tendency to increase in the near future (World Health Organization [WHO], 2015). The process of aging has been under the attention of the healthcare field worldwide, as the rate of people who are 60 years old or older grows more rapidly than any other age group, especially in developing countries, home to about 70% of the elderly (United Nations, 2013). Thus, there is a need for policies and programs that contribute to aging being perceived as a positive experience (Brazil, Health Ministry, 2010), since it is very likely that an elder will have to face substantial changes and events with stressful characteristics throughout this process (Ferreira & Batistoni, 2016). A large and increasing range of evidence shows that people vary widely in the ways in which they adapt to such changes (Wang, 2007), and a successful adaptation to them is an essential aspect of successful aging (Haase, Heckhausen, & Wrosch, 2013). Therefore, given the increase in life expectancy over the past century, it becomes important for future aging research to explore factors associated with end-of-life prosperity (Homan, 2016).

Along those lines, it is suggested that self-compassion may be one of such factors (Homan, 2016; Sprecher & Fehr, 2005; Van Doesum, Van Lange, & Van Lange, 2013). Moreover, it may explain why some individuals experience better adjustment to aging than others, since this is a promising skill that can promote a healthy mental, social, and physical aging. In other words, self-compassion can allow older adults to adjust to changes associated with aging with greater ability, such that they can maintain their well-being, regardless of illnesses (Brown, Huffman, & Bryant, 2018).

Similarly to the concept of compassion, Kristin Neff proposed that self-compassion involves one's ability to engage with negative aspects of oneself and with one's own experience (Neff & Lamb, 2009). It also involves one's ability to care for oneself and to lean on oneself in the face of difficult life circumstances (Neff & Knox, 2017), generating one's desire to endure and alleviate painful feelings and of feeling

connected with others in moments of suffering (Neff & Germer, 2013). When faced with feelings of ineptness or failure, self-compassionate individuals tend to offer themselves warm and judgement-free understanding rather than minimizing their pain or reprehending themselves with self-criticism. This process also involves recognizing that common human experience includes being imperfect, committing mistakes and facing life difficulties (Neff, Kirkpatrick, & Rude, 2007). Thus, self-compassion involves a relative predominance of three positive qualities - mindfulness, self-kindness and common humanity - compared to their opposites: overidentification, self-criticism and feelings of isolation.

Even though self-compassion is still a relatively new concept in scientific literature, a growing body of research has shown its potential as a modifiable skill (Neff & Germer, 2013), which is associated with mental health indicators, such as an increased subjective well-being, better behavioral regulation, health indicators and symptom reduction (Brach, 2003), with the potential to provide an adaptive protection against the development of psychopathologies (Zessin, Dickhäuser, & Garbade, 2015). Furthermore, self-compassion is positively associated with psychological well-being (Brown et al., 2018; Zessin et al., 2015) and negatively associated with depression, anxiety and stress (Brown et al., 2018; MacBeth & Gumley, 2012) throughout the human life cycle. Such benefits, along with evidence suggesting that self-compassion is a skill that can be taught (Neff & Germer, 2013), indicate that self-compassion is a tool that can facilitate coping and successful aging. Self-compassion has also been associated with one's ability to manage adversities and make necessary changes in life (Neff, 2011), both particularly relevant for the challenges faced in aging. Still, research investigating this concept in elders is scarce (Homan, 2016; Moore et al., 2009). Therefore, the current literature review sought to synthesize available evidence on the role of self-compassion in elders aged 60 years or more and its possible effects during the aging process. In doing so, this

review aims to specifically describe the current state of knowledge on the topic, identify existing gaps in the literature and highlight areas for future research.

Method

The PRISMA guide for systematic reviews and meta-analyses was followed in its entirety, including in database searches, abstracts and articles analyses, data analysis and process description. This review is registered in the PROSPERO system under the nº CRD42020173137.

The databases used in this review were Psycinfo, Embase, Pubmed, Cochrane and Scopus. We searched for empirical scientific articles with quantitative, qualitative, or mixed methods with a focus on self-compassion in samples of elders aged 60 years or more. There were no criteria on the date of publication.

According to specificities of each database, the search strategy utilized and Boolean connectors were: ("old age" OR "elderly" OR "aging" OR "ageing" OR "older adults") AND ("self-compassion"). The chosen descriptors were from the Medical Subject Headings (Mesh). Words related to outcomes of interest were not included in order to increase the research's sensitivity. The last date of article search was on February 3rd of 2020. Aside from the articles found, one abstract was manually included. While it was not found in the searches, it met our inclusion criteria.

The search strategy is summarized in figure 1. After the manual search, two independent judges analyzed the abstracts to reduce potential biases. A third judge was invited in case there was a disagreement in the analyses. If the disagreement in an abstract analysis regarding inclusion and exclusion criteria persisted, the article would be read in its entirety. Once criteria of inclusion and exclusion were applied, from abstract analysis and exclusion of duplicates to readings of entire articles, the Rayyan QCRI program, developed by the Qatar Computing Research Institute at Hamad Bin Khalifa University, was used by the judges to reduce bias risks and analyze the material.

During abstract readings, 259 were excluded for not meeting inclusion criteria. Additionally, 105 duplicates were excluded. 14 articles were selected to be read in their entirety. Two were excluded for utilizing control groups with samples that were not exclusively composed of elders aged 60 years or more and one was excluded for not presenting results related to self-compassion.

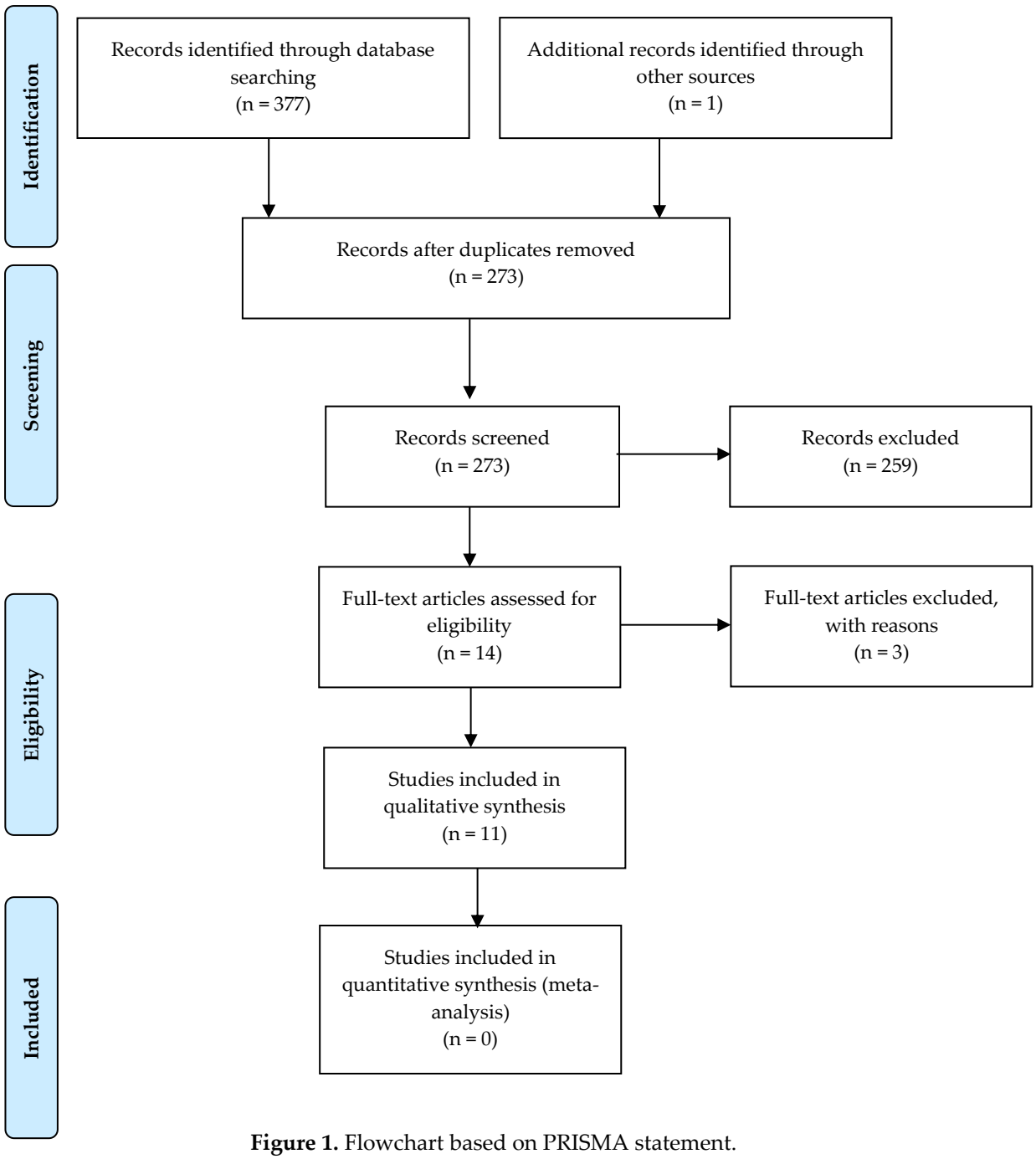

Figure 1. Flowchart based on PRISMA statement.

Data Extraction

After the application of inclusion and exclusion criteria and the reading of 378 abstracts, 14 articles were considered eligible. After reading those articles in their entirety and excluding three of them, 11 articles were included in this review. Two judges completed the data extraction of these studies in order to conduct a qualitative analysis of their main findings, according to our established objective (Table 1). The Crow Critical Appraisal Tool (CCAT), a quantitative analysis measure of methodological quality, was utilized for the analysis (Crowe, Sheppard, & Campbell, 2012).

Table 1
Description of the analyzed studies.

Author (year)	Country of publication	Methodology	General Objective	Sample	Average age of participants	Self-compassion assessment tools	CCAT score
Hsiao et al (2020)	Taiwan	Quantitative, longitudinal and exploratory study	(a) Examine the longitudinal effects of volunteer work in self-compassion, compassion for others and physical and psychological well-being in elders; (b) examine the differences between the experimental and control groups in relation to the variables of self-compassion, compassion for others and physical and psychological well-being.	N= 72	71.57 (dp= 7.30)	Self-compassion scale and The compassion scale	88%
Bratt & Fagerström (2019)	Sweden	Quantitative, cross-sectional and exploratory study	To translate the Self-Compassion Scale – Short Form and to test its psychometric properties, including factorial structure, in a sample with Swedish elders.	N= 594	76.55 (DP= 9.21)	Self-Compassion Scale – Short Form	85%
Herriot, Wrosch, & Gouin (2018)	Canada	Quantitative, cross-sectional and exploratory study	To examine whether individual differences in self-compassion predict low levels of diurnal cortisol in elders that experience chronic and uncontrollable stressors related to aging.	N= 233	76 (dp not provided)	Self-Compassion Scale- Short form	90%
Homan (2018)	United States	Quantitative, cross-sectional and exploratory study	To explore the contribution of adult attachment on elders' eudaimonic well-being, as well as self-compassion's mediator role.	N=126	70.40(DP= 8.14)	Self-Compassion Scale- Short form	85%
Kim & Ko (2018)	United States and South Korea	Quantitative, cross-sectional and exploratory study	To examine the association between self-compassion and mental health symptoms, sleep disorders, life satisfaction and quality of life related to health.	N= 203	76.26 (dp not provided)	Self-Compassion Scale	90%

Bennet, Clarke, Kowalski, & Crocker (2017)	Canada	Qualitative study	To explore how women with more than 65 years of life perceive, experience and deal with physical changes resulting from aging.	N= 21	N/A	Semi structured interview	83%
Moss et al. (2015)	United States	Randomized clinical trial with mixed methods	To test the viability and effectiveness of the adaptation of a program based on mindfulness for stress reduction in a sample of elders living in a community.	N= 39	82.0 (dp= 7.2)	Self-Compassion Scale	95%
Smith (2015)	United States	Quantitative, cross-sectional and exploratory study	To examine the relationship between self-compassion, stress and health in elders' psychological well-being.	N=102	82.1 (dp= 5.53)	Self-Compassion Scale – Short form	63%
Allen & Leary (2013)	United States	Quantitative, cross-sectional and exploratory study	To examine the role of self-compassion in individuals' well-being as they grow old.	N=121	76.2 (dp= 6.74)	Self-Compassion Scale – Short form	80%
Phillips & Ferguson (2013)	Australia	Cross-sectional and exploratory study	(a) To explore how self-compassion can be associated with four aspects of elders' well-being; (b) to identify the latent structure of the self-compassion scale in a sample with elders.	N=185	73.42 (dp= 6.72)	Self-Compassion Scale	83%
Allen, Goldwasser, & Leary (2012)	United States	Quantitative, cross-sectional and exploratory study	To explore the role that self-compassion may have in evaluating differences in elders' well-being.	Study 1: N=132 Study 2: N= 71	N/A	Study 1: Self-Compassion Scale Study 2: Brief scale created by the authors from the Self-Compassion Scale	78%

Results

Analysis of methodological quality

The CCAT's mean total score for the articles analyzed in this review was 83,63% (scope in between 63%-95%). While there were no studies with low methodological quality, none of their final scores reached a quality level of 100%. Such outcomes must be interpreted with caution, since the total score represents the sum of eight distinct evaluations on different parts of each article. Thus, it is possible for an article to have obtained the maximum score on one area of evaluation and a low score on another, which may have affected the final result.

Self-compassion in samples with elders

In general, there is an agreement that self-compassion is not only an existing, but also an important variable in samples with elders. However, it behaves in distinct forms in the analyzed articles. For example, in a cross-sectional exploratory study, self-compassion presented a moderately high mean in the aforementioned sample (Phillips & Ferguson, 2013). In a randomized clinical trial with mixed methods, though, self-compassion presented a regular range in the quantitative analysis of both the experimental and control groups, as well as in relation to evaluation periods. However, the authors selected ten participants from their experimental sample to participate in a qualitative interview that approached self-compassion. In the qualitative data, self-compassion was found to be quite present among participants, suggesting their perception of its importance (Moss et al., 2015). When measured one year after volunteer work in an experimental group and a control group, self-compassion was found to be lower in the control group while maintained in the experimental group (Hsiao et al., 2020), demonstrating the variable's continuous character over time when encouraged by stimuli.

Not all articles performed correlational analyses between sociodemographic variables and self-compassion. Among the studies that did, there is no unanimity across

their data. In a study conducted by Kim and Ko (2018), participants' age was found to be significantly correlated with the negative component of self-compassion, but not with its total score. In Phillips and Ferguson (2013), on the other hand, no significant correlation was found between age and self-compassion. In Bratt and Fagerström's (2019) research, where they sought to conduct the validation and factorial analysis of a brief scale in a sample with elder Koreans, there was no correlation between age and the scale's total score. However, increased age was associated with lower scores on its "self-criticism" factor and higher scores on its "common humanity" factor. Moreover, once the sample was stratified by age, the scale presented greater internal consistency within individuals aged between 66 and 71 years which comprised the sample's youngest group. In the only qualitative study in this review, the authors assessed that the older women from their interviewed sample were the ones who reported greater resistance to the concept of self-compassion (Bennet, Clarke, Kowalski, & Crocker, 2017). Such discrepancy among the presented results suggests the need of an evaluation of the samples' specificities beyond chronological age.

In relation to gender, there was no agreement among the few studies that made such association. In one article, women presented a lower self-compassion score than men (Bratt & Fagerström, 2019). In the same study, higher scores in the "self-judgement," "isolation," "mindfulness" and "overidentification" factors were negatively correlated with the male sex. Kim and Ko (2018) stated that men scored higher than women in the negative components of the self-compassion scale, even though the difference was statistically insignificant. In yet another study, no significant correlation was found with biological sex, but women did score significantly higher than men in the "common humanity" factor (Phillips & Ferguson, 2013).

It is important to note that seven of the studies evaluated in this review presented a greater number of women in their samples. Additionally, it is worth noting that the study conducted by Bennet and colleagues (2017) was the only one to report

participants' sexual orientation in its sociodemographic data. Moreover, even though Smith (2015) also described participants' average income in her sociodemographic results, Herriot, Wrosch, and Gouin, (2018) were the only ones to report that self-compassion was positively correlated with elders' economic status.

Out of the eleven analyzed studies, ten used quantitative methods to measure self-compassion in different samples of elders. Out of those, four utilized the Self-Compassion Scale (Hsiao et al., 2020; Kim & Ko, 2018; Moss et al., 2015; Phillips & Ferguson, 2013), five utilized the aforementioned scale's short form (Bratt & Fagerström, 2019; Herriot et al. 2018; Homan, 2018; Smith, 2015; Allen & Leary, 2014) and one article (Allen, Goldwasser, & Leary, 2012) utilized both. This last article included two studies. In their first study, the authors used the version of the Self-Compassion Scale with 26 items. In their second study, the authors created a 12-item scale based on the previous one, as the 26-item version was found to be difficult for elders to understand. The authors stated that, after the completion of this study, which has not yet been published, a short form of the scale composed of 12 items was made available in another publication by the authors of the original scale. Allen et al. (2012) pointed out that both the version created by them for this study and the one created by the authors of the original scale presented low reliability when compared with younger samples.

Other studies disagreed on the reliability of the brief scale. Smith (2015) found low alphas in two of its subscales (Self-Compassion: .76; and Common Humanity: .55) and mentioned the use of the short form in her limitations. The author suggested that future studies that aim to include these subscales in their analyses utilize the 26-item version. Through their work, Bratt and Fagerström (2019) sought to evaluate the internal consistency and validity of the short form in a randomized sample of Swedish elders, using confirmatory factor analysis with one 6 factor and one 2 factor model. In their results, the authors suggest psychometric issues with the use of the brief scale since it presented an internal consistency of >.70 only in the group of younger participants aged

between 66 and 71 years old. The six factor analysis model did not present acceptable internal consistency in the total scale and any subscale except for self-criticism. In the two factor analysis model, only the negative self-compassion component presented good internal consistency, both in the overall sample and in the younger group. On the other hand, Herriot et al. (2018) stated that the brief scale presented an internal consistency of .80 in their study. Thus, there is a need for more analyses of both reliability and internal consistency of the short form of the Self-Compassion Scale in different samples with elders.

Variables associated with self-compassion

Self-compassion is associated with different dependent variables, and has been tested with different models to evaluate its interaction as a mediator and predictor variable. Furthermore, self-compassion has been positively associated with overall well-being (Allen et al., 2012), life satisfaction (Allen et al., 2012; Kim & Ko, 2018), social functioning, successful aging (Allen et al., 2012), life meaning (Phillips & Ferguson, 2013), happiness (Smith, 2015), self-acceptance, personal growth, life purpose, positive relationships and domain of one's environment (Homan, 2018).

Two studies stratified the tool for evaluating self-compassion in two factors, with those being its positive and negative components. In their analyses, Kim and Ko (2018) found the negative component of self-compassion to be significantly correlated with depression, anxiety, sleep disorders, life satisfaction and quality of life related to health. While self-compassion's positive component presented no correlation with depression, anxiety, sleep disorders and the total score of quality of life related to health, it presented a correlation with life satisfaction and the self-care component of quality of life related to health. In Phillips and Ferguson (2013), the variables positive affect and ego integrity were found to be positively correlated with only the positive component of self-compassion. Negative affect was related to higher scores in the negative component of

self-compassion. Upon the conduction of regression analyses, high levels of self-compassion were found to predict high levels of life meaning and ego integrity. Only self-compassion's positive factor predicted the variable positive affect. These results suggest that elders with higher levels of self-compassion will also have greater chances of experiencing higher levels of well-being.

Variables related to physical well-being were substantially explored in the research of Allen et al. (2012), which consisted of two studies. The findings of study 1 found self-compassion to be an important mediator of the relation between perception of greater pain and overall well-being, as individuals with higher levels of both pain and self-compassion reported greater well-being. Moreover, participants who reported less overall health but high scores of self-compassion presented a greater well-being than participants with low self-compassion. The poorer their health, the more self-compassion was found to be related with the maintenance of their well-being. Low mobility has been associated with lower life satisfaction in elders with lower levels of self-compassion, and has been related with lower well-being, with the latter being higher when self-compassion scores were lower. In study 2, self-compassion presented a significant interaction with walking difficulties and willingness to use a walker, as well as with walking difficulties and openness to accept another individual's assistance as physical support. Self-compassion was also negatively associated with how much an individual will resist the need of assistance for walking, and predicted the frequency with which participants asked others to repeat information.

Self-compassion was found to be negatively correlated with depression (Allen et al., 2012; Smith, 2015). Lower depression indices, along with lower sleep disorders scores and greater life satisfaction have been found to predict the positive component of self-compassion in regression models. Some of the negative component's predictors included higher scores of depression, anxiety, sleep disorders, and lower life satisfaction (Kim & Ko, 2018). Lower self-compassion and poorer health predicted a greater

depression score. Moreover, high levels of stress predicted lower happiness in individuals with lower self-compassion, and the relation between elders' health and happiness was moderated by self-compassion (Smith, 2015). In general, most studies found correlations between self-compassion and positive variables.

The only study that included a biological variable was conducted by Herriot et al. (2018), and involved the measurement of diurnal cortisol in a sample of elders, which was then correlated with stressor experiences and self-compassion. Their results found higher levels of cortisol to be negatively associated with self-compassion and observed in participants who reported greater physical problems, intense regret and greater functional incapacity, along with low self-compassion. Self-compassion predicted lower levels of cortisol in participants who reported greater functional incapacity and in those with intense regret.

Allen and Leary (2014) explored the association between self-compassion and changes derived from aging. In order to do so, they stratified their sample in three groups in their analyses. The first group was supposed to report a positive change, the second group was supposed to report a negative change, and the third group was supposed to report a neutral change, without the need of it being positive or negative. Self-compassion was associated with the positive outlook, thoughts about aging and changes associated with aging, and predicted self-compassionate cognitions towards the described event and changes associated with aging. Self-compassion also predicted participants' tendency to deal with the described event by being kind to themselves.

It is worth noting that, in two studies, self-compassion was not part of the general objective, but rather utilized as an associative variable or secondary objective. In their study, Bennet et al. (2017) aimed to explore how physically active women between 65 and 94 years old perceived and experienced their bodies after aging. Self-compassion emerged as a secondary objective in order to understand the perceptions of its function for managing body changes. In Moss et al. (2015), the authors' objective was to test the

viability and effectiveness of the adaptation of a program based in mindfulness for stress reduction in a sample of elders from a community. In this study, self-compassion was used to evaluate secondary results, being associated with the tools of analyses of variables relevant to healthy aging. Thus, it is clear that self-compassion has already won its place in studies with distinct objectives, emerging as a mediator variable for healthy outcomes in aging.

Discussion

Self-compassion has been associated with one's ability to manage adversities and make necessary changes in life (Neff, 2011), both particularly relevant for aging challenges. For Gilbert and Proctor (2006), adopting a self-compassionate posture can affect the way in which older adults feel about aging and themselves, as well as their reactions to challenges, failures, and inevitable losses. However, research on the impacts and potential benefits of self-compassion in elders seem to be widely neglected in the literature to the point where, even though self-compassionate aging may constitute an emerging area for research, only 11 studies met this review's eligibility criteria.

The different studies involving self-compassion in samples with elders that have been conducted were all done outside of Brazil. The growth of publications in this area was found to be little expressive and nonlinear. None of the studies on this theme took place in Latin America, with the majority of them having been conducted in the United States. The remaining samples studied consisted of elders from Taiwan, Sweden, Canda, South Korea and Australia. Regarding sample characterization, we observed that evaluations of socioeconomic status and sexual orientation are still seldom explored. Similarly, none of the studies identified participants' religious affiliations, demonstrating how little cultural and social differences are contemplated in current research. Being aware of the variety of religious and spiritual expressions can promote a better understanding of their older members, since spiritual care must be faced in a

holistic manner. While it is usually provided by spiritual or pastoral carers, all healthcare professionals have an important role to perform regarding this type of care (Lepherd et al., 2019).

In regards to the utilized research designs, we observed a variety of models and result measures, with most of the studies being exploratory, even though few of them explored correlational analyses between dependent and sociodemographic variables. At the same time, studies involving randomized samples, which would have promoted greater precision on the impact of self-compassion, were scarce. While searching for this review's articles, we frequently found studies that did not perform separate analyses for age subgroups, making it difficult to determine if the evaluation tools are indeed reliable to illustrate older individuals' point of view. Although such findings may provide important information for the overall population, they may not represent specific needs of the elderly.

It is also important to mention the low incidence of intervention studies. In this review, we only found one study with a randomized clinical trial on the adaptation of an intervention with a sample of elders (Moss et al., 2015), and its emphasis was not even on self-compassion, which was used as a variable associated with secondary outcomes. Considering the amount of changes and losses that occur during aging's normal process, it is important to develop interventions that can assist elders in obtaining efficient strategies for a better adaptation to their environment and its changes. This relates to the concept of successful aging, in which the elder continues to have an active life despite the usual decline associated with aging. By developing, maintaining or improving their abilities, the elders can also improve their health and quality of life (Perez-Blasco, Sales, Melendez, & Mayodormo, 2016). If it is presumed that the foundation for successful aging is one's ability to adapt to changes, interventions involving self-compassion can promote an emotionally positive attitude which will ultimately provide protection against the negative consequences of self-criticism,

isolation and rumination (Neff, 2003). Thus, self-compassion constitutes a valuable tool for working with elders (Neff & Germer, 2013), since it provides benefits for their mental health and coping of stressful events in old age (Allen & Leary, 2014). It is also important to emphasize that interventions that are effective for young adults may not be generalizable for older adults due to the life experiences of both groups being mostly different.

Furthermore, we must highlight the low number of studies that opted to conduct a follow up with their samples, depriving themselves from analyzing the long-term effects of their interventions. Longitudinal studies and follow ups could be valuable for providing evidence for the efficacy of interventions on this theme. It is presumed that this also relates to challenges found in research involving elders and the idiosyncrasies of this age group. Barriers such as aging, illnesses, deaths and more typical situations make research with this population peculiar, and involve some obstacles that may be little attractive to the scientific community in terms of research continuity.

As for construct evaluation tools, we identified a need for more analyses on the reliability and consistency of the short form of the Self-Compassion Scale in different samples with elders. We also identified that need with the Self-Compassion Scale, which is the main available tool to evaluate self-compassion, and thus must have its factorial structure determined to be valid and replicable for different populations (Neff, Whittaker & Karl, 2017). Additionally, comprehension factors must also be taken into account, as such materials include reverse items which can lead to confusion in the interpretation of such questions by elders.

In the present review, most studies were found to correlate self-compassion with positive variables. Such data are confirmed by other studies with samples focused on other age groups. Indeed, self-compassion seems to reinforce positive states, so much so that in a recent meta-analysis (Zessin et al., 2015) it has been associated with feelings of satisfaction, happiness, wisdom, optimism, gratitude, curiosity, creativity and positive

affect. In other studies, it was found to be associated with positive psychological strengths, such as happiness, wisdom, curiosity, personal initiative and emotional intelligence (Heffernan, Griffin, McNulty & Fitzpatrick, 2010; Hollis-Walker & Colosimo, 2011; Neff, Kirkpatrick & Rude, 2007). Some authors have proposed that self-compassion could be a source of positive aging, given the positive associations found between self-compassion and positive affect, meaning of life and psychological well-being, also known as eudaimonic well-being (Keyes, Shmotkin & Ryff, 2002).

Moreover, self-compassion has been associated with a positive tone, positively influencing thoughts and changes related to aging, with it predicting cognitions of self-compassion towards those changes (Allen & Leary, 2014). This reinforces how important self-compassion is as a source of eudaimonic happiness (which involves finding purpose and meaning of life instead of seeking pleasure and avoiding pain). It is also an important inner resource that helps individuals find hope and inner strength when faced with the challenges of life (Neff & Knox, 2017). In this regard, Neff et al. (2005) suggested that emotional regulation is a defining characteristic of self-compassion. By serving as a protective factor (Van Dam, Sheppard, Forsyth, & Earleywine, 2011), it has a cushioning effect that can be attributed to self-compassionate cognitive strategies represented by a positive cognitive restructuring (Allen & Leary, 2014), which contributes to a higher level of subjective well-being (Neff, Kirkpatrick & Rude, 2007).

Being able to regulate one's emotions and facing adversities have been associated with successful aging, subjective well-being and life satisfaction. Subjective well-being is considered a protective factor against adverse conditions, regardless of whether they are biological or social (Ryff, Friedman, Morozink & Tsenkova, 2012). It involves balancing positive and negative affects that result in life satisfaction.

Aside from correlations with psychological well-being, some studies also report positive associations between self-compassion and physical health, pain levels and sleep quality. This may be related to the fact that self-compassion is a promising and

modifiable candidate that can potentially contribute to positive attitudes toward aging (Bryant et al., 2014; Miche, Elsasser, Schilling & Wahl, 2014). Elders with positive attitudes toward aging were found to live up to 7.5 years more than those with negative attitudes (Levy, Slade, Kunkel & Kasl, 2002). Positive attitudes are also associated with reduced cardiac events (Levy, Zonderman, Slade & Ferrucci, 2009), better development of healthy behaviors (Levy & Myers, 2004) and greater well-being among older adults (Bryant et al., 2012). An attitude is defined as a belief that has an evaluative component (Bryant et al., 2012). Attitudes regarding one's personal experience with aging are believed to become salient from midlife, initiated by physicals signs of aging, role transitions, menopause, possible health issues and the loss of one's parents that can lead individuals to question their own mortality (Wurm, Tomasik & Tesch-Romer, 2010). Negative attitudes, consistent with negative stereotypes of aging, can produce a self-fulfilling prophecy, leading individuals to become less active, having less trust and having less meaning of life (Levy & Myers, 2004; Wurm et al., 2010). Identifying modifiable factors that might contribute to the formation of positive attitudes during midlife can be particularly useful for the development of interventions as a way to promote healthy aging.

Results also found self-compassion to be associated with reduced symptoms of depression and anxiety, highlighting evidence on how it may reduce the emotional burden of late life health issues. Thus, self-compassion can be particularly relevant for the well-being of those who face health issues common in adult life. In a meta-analysis, a great size effect was found when examining the relationship between self-compassion and psychopathology in 20 studies, with greater self-compassion being linked to lower indices of depression, anxiety and stress (Macbeth & Gumley, 2012). Even when older adults are not yet going through negative changes in life, self-compassion can play an important role in how they prepare for the future, since aging can be a stressful imminent event for those approaching this stage of life (Sneed, & Whitbourne, 2001).

It is known that depressed elders have greater difficulty with emotion regulation (Larcom & Isaacowitz, 2009). In this sense, self-compassion can be seen as an extremely useful strategy for emotion regulation, with a cushioning effect on psychopathology development (Castilho & Gouveia, 2011). Still, more empirical research on the benefits of self-compassion as a tool to increase emotional well-being is needed. Since the high density of geriatric depression and anxiety constitute a serious public health issue, it is necessary that treatment and prevention options are more thoroughly investigated and then adequately implemented.

Limitations

Given the dissonances found mainly in regards to how self-compassion presents itself in aging, we suggest the conduction of the results' meta-analysis in order to confirm the hypotheses presented above. Moreover, this review utilized a measure of methodological quality with numerical analysis. It would be interesting to also utilize a measure of methodological quality with a qualitative evaluation, since in the analyzed instrument all parts of the articles receive an equal grade. The sum of such grades may be high, but cases can occur in which one area will receive a low grade and this will not be reflected in the final result.

Conclusion

This review presented preliminary evidence for self-compassion being a promising skill that can promote a healthy mental, social, and physical aging. It may even explain why some individuals experience a better adjustment to aging (Brown et al., 2018). Moreover, the benefits assigned to this construct are accompanied by evidence that self-compassion is a skill that can be taught (Neff & Germer, 2013), associated with one's ability to manage adversities and carry out necessary changes in life (Neff, 2011).

In general, it must be noted that scientific production in this area is scarce and lacks expressive growth. Nevertheless, we found studies with empirical proposals associating self-compassion with a series of essential predictors of successful aging, indicating this to be a promising area for future research. Important gaps were identified in this literature review, such as scarcity in research aimed to investigate the potential of interventions based on self-compassion to increase elders' well-being in community and clinical contexts. More longitudinal studies that explore heterogeneous samples of elders and sociocultural particularities are also needed. Finally, more emphasis should be given to the importance of investing in randomized clinical trials in order to obtain results that can be better generalized.

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