

Effect of self-compassion based intervention on self-compassion, life satisfaction and psychological well-being among older adults

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Abstract

Background: The aging period associated with multiple losses affects self-compassion in older adults and consequently reduces life satisfaction and psychological well-being. Self-compassion-based interventions can improve older adults' lives through the promotion of well-being and life satisfaction. **Aim:** This study aimed to evaluate the effect of a self-compassion based intervention on self-compassion, life satisfaction and psychological well-being among older adults. **Subject and Methods:** Quasi-experimental research design, pre-posttest was used for one group of older adults. **Setting:** The study was conducted in a geriatric home in Tanta City. **Subject:** A convenient sample of all available older adults with a total number of 70 was recruited from the selected geriatric home. **Tools of data collection:** I: Interviewing questionnaire, II: Self-Compassion Scale, III: Satisfaction with Life Scale, and IV: Psychological Well-Being scale **Results:** The mean age of the elderly participants is 73.7 ± 7.4 years old, 52.9% of the elderly participants was females. There was a highly statistically significant improvement in total scores of psychological well-being pre and post-test. A highly statistically significant increase in the total score of pre and post-test life satisfaction was found among the elderly participants. Self-compassion total score and subscale score among the study group pre/posttest show a highly statistically significant difference ($P < 0.000$). **Conclusion:** The current study concluded that self-compassion-based intervention significantly associated with promotion of self-compassion, life satisfaction and psychological wellbeing of older adults in a geriatric home. **The study recommendations:** The conduction of self-compassion-based intervention for older adults in different settings to gain optimal life satisfaction and psychological wellbeing. Moreover; it supports successful aging and active life concept for seniors.

Keywords: Older adults, self-compassion, life satisfaction, psychological well-being, self-compassion-based intervention.

Introduction

Aging is an unavoidable growth process that brings with it many of physical, psychological, hormonal, and social changes (Atwal, 2014). The likelihood of facing stressors connected with old age grows, such as the death of a partner or friend, failing mental and physical health, dependency on one's offspring, and a decreased ability to engage in fun and rewarding activities (Homan, 2016).

Also, because people's lifestyles are rapidly changing, old age homes are in high demand. As a result, older adults require critical assistance to maintain their overall life quality. According to prior research, we need to fully grasp the concept of geriatric homes and assess the psychosocial condition of senior citizens as well as other connected issues (Dhara and Jogsan, 2013).

Therefore and with the growing number of senior citizens, it's becoming more vital to look into characteristics linked to long-term success. Compassion for oneself is most likely one of these factors. Self-compassion has lately emerged as a predictor of a variety of positive psychological outcomes, and research has demonstrated that it is feasible to improve it (Homan, 2016).

It has been suggested that older individuals' subjective well-being is influenced more by their interpretation of their circumstances than by the circumstances themselves. Self-compassion has been linked to subjective well-being, ego integrity, and life purpose in older persons (Phillips and Ferguson 2012; Homan 2016).

Self-compassion was defined as an ability to understand deeply and mindfully the self when "suffering occurs through no fault of

one's own" and "when the external circumstances of life are simply hard to bear" (Neff, 2011). Self-compassion has three interrelated components, according to Neff (2013): self-kindness versus self-judgment, feelings of common humanity versus isolation, and mindfulness versus over-identification.

To begin with, self-kindness denotes a preference for being compassionate and understanding of oneself rather than being harshly critical of oneself. The second is a sense of common humanity that encourages people to accept that everyone fails and makes mistakes from time to time, which is unavoidable. It conveys a sense of self-acceptance and acknowledges that we are all flawed, and that being or feeling inadequate is tolerable. Third, mindfulness denotes a contemplative awareness of the current moment, and thus we will be able to critically reflect on undesirable elements of ourselves and our lives if we practice mindfulness (Kim & Ko 2018; Neff, 2016).

Over the last decade, there has been an explosion of research linking self-compassion to psychological well-being (Barnard & Curry, 2011; Krieger et al., 2015), functioning (Birnie, Speca, & Carlson, 2010) and fostering beneficial mental health outcomes (Smeets et al., 2014). Based on Zessin, Dickhauser, and Garbade's (2015) meta-analysis study, psychological well-being appears to be a major determinant for people's eudemonia, leading to a meaningful existence and functioning, with a substantial association between self-compassion and psychological well-being.

Emotional, physical, cognitive, personal, social, and, in particular, spiritual processes all contribute to psychological well-being (Narimani, Mirzavand, Abolghasemi, Ahadi, 2014.). Psychological well-being has six aspects, according to Ryff (1989) who defined Psychological well-being as a six-dimensional construction that encompasses self-acceptance, positive interpersonal relationships, autonomy, environmental mastery, life purpose, and personal progress. (Indoumo Peppe et al., 2018). Individuals with lower self-compassionate abilities report a variety of

psychopathological illnesses, according to research (Arimitsu&Hofmann, 2016; Castilho Pinto Gouveia Duarte, 2015; Ghali, 2015).

Self-compassion, on the other hand, has been shown to improve and correlate with positive mind-states such as life satisfaction (Seligowski, Miron, & Orcutt, 2014; Yang, 2016) and psychological well-being finished specific intervention programmers (Mantelou, A., & Karakasidou, E., 2017). More specifically, a recent study (Yang, Zhang, & Kou, 2016) that tested a sample of Chinese adults and focused on the role of self-compassion on life satisfaction and hope found that self-compassion is indeed positively associated with life satisfaction, and that hope plays a mediating role between self-compassion and life satisfaction (Neff, & Germer, 2013).

Life satisfaction is critical for the elderly to maintain a sense of balance in their lives. Life satisfaction is also an important factor to consider when determining the quality of aging, particularly in terms of psychological factors such as well-being, happiness, motivation, and health management, as well as relationships with others (Karmiyati & Wahyuningsih, 2019).

Considering the number of changes and losses that can occur during the normal aging process, we should develop interventions that can assist the elderly develop strategies for adapting to the environment and these changes. Additionally, given the concept of successful aging, in which seniors continue to live an active life despite typical aging declines, such interventions are of great interest to older people. (Perez-Blasco et al., 2016).

Self-compassion may be beneficial to older persons who are struggling to cope with the ageing process, and it is considered an important component of good ageing (Allen & Leary, 2014).

Significance of the study:

Durkin, Gurbutt, Carson. Et al., (2018) mentioned that there is still a scarcity of research on the needs of residents and employees in nursing homes. Several papers have identified the need to investigate compassion deeper across the continuum of care and from the perspectives of a varied range of stakeholders (Sinclair, Russell, Hack,

et al. 2017). Non-hospital settings are likewise underrepresented in compassion research. This includes both care homes and caregivers (Dewar, and Nolan 2013).

Evidence suggests that self-compassion appears to be a valuable skill for successfully coping with a variety of health issues. Self-compassioned people have been demonstrated to have better emotional equilibrium, operate better in daily life, and subjectively experience less chronic pain (Costa & Pinto-Gouveia, 2011). Self-compassion benefits both physical and mental health (Neff & Germer 2017).

Neff & Germer, (2013); Neff & Germer, (2017), stated that there is a need to design interventions that mainly aim to improve self-compassion. Allen, (2015); Segal, Qualls, and Smyer, (2018), added that interventions should be developed to promote positive psychological factors such as life satisfaction to promote healthy aging in later life.

For this reason, it is important to implement compassion-based interventions for elderly people in geriatric home because they can enhance successful aging, promote life satisfaction and psychological wellbeing. This study evaluates the effectiveness of a self-compassion-based intervention on life satisfaction and psychological well-being among older adults.

The study's aim

The present study aimed to evaluate the effect of self-compassion-based pre and post intervention on self-compassion, life satisfaction, and psychological well-being among older adults. Based on previous literature it was hypothesized that:

Research hypotheses:

The self-compassion-based intervention will promote older adults self-compassion, life satisfaction and psychological well-being.

Subjects and methods Research design:

Quasi-experimental research design, a

pre-posttest was used to evaluate the effect of self-compassion based pre and post intervention on life satisfaction, and psychological well-being among a group of geriatric home seniors.

Setting

The study was implemented in the geriatric home in Tanta city, Gharbia governate, Egypt, with approximately 83 registered seniors, started in May 2019. The selection of this place is because of permission given by the geriatric home chairman. The hostel consisted of two floors; the first floor contained a reception, kitchen, day club, a director room, and a room for the social worker, psychologist, and the nurse. The second floor was their bedrooms.

Sample

A purposive sample of 70 senior males and females with the following criteria was recruited in the current study:

Inclusion criteria:

- Willing to participate.
- Free from dementia and Alzheimer's disease.
- Not Bed ridden .

Tools of data collection:

Tool (I): Developed interviewing questionnaire for demographic data on general characteristics of participants, such as age, gender, educational attainment, and family relationships, were collected.

Tool (II): Self-Compassion Scale (SCS-SF): Self-Compassion Scale-Short Form, was used to measure the compassion of participants towards themselves. The scale was first adopted by Neff, 2003 (Kim & Ko 2018), and modified to a short form (SCS-SF) consisting of 12 items of the original 26 SCS items by **Raes et al., 2011**. Self-compassion scale consists of two-sided components and six subscales: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (**Neff, 2003; Landgraf, 2013**). A Likert scale of 5 points was used with 1 = almost never and 5 = almost always (Homan 2016). The research team translated this tool into Arabic. The index

has shown good internal consistency ($\alpha = .86$) and perfect correlation with the full scale ($r = .98$) (Lloyd et al., 2019 & Raes et al., 2011).

The scoring system:

The SCS-SF total score was calculated by averaging all items after reversing the score of the negative subscale items - self-judgment, isolation, and over-identification (i.e., 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1). The total potential score ranges from 12 to 36, with a higher score indicating a higher self-compassion. Sub-scale scores are calculated by averaging the sub-scale item responses after reversing the negative items. key of scoring include: Self-Kindness Items: 2, 6 Self-Judgment Items (Reverse Scored): 11, 12 Common Humanity Items: 5, 10 Isolation Items (Reverse Scored): 4, 8 Mindfulness Items: 3, 7 Over-identification Items (Reverse Scored): 1, 9. Factorial analysis indicated that the short version of the scale has the same factorial structure as the full 26-element scale. (Raes et al., 2011).

Tool III: Satisfaction with Life Scale (SWLS): The Satisfaction with Life Scale was adopted by Diener, et al., 1985; this scale was designed to measure persons' insight of satisfaction with overall life. It consists of 5 items with responses ranging from 1 = strongly disagree to 7 = strongly agree. The Cronbach's α for the SWLS was 0.88 (Kim C & Ko H, 2018).

The scoring system:

Total scores range from 5 to 35, items were summed to obtain an overall SWLS score. Higher scores indicate higher satisfaction with life (Demirci, Ekşi, & Ekşi, 2019). Cutoffs to be used as benchmarks started with 31 - 35 extremely satisfied to 5 - 9 extremely dissatisfied (Diener, et al., 1985).

Tool (IV): Psychological Well-Being: The short versions of Ryff's, 2010 scale of Psychological well-being 18-item were used to assess psychological well-being. Responses were recorded on a 7-point Liker-type scale where 1 = 'Strongly Disagree' and 7 = 'Strongly Agree'. It has six subscales, Autonomy; Positive relations with others; Environmental Mastery; Personal Growth; Purpose in Life, and Self-Acceptance. All

subscales showed correlations greater than being = .90 with Ryff's original measure and satisfactory internal consistencies (Homan, 2016).

The scoring system:

For scoring, all items were summed to create an overall psychological well-being score. To calculate the subscales score for each participant, sum respondents' answers to each subscale's item. Higher scores mean higher levels of psychological well-being. Q1, Q2, Q3, Q8, Q9, Q11, Q12, Q13, Q17, and Q18 should be reversed-scored before scoring the scale. Reverse-scored items are worded in the opposite direction of what the scale is measuring. The formula for reverse-scoring an item is: ((Number of scale points) + 1) - (Respondent's answer)

For example, Q1 is a 7-point scale. If a respondent answered 3 re-code their answer as $(7 + 1) - 3 = 5$ (Ghali, 2015; Khanjani, M et al., 2014).

Validity of Tools: The three tools used in this study (Self-Compassion Scale, Satisfaction with Life Scale, and Psychological Well-Being) are valid and reliable tools adopted by the publisher. The Cronbach's α of the tool done by the researchers was 0.74 The Cronbach's α for the SCS was 0.84, for the SWLS was 0.86 and for Psychological well-being scale was 0.85 in this study.

Pilot Study:

A pilot study for the tools of data collection carried out to check and ensure the clarity, applicability, relevance, and feasibility of the tools. For this study, the researcher selected six residents representing (10%) of the study subject selected randomly to participate in the pilot study. The resident who was included in the pilot study was included in the sample because no modifications were done after conducting the pilot study.

Field of work:

The study was performed from the beginning of May 2019 to the end of December 2019. Participants voluntarily participated.

Phase 1: Assessment phase: During this phase, Informed consent was secured before collecting data and after an explanation of the study's aim and objectives. All clients were interviewed at the geriatric home club. The researchers used the study tools to assess baseline data (pretest) for further comparisons to evaluate the effect of the

self-compassion-based intervention. The average time for the completion of each participant interview was around (35 minutes). The researchers schedule three days/week for data collection. This phase took about six week.

Phase 2: Planning phase:

The aim of this phase is to develop a self-compassion-based intervention. It was designed in Arabic language based on relevant recent literature reviews. This phase includes: Determining the objectives and contents of the self-compassion-based intervention which include:

- Concept of self-compassion
- Benefit of self-compassion
- Self-compassion with self and others
- Strategies and exercises for self-compassion practicing.

Phase 3: Program Implementation:

The intervention implementation was conducted in sessions using different educational methods and guiding brochures that developed in planning phase. Implementation of the intervention took seven weeks to accomplish the sessions to assess the effect of the educational program for the elderly.

The general objective of the program: The general objective of this program was to evaluate the effect of a self-compassion-based intervention in increasing the elderly people's self-compassion, Psychological well-being, and Life satisfaction.

Self-Compassion Intervention: The training intervention program based on (Neff & Germer, 2013; Saulsman, Campbell, and Sng, 2017) work. Over the course of seven weeks, the participants are divided into six groups and meet once a week for 60 minutes.

First session: the aim of this session was to provide simple explanation to the participants about self-compassion meaning, important, and effect on our life. It include the concept of Self-Compassion as well as its component (according to Neff (2013): self-kindness versus self-judgment, feelings of common humanity versus isolation, and mindfulness versus over-identification.) its impact on well-being, life satisfaction and their

relation with healthy active ageing, disease fighting and promotion of immune system.

Second session: the aim of this session was to educate the participants how treat them self like a friend and build inner compassion voice. It include:1-discussion on how self compassion can be applied to various life aspect.2-compassion break, through asking participants to recall a time when they were suffering and how they treated themselves at the time. They were then asked to consider how they would treat a friend who was going through a similar ordeal, as well as what they would require to feel relaxed. They touch to use positive and supportive word in this moment. Following the exercise, a discussion was held to enable participants better communicate their emotions, thoughts, and feelings.

Third session: Exploring self-compassion through writing. It include: the participant asked to write a letter to them self from the perspective of an unconditionally loving imaginary friend taking about strengths and weaknesses, recognizes the limits of human nature, and is kind and forgiving towards you. Feel strong sense of acceptance, kindness, caring, and desire for health and happiness. **Fourth session:** Supportive Touch and Hand-on-Heart exercise in which informal practices are taught, such as placing one's hands on one's heart in times of stress or repeating a set of memorized self-compassion phrases for use in daily life. **Fifth session:** Using a role-playing scenario in which participants were divided into groups, they impersonated the critic, the criticized, and the compassionate observer, and they discussed how to use kind and more supportive language.

Also participants explored self-compassion through imagining sending a letter to themselves about their future personal improvements from the perspective of a kind and compassionate friend. They shared their experiences with the letter in the next session.

The final session: an open discussion about how to deal with positive aspects of oneself and one's life with appreciation. Participants are asked to practice self-compassion exercise daily. The atmosphere of the group is kept warm and friendly, with plentiful discussion of participants' experiences.

Phase 4: Evaluation of self-compassion-based intervention: This phase includes

evaluating the effect of a self-compassion-based intervention on the elderly people's self-compassion, Psychological well-being, and Life satisfaction. The follow-up Was 3 months of guidelines

Ethical consideration:

Approval for conducting this study was obtained from the director of the senior resident after a comprehensive explanation of the study's aim, benefits, and methods. Also, before data collection, oral consent was taken from each older person after explaining the study's aim, and process. Confidentiality and anonymity of any obtained information were ensured through coding all data. The researcher reassured participants that the data collected would be used only for the study. Also, the fact that their participation was entirely voluntary was highlighted No harm could be anticipated from any maneuver in the implementation of the study.

Statistical Analysis: All data were collected, tabulated, and statistically analyzed using SPSS 22.0 for windows. Quantitative data were expressed as the mean \pm SD and qualitative data were expressed as frequencies (number) & relative frequencies (percentage). Percentages of the variables were compared using the Chi-square test, Fisher exact test, and Paired t-test when appropriate. P-value < 0.05 was considered statistically significant (S).

Results

Table (1) described the demographic characteristics of the study group. This table reveals that the mean age of the study group is 73.74 ± 7.377 years old. Below half (47.1%) of the studied group were males while 52.9% were females. The largest percent of studied sample (68.6%) had university/post graduate.

Table (2) clarified the distribution of older adult according to pre and post-test subscale of psychological well-being and total score among the studied group. This table showed that there was a highly statistically significant difference between mean scores of sub-scale of psychological well-being scores pre and post-test at $p=0.000$.

Table (3) demonstrated a distribution of older adult according to the mean scores of Pre and Posttest life satisfaction among the studied group. The differences between total mean \pm SD among study participants on pre and post assessment of

life satisfaction is illustrated in Table 3. A highly statistically significant difference was found.

Table (4) showed a relationship between Pre-test self-compassion and Socio-Demographic characteristics. In relation to age below half (47.7%) had low self-compassion. While 65.9% were low self-compassion among males sample. The majority of samples (81.8%) were low self-compassion among university sample. There was a significant difference in sex and education studied groups.

Table (5) clarified the relationship between Post-test self-compassion and Socio-Demographic characteristics. The married, university educated, female was better in self-compassion post-intervention. There was no a significant difference among studied groups.

Table (6) showed the relationship between the total score of self-compassion, the total score of Psychological well-being, and Life satisfaction among the study group pre-intervention. There was no significant difference among the studied groups.

Table (7) clarified the Relationship between the total score of self-compassion, the total score of Psychological well-being, and Life satisfaction among the study group post-intervention. There was no significant difference among the studied groups.

Table (8) illustrated a distribution of older adult according to the mean score of sub-scale items of self-compassion and the total score among the study group pre/post intervention. There was a highly significant difference among the studied groups. Also, there is an increase in positive affect and a decrease in the negative effect of the self-comparison subscale among the study group.

Figure (1): Show self-compassion score among study group pre/post intervention. There was improvement among the studied group in self-compassion which 67% of the studied group presented in a highly self-compassion segment post-intervention.

Table (1): Demographic characters of the studied group (N= 70):

Socio demo-graphic characters	No	%
Sex :		
Male	33	47.1
Female	37	52.9
Age :		
Mean \pm SD	73.74 \pm 7.377	
Education :		
Preparatory	10	14.3
Secondary	12	17.1
University/ Postgraduate	48	68.6
Marital status:		
Married	34	48.6
Divorced	10	14.3
Widow	18	25.7
Single	8	11.4
Family relations:		
Good	10	14.3
Misunderstanding	28	40.0
Bad	32	45.7
Total	70	100.0

Table (2): Distribution of older adult according to Psychological well-being subscale (n=70) Pre and posttest intervention.

Subscale of Psychological well being	Pre	Post	Paired t-test	P-value
Acceptance				
Mean	9.74	18.62	-38.219-	0.000**
SD	1.49	1.22		
Autonomy				
Mean	9.228	18.92	-52.996-	0.000**
SD	0.995	0.897		
Environment				
Mean	10.028	18.94	-35.799-	0.000**
SD	1.614	0.899		
Personal growth				
Mean	10.214	18.877	-48.908-	0.000**
SD	1.27	0.898		
Positive relation				
Mean	12.414	18.827	-36.870-	0.000**
SD	1.122	0.988		
Purposive in life				
Mean	12.114	18.62	-33.562-	0.000**
SD	1.198	1.223		

No significant at $p > 0.05$. *A significant at $p < 0.05$. **A highly significant at $p < 0.01$.

Table (3): Distribution of older adult according to Pre and Posttest life satisfaction among studied group (n=70).

Life satisfaction	Pre	Post	Paired t-test	P-value
Mean	18.885	28.285	-1.107	0.000**
SD	1.0006	1.495		

No significant at $p > 0.05$. *A significant at $p < 0.05$. **A highly significant at $p < 0.01$.

Table (4): Relationship between Pre-test self-compassion and Socio-Demographic characteristics (n=70).

Socio-demographic characters	self-compassion				Test X^2	P-value
	Low self-compassion		Moderate self-compassion			
	No	%	No	%		
Age :						
60->70	21	47.7	10	38.5	5.450	0.142
70- >80	19	43.2	8	30.8		
80- >90	3	6.8	6	23.0		
90>	1	2.3	2	7.7		
Sex:					16.742	0.000**
Male	29	65.9	4	15.4		
Female	15	34.1	22	84.6		
Education:					11.106	0.004*
Preparatory	5	11.4	5	19.2		
Secondary	3	6.8	9	34.6		
University	36	81.8	12	46.2		
Marital status:					1.544	0.672
Married	19	43.2	15	57.7		
Divorced	7	15.9	3	11.5		
Widow/er	12	27.3	6	23.1		
Single	6	13.6	2	7.7		
Physical problems:					0.151	0.463
Yes	32	72.7	20	76.9		
No	12	27.3	6	23.1		
Family relations:					3.713	0.156
Good	9	20.5	1	3.8		
Misunderstanding	16	36.3	12	46.2		
Bad	19	43.2	13	50.0		
Total	44	100	26	100		

No significant at $p > 0.05$. *A significant at $p < 0.05$. **A highly significant at $p < 0.01$.

Table(5): Relationship between Post-test self-compassion and Socio-Demographic characteristics (n=70).

Socio-demographic characters	Moderate self-compassion		High self-compassion		Test X^2	P-value
	No	%	No	%		
Age : 60->70	11	47.8	20	42.6	2.240	0.524
70- >80	8	34.8	19	40.4		
80- >90	2	8.7	7	14.9		
90>	2	8.7	1	2.1		
Sex: Male	8	34.8	25	53.2	2.100	0.116
Female	15	65.2	22	46.8		
Education: Preparatory	6	26.1	4	8.5	3.972	0.137
Secondary	3	13.0	9	19.1		
University	14	60.9	34	72.3		
Marital status: Married	16	69.6	18	38.3	6.623	0.085
Divorced	1	4.3	9	19.1		
Widow/er	4	17.4	14	29.8		
Single	2	8.7	6	12.8		
Physical problems: Yes	19	82.6	33	70.2	1.242	0.207
No	4	17.4	14	29.8		
Family relations: Good	4	17.4	6	12.8	0.275	0.871
Misunderstanding	9	39.1	19	40.4		
Bad	10	43.5	22	46.4		
Total	23	100	47	100		

Table (6): Relationship between self-compassion, Psychological well-being, and, Life satisfaction among the study group pre-intervention.

Self –compassion	Low Self –compassion		Moderate Self -compassion		Fisher exact test	P-value
	No	%	No	%		
Psychological well-being: Little disagree	24	54.5	16	61.5	0.280	0.523
Somewhat agree	12	27.3	3	11.5		
Neither agree nor disagree	8	18.2	7	26.9		
Life satisfaction: Slightly dissatisfied	22	50	17	65.4	0.227	0.092
Neutral	22	50	9	34.6		
Total	44	100	26	100		

NS: no significant difference

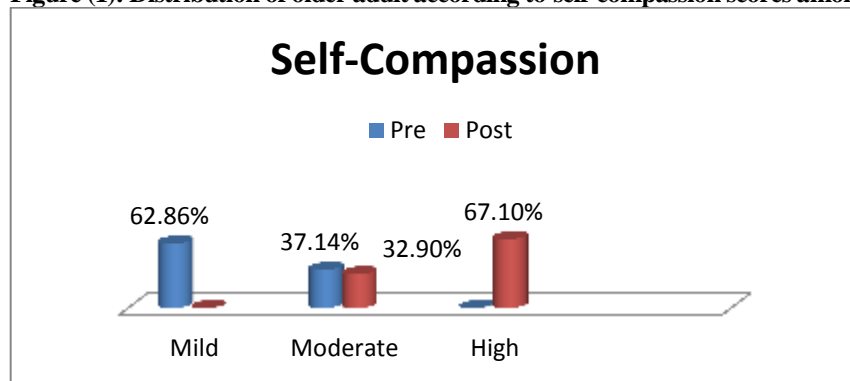
Table (7): Relationship between Psychological well-being, Life satisfaction, and, self-compassion classification among the study group post-intervention.

	Moderate Self –compassion		High Self –compassion		Fisher exact test	P-value
	No	%	No	%		
Psychological well-being:						
Little agree	9	26.5	12	33.3	0.832	0.104 NS
Somewhat agree	12	35.3	11	30.6		
Strong agree	13	38.2	13	36.1		
Life satisfaction:						
Slightly satisfied	18	52.9	22	61.1	0.630	0.151 NS
Satisfied	16	47.1	14	38.9		
Total	34	100	36	100		

NS: no significant difference

Table (8): Distribution of older adult according to self-compassion sub-scale mean score among study group pre/posttest.

Self-compassion	Pre Test	Post Test	Paired t-test	P-value
	Mean ± SD	Mean ± SD		
Self-kindness	3.02 ± 1.43	6.585 ± 1.508	-23.228-	0.000**
Self-judgment	7.14 ± 1.365	1.68 ± 1.518	26.465	0.000**
Common humanity	3.17 ± 2.007	7.01 ± 1.419	-24.662-	0.000**
Isolation	6.84 ± 1.47	2.08 ± 1.79	19.385	0.000**
Mind fullness	3.11 ± 2.011	7.14 ± 1.365	-22.565-	0.000**
Over identification	6.88 ± 1.46	3.02 ± 1.992	25.492	0.000**

No significant at $p > 0.05$. *A significant at $p < 0.05$. **A highly significant at $p < 0.01$.**Figure (1): Distribution of older adult according to self-compassion scores among study group pre/posttest.**

Discussion

A rapidly global aging population increases the need for effective interventions to improve older adults' mental health and quality of life. Also, evidence suggests that self-compassion may be beneficial to older adults who are struggling to cope with the aging process (**Allen & Leary, 2014**). For this reason, this study is noteworthy because its findings indicate that self-compassion in older adults can promote life satisfaction and psychological wellbeing.

Concerning the gender of the study elderly participants and the level of self-compassion, the study findings showed that the level of self-compassion was higher in older males than in females post-intervention, although the difference was not statistically significant. These findings were similar to a meta-analysis conducted by (**Yarnell et al., 2015**); entitled " Meta-analysis of gender differences in self-compassion."; that examined gender differences in self-compassion, which indicated that women were less self-compassionate than men. Also, the results of this study corresponded with those reported by (**Cachioni et al., 2017**); entitled "Subjective and psychological well-being among elderly participants of a University of the Third Age. "; where elderly individuals of more advanced ages and men had higher rates of satisfaction with life and positive feelings. Moreover **Bratt & Fagerström, 2019**; entitled " Self-compassion in old age: confirmatory factor analysis of the 6-factor model and the internal consistency of the Self-compassion scale-short form."; they conveyed that women presented a lower self-compassion score than men in their study. However, these findings are inconsistent with (**Kim and Ko, 2018**) ; entitled " The impact of self-compassion on mental health, sleep, quality of life and life satisfaction among older adults. "; who reported that men were less self-compassionate than women. The reasons for these data may be explained as women are more ill and dependent and suffer more medical complaints than men. Also, women are emotional by nature, unlike men who think in a rationally way and react logically

to stressful situations.

Also, the present study findings revealed that elderly participants with chronic health problems reported a high level of self-compassion post-intervention which reflects the effect of self-compassion intervention on how elderly participants with multiple comorbidities accept their difficulties and respond to these health problems self-compassionately. These findings were in the same line as **Allen et al., 2012**; entitled " Self-Compassion and well-being among older adults. "; **Homan, 2016**; entitled" Self-compassion and psychological well-being in older adults. "; and **Smith, 2015**; entitled" Self-compassion and resilience in senior living residents."; who reported the role of self-compassion in moderating the relationship between self-reported physical health, and well-being outcomes; and stated that adopting a self-compassionate mindset allows elderly people to cope with myriad difficulties and stressors by treating themselves with care and kindness, viewing their circumstances as part of the greater human experience, and not allowing themselves to be carried away by strong emotions.

In addition, the findings of this study showed that definite increase in the mean scores of psychological well-being subscales (acceptance, autonomy, environment, personal growth, positive relation, and purposive in life) among the studied elderly participants post-intervention with high statistical significant differences. These findings were in the same line as those (**Imtiaz & Kamal, 2016**); entitled" Rumination, Optimism, and Psychological Well-Being among the Elderly: Self-Compassion as a Predictor ."; where their results indicated that compassion toward self serves to foster optimism, and well-being, and combat ruminative tendencies among elderly people.

The findings of this study indicated that there was a positive correlation between self-compassion and the psychological well-being of the studied elderly participants post-intervention. Meaning that one's level of self-compassion does come to complement the psychological well-being levels. Similar findings have been witnessed by **Hall et al., 2013**; entitled" The role of self-compassion in physical and psychological well-being.";

Homan, 2016; entitled " Self-compassion and psychological well-being in older adults. "; and **Imtiaz & Kamal, 2016**; entitled " Ruminantion, Optimism, and Psychological Well-Being among the Elderly: Self-Compassion as a Predictor ."; where their results are also supportive as positive associations have been observed between self-compassion and psychological wellbeing.

The findings of this study signposted a pronounced increase in the mean scores of life satisfaction among the study elderly participants post-intervention with high statistical significant differences. The results of this study were in accordance with previous findings of (**Mantelou & Karakasidou, 2017**) ;entitled " The Effectiveness of a Brief Self-Compassion Intervention Program on Self-Compassion, Positive and Negative Affect and Life Satisfaction."; which proved that higher scores on self-compassion seem to lead to higher levels of life satisfaction. Also, these findings were similar to the results of (**Yang, Zhang, & Kou, 2016**) ; entitled " Self-Compassion and Life Satisfaction: The Mediating Role of Hope. ";which focused on the role of self-compassion in life satisfaction and hope. Moreover, a study conducted by (**Kashaniyan & khodabakhshikoolae, 2015**); entitled "Effectiveness of positive psychology group interventions on meaning of life and life satisfaction among older adults." they revealed an increase in the life satisfaction of elderly participants post-intervention.

Notably, elderly people who are more self-compassionate have the tendency to make more positive automatic thoughts and that consequently results in higher levels of life satisfaction. Hence, they are more capable of dealing more effectively and coping better with their possible failures, mistakes, and personal weaknesses, as they maintain a positive attitude towards those conditions.

The findings of this study exhibited apparent increase and improvement in the mean score of the positive aspects of self-compassion (mindfulness, self-kindness, and common humanity) post intervention and obvious reduction of the mean score of the

negative aspects of self-compassion (over identification, self-criticism, and a sense of isolation) post intervention among the studied elderly participants with high statistical significance differences which clarify the valuable effect of self-compassion intervention program on the self-compassion among elderly people. Thus, these findings were acceptable with (**Brown et al., 2016**);entitled" Self-compassion, attitudes to ageing and indicators of health and well-being among midlife women."; **Muris & Petrocchi, 2017**; entitled" Protection or vulnerability? a meta-analysis of the relations between the positive and negative components of self-compassion and psychopathology."; and **Wadsworth et al., 2018** ; entitled " Examining the role of repetitive negative thinking in relations between positive and negative aspects of self-compassion and symptom improvement during intensive treatment."; where they indicated that self-compassion interventions facilitating the reduction of over-identification, self-criticism, and feelings of isolation may be especially potent in improving individual well-being and adjustment to health issues.

Additionally, this study showed that training elderly people in order to treat themselves in a more self-compassionate way when suffering resulted in significant gains in self-compassion scores. First and foremost, this confirms other researchers' viewpoints **Mantelou & Karakasidou 2017**; entitled" The Effectiveness of a Brief Self-Compassion Intervention Program on Self-Compassion, Positive and Negative Affect and Life Satisfaction."; and **Smeets et al., 2014**; entitled " Meeting Suffering with Kindness: Effects of a Brief Self-Compassion Intervention for Female College Students. "; where arguing that self-compassion can be cultivated and learned through brief intervention programs and consequently lead to the enhancement of psychological well-being and improvement of life satisfaction among elderly people.

Conclusion

The current study concluded that self-compassion-based intervention significantly

associated with promotion of life satisfaction and psychological wellbeing of older adults in a geriatric home.

Recommendation:

1- In the light of the current study findings recommendations are the conduction of self-compassion-based intervention for older adults in different settings to promote older people's efficiency to gain optimal life satisfaction and psychological well-being to support successful aging and active life concept for seniors.

2- A future study direction is to conduct such interventions study in different settings and on a larger group of older people. More emphasis is given to randomized clinical trials in order to obtain generalized results.

Limitations of the study: refusal of some seniors to participate in the study.

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