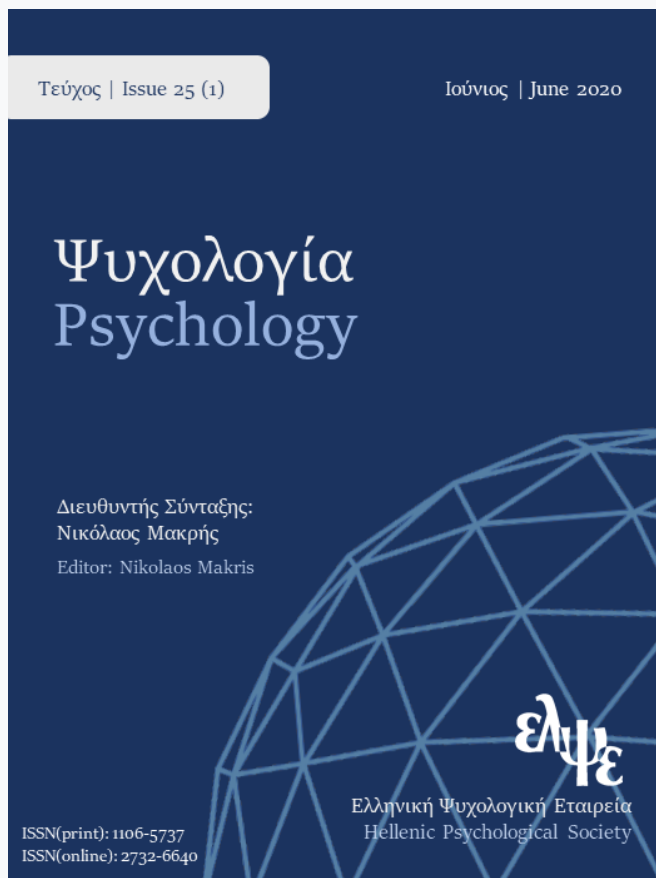


Psychology: the Journal of the Hellenic Psychological Society

Vol 25, No 1 (2020)

Special Issue - Positive Psychology in Greece: latest developments



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doi: [10.12681/psy_hps.25344](https://doi.org/10.12681/psy_hps.25344)

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To cite this article:

Karakasidou, E., Raftopoulou, G., & Stalikas, A. (2020). Investigating differences in self-compassion levels: effects of gender and age in a Greek adult sample. *Psychology: The Journal of the Hellenic Psychological Society*, 25(1), 164–177. https://doi.org/10.12681/psy_hps.25344

ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

Investigating differences in self-compassion levels: effects of gender and age in a Greek adult sample

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| KEYWORDS | ABSTRACT |
|--|---|
| age, gender, self-compassion, well-being | Self-compassion is a recently developed construct of positive psychology. Several studies have shed light on their benefits on people's psychological well-being. Furthermore, studies have focused on examining changes in self-compassion according to gender, in specific age groups, demonstrating inconsistent results. The present study aimed to investigate the interaction between self-compassion and gender, overtime, in a wide age range of adulthood. The sample consisted of 291 participants, age range between 18 and 72 years of age, of the general population. The participants completed online self-report questionnaires of the Self-Compassion Scale (SCS) (Neff, 2003b). Overall results revealed that self-compassion levels were higher for men than women. In addition, self-compassion was positively correlated with age, while older men, of 50 years and above, demonstrated higher self-compassion levels compared to younger age groups. The findings suggest the prudence of self-compassion on psychological prosperity. It is also proposed that the outcomes could contribute to the design of more informed, structured, and well-established intervention planning, targeting groups according to age and gender, which appear to be the most vulnerable. Finally, probable suggestions for further investigation are considered. |
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To begin with, it is evident that self-compassion may act protectively in reducing depression and enhance emotional resilience. It is also associated with lower levels of negative affect, social and psychological well-being, and overall human flourishing (Neff, 2009; Neff & Costigan, 2014; Neff et al., 2007; Raes, 2011; Verma & Tiwari, 2017). Self-compassion may not be an innate characteristic or skill for everyone, but evidence suggests that with the implementation of intervention programs, it is possible to learn how to be more compassionate towards oneself, with positive results (Bluth & Eisenlohr-Mour, 2017; Karakasidou & Stalikas, 2017; Smeets et al., 2014). Gender role orientations and age appear to be among the factors that influence levels of self-compassion in a person, and they should be considered in intervention remediation (Yarnell et al., 2015).

To continue, self-compassion was scientifically constructed as a concept and therefore included in modern psychology by Neff (2003a, 2003b). It is related to the original concept of compassion. Compassion for others is reported as an emotion triggered by another's suffering which originates a desire to help in order to diminish the pain (Goetz et al., 2010). Additionally, self-compassion means to behave in a compassionate manner towards yourself, and it is comprised of three interrelated elements: self-kindness

versus self-judgement, mindfulness versus over-identification, and common humanity instead of isolation (Neff, 2003a). Self-kindness does not appear to be greatly emphasized in western culture, though, kindness is mostly drawn towards others (Goetz et al., 2010). Self-kindness refers to a non-judgmental understanding of one's weaknesses and suffering, perceiving them with warmth and sympathy. Moreover, mindfulness refers to the objective awareness of painful feelings, for what they are, without trying to diminish, block or exaggerate them. Common humanity is recognizing that weaknesses, imperfections, and failures are part of the shared human experience (Neff, 2003a, 2003b).

On the other hand, it is more than frequent that negative self-language in the form of criticism and lack of sympathy is used when one encounters failure, difficulties, or pain. However, it is suggested that when people struggle with life difficulties, stress, failures, anxiety, depression or when they doubt their self-worth and they have feelings of inadequacy, they should show kindness and compassion instead of self-judgement (Raes, 2011; Raes et al., 2011; Veneziani et al., 2017). Criticism and diminishing self-worth are likely to increase negative feelings, influencing the mood state and the well-being, which may lead to higher levels of anxiety, or depression, linked with suicidal attempts (Harter & Marold, 1994; Laufer, 1995).

Self-Compassion and Gender Differences

To continue, while sex describes men and women in biological terms, gender differentiates them according to sociocultural rules or ideals, which are addressed to each gender, and they are referred to as gender roles norms. Gender role norms may influence a person's thoughts and behaviour. A person may assume characteristics considered appropriate for each gender. Therefore, gender role norms guide a person's social behaviour accordingly. Women are perceived as more interdependent; they address more importance to relationships, self-sacrificing, nurturing, and they appear to be more attuned with emotions. On the other hand, men are encouraged to be more self-orientated, independent, competitive, critical, self-reliant, and more restrictive in expressing emotions (Cross & Madson, 1997; Eisenberg & Lennon, 1983; Mahalik et al., 2003; Mahalik et al., 2005).

So far, evidence has revealed inconsistent results in relation to gender differences in self-compassion levels. Although some findings show lower levels of self-compassion in females than males (Neff, 2003b; Neff & McGehee, 2010; Yarnell et al., 2015), other studies find no differences (Iskender, 2009; Neff & Pommier, 2013). Gender role norms constitute an important part of the expression of self-compassion between males and females, either encouraging its expression or hinder it. Evidence suggests that gender, based on differences between gender role norms, affect self-compassion levels more than sex differences (Tatum, 2012). Typical masculine norms urge facing difficulties and failure with more self-criticism and comparison to others, as well as self-reliance. These concepts contrast with self-compassion (Mahalik et al., 2003). Self-compassion is about treating oneself with kindness, interconnectedness, and acceptance of vulnerable emotions while facing difficult times (Neff, 2003a). The encouragement of stoicism by masculine norms may restrict men from accessing feelings of vulnerability, thus enhancing psychological distress and hindering a more self-compassionate attitude towards oneself. As a result, men's conformity to traditional gender norms not only influences their psychological well-being, but it also deprives them of self-compassion (Levant, 2011; Mahalik et al., 2003). What is more, there is evidence indicating that conformity to masculine norms has a negative association with levels of self-compassion in men (Reilly et al., 2014). Conversely, other findings reveal a robust association of traditional masculine gender attributes, like independence and self-focus, with high self-compassion levels (Tatum, 2012).

On the contrary, feminine gender norms, such as prioritization of relationships and care for others, relate more to higher levels of compassion towards others than self-compassion (Lopez et al., 2018; Neff, 2003b; Neff and McGehee, 2010; Neff & Pommier, 2013; Raes, 2010; Yarnell et al., 2015). It is, therefore proposed that females do not treat themselves in the same compassionate way they treat others. However, self-compassion appears to be an important trait that enables the person to provide compassion and care to others without risking burnout (Shapiro et al., 2007). Additionally, women tend to be more self-critical, which is an opposing construct to self-compassion (Neff & Vonk, 2009). They also ruminate about their negative traits more than men (DeVore, 2013). Women's tendency to care and support others may hinder their focus on caring and supporting themselves, thus revealing lower levels of self-compassion. However, there is evidence demonstrating that this specific attribute of providing support to others may increase self-compassion levels (Breines & Chen, 2013).

It is important to note that an actual connection of compassion towards others and self-compassion has not been reported yet. Nevertheless, fMRI findings show that similar brain areas are activated when one expresses self-compassion or empathy and compassion towards others. Women seem to possess these capacities more than men (Eisenberg & Lennon, 1983). Moreover, studies reveal that left insula is also activated while practicing compassion for others or engaging in self-reassurance (Lutz et al., 2008). This evidence supports the idea that engaging in compassion for self through self-reassurance involves the same processes as generating compassion for others (Longe, et al., 2009). Other preliminary findings (Neff & Vonk, 2009; Reilly, Rochlen & Awad, 2014; Tatum, 2012; Yarnell, Stafford, Neff, Reilly, Knox & Mullarkey, 2015), also, show a connection between self-compassion and other-focused concern, with women showing higher levels of concerns for humanity, perspective-taking, and forgiveness than men.

It is worth noting that self-compassion has been associated with compassion for humanity, empathy, and altruism among older but not younger adults (Neff & Pommier, 2013). This could be an indication that life experiences raise one's care and compassion about theirs and other's pain and difficulties. Thus, the connection between self-compassion and other-focused concern, apart from gender differences, is also dependent on age and life experiences.

Inferentially, gender norms may influence the degree of self-compassion. However, findings are not conclusive yet, so further investigation is required. Additionally, the interaction with age, as another predictor, should also be examined.

Self-Compassion, Gender and Age Interaction

Current research has mainly focused on examining specific age groups, such as young and older adolescents or older adults. Adolescence is a challenging, developmental period with many changes in a person's physiology, cognitive, and emotional functioning. Research reveals that age differences in adolescence influence self-compassion, especially for females, with older female adolescents reporting lower self-compassion levels than younger male adolescents of any age (Bluth et al., 2017). However, there is limited evidence on how self-compassion may change over time on a broader age range in an adult's lifespan. In a sample between 18 and 63 years of age, Homan (2016) found a positive correlation of age with self-compassion. However, possible interactions with gender were not investigated. The interaction of self-compassion with gender and age has not been thoroughly examined in a wide adult age range.

Nevertheless, a positive correlation between self-compassion and age has been reported. The results show that older age predicts higher levels of self-compassion, compassion for others, altruism, empathy, and forgiveness. This can be an indication that life experiences may raise one's care and compassion

regarding another's pain and difficulties as well as towards themselves (Neff & Pommier, 2013; Neff & Vonk, 2009). Significant life events and resilience raise levels of compassion for others in older adults, with women scoring higher levels than men (Moore et al., 2015). A more compassionate stance can be adopted viewing another's suffering and difficulties in life with an understanding, that may increase self-kindness and a sense of interconnectedness, instead of isolation. Research findings, regarding older adolescents and younger adults, related egocentricity and the view of suffering as a more personalized experience not shared by others, with lower levels of self-compassion (Neff & McGehee, 2010). Without life experience, young individuals may experience a higher sense of isolation and self-pity in their own pain. Findings report that levels of capacity for empathy and wisdom increase and egocentricity weaken with age (Ardelt, 2010; Eisenberg et al., 2005; Neff et al., 2007).

Life experience, which may be augmented with aging and emotional maturity, may evoke feelings of interconnectedness and sympathetic understanding of one's own suffering, as part of the collective human experience of struggling with life's adversities. The relationship though, between variations of self-compassion and age, report inconclusive results. Some evidence suggests an increase of self-compassion with age (Homan, 2016; Neff & Pommier, 2013; Neff & Vonk, 2009). There is evidence that supports that there is no relationship between the two (Neff & McGehee, 2010; Phillips & Ferguson, 2012). Age seems to play a role in differentiating self-compassion levels by interacting with gender differences based on gender role norms. It is evident that traditional gender role norms can change overtime. Kehn & Ruthig (2013) and Cournoyer & Mahalik (1995) found that in comparison to younger men, middle-aged men identify less with success, power, and competition and become more nurturing. Age is a predictor that influences changes in traditional gender norms, and it may affect the way one views self. Thus, it should be considered when gender differences are examined in connection to expressing compassion towards self and others.

Research Question and Hypotheses

The aim of the present study is to investigate the interactions of self-compassion with gender differences in a wide age range of adulthood. Current research has been focused, so far, on examining changes of self-compassion in specific age groups with inconclusive results. There seems to be a research gap in studying the effect of gender differences in self-compassion during a person's adult life. The significance of such an investigation seems to be high given that gender differences align with gender role norms which seem to interact and influence self-compassion levels (Yarnel et al., 2015). Role norms though, change over time while people mature (Cournoyer & Mahalik, 1995). While egocentrism declines, compassion for others, empathy, altruism, and forgiveness are found to be higher in older ages than in younger adults. Perhaps such changes may come with life experience or emotional maturity while people grow (Eisenberg et al., 2005; Neff & Pommier, 2012). So far, there is only a small indication by two studies that self-compassion increases overtime (Homan, 2016; Neff & Vonk, 2009). Thus, further examination is required. This investigation is essential so that we can increase our understanding of variations in levels of self-compassion in different life stages between genders, that may be beneficial in developing well-informed intervention plans, to target specific age groups and gender.

The main research question of this study goes as follows:

1. Do self-compassion levels change according to gender?
2. Does self-compassion change over time?
3. Does self-compassion interact with gender and age?

Method

Design

A series of between-subject design Independent Samples t-test was conducted to determine changes of self-compassion levels according to gender. The Independent Variable (IV) was gender (male/female) and the Depended Variable (DV) was the effect on each of the 6 different aspects of self-compassion. To examine changes of self-compassion levels over time a Pearson's r correlation was conducted to a wide age range from 18 to 72 years. Multivariate analysis of variance (MANOVA) was used to measure the interaction of self-compassion with gender and age groups. The primary formulated hypotheses were also tested by using a 2 way, between groups factorial ANOVA, with a 2x3 notation, as the design consists of 2 independent factors. Two-way ANOVA provides information regarding the mean and the standard deviation. Therefore, the researchers ran tests of between-subjects effects to explore the differences in the dependent variables.

Participants

The current study used a sample of two-hundred and ninety-one ($N = 291$) participants, coming from a large and diverse pool of the general population. The sample consisted of 118 females and 172 males. The sample ranged in age from 18 to 72 years old with a mean age of 38.75 ($SD = 11.94$) (see Table 1). Participation was voluntary and the method of recruitment was by snowball sampling. Participants were required to fill in the Self Compassion Scale, distributed in the format of Google form by means of emails and Facebook. The current study followed ethics regulation.

Table 1.

Demographic characteristics of the participants (frequencies and percentages)

| | Gender | Age | Personal status | Children |
|-------------|-----------|--------------|-----------------|-----------|
| Males | 173(59.5) | | | |
| Females | 118(40.5) | | | |
| Mean Age | | 38.75(11.94) | | |
| Single | | | 152(52.2) | |
| Married | | | 109(37.5) | |
| Divorced | | | 29(10.0) | |
| Other | | | 1(0.3) | |
| Children | | | | 113(38.8) |
| No Children | | | | 178(61.2) |

Materials

Self-compassion was measured by the Self-Compassion Scale (SCS) (Neff, 2003b), in the Greek version, translated by (Karakasidou et al., 2017). The SCS assesses six different aspects of self-compassion: Self-Kindness (e.g., "I try to be understanding and patient towards aspects of my personality I don't like"), Self-Judgment, (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), Common-Humanity, (e.g., I try to see my failings as part of the human condition"), Isolation, (e.g., When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world"), Mindfulness, (e.g., When something painful happens I try to take a balanced view of the situation"), Over-identification, (e.g., When I'm feeling down I tend to obsess and fixate on everything that's wrong"). Each

item was rated on a 5-point response scale ranging from 1 (*Almost Never*) to 5 (*Almost Always*). Mean scores are then averaged (after reverse-coding negative items) to create an overall self-compassion score ranging from 26 to 130. Higher scores correspond to higher levels of self-compassion. The standardization of the Greek version of SCS showed satisfactory reliability and validity, and the factorial structure of the scale was found to match the ones from previous studies of other countries (Karakasidou et al., 2017).

Procedure

The recruitment of the participants was by snowball sampling. Data were collected online. For that purpose, the Self Compassion Scale (SCS) was distributed in the format of Google form by means of emails and Facebook. Participants were required to fill in the Self Compassion Scale (SCS) and some demographic details. Demographic information form preceded the SCS, including age, sex, marital status, and having children. The participants were briefed by a briefing letter that accompanied the self-compassion scale (SCS), where it was explained to them the nature of the study and its purpose, which was strictly academic. Reassurance for the anonymity/confidentiality of the information was offered to the participants through the ethics clearance as well as the right to withdraw anytime till the point they submit their response. For further inquiries, they were given the emails of the researcher and supervisor to contact. After reading the preceding briefing letter and decided to participate in the study, the participants voluntarily entered the link to fill in the SCS. Participants responded to 26 items of the 6 aspects of self-compassion. Responses were given on a 5-point scale from 1-*Almost Never* to 5-*Almost Always*. Risk Assessment Form was conducted and signed before the study.

Results

The responses of the Self Compassion Scale (SCS), which were on a scale of 1-5, were recorded for each participant. Means (M) and Standard deviations (SD) of each of the 6 aspects of Self-Compassion were calculated depending on gender and are displayed in Table 2 below.

Table 2

Mean scores on measures of Self-Compassion depending on gender

| | Female | Male |
|---------------------|---------------|-------------|
| Self-kindness | 16.52(3.67) | 16.04(4.11) |
| Self-judgement | 15.16(3.74) | 14.84(4.24) |
| Common humanity | 12.47(3.53) | 12.31(3.47) |
| Isolation | 9.72(3.52) | 10.95(4.05) |
| Mindfulness | 14.73(2.60) | 13.91(3.04) |
| Over-identification | 11.66(3.47) | 13.17(3.63) |

* Note. *Standard deviations are reported in parentheses. Female individuals (M=16.52, SD=3.67) express higher scores in self-kindness level in self-compassion*

For the purposes of this study, the results from raw data that were collected through the questionnaires were analyzed. In particular, the means and standard deviations of all 6 self-compassion levels according to gender and age group were calculated for all participants and they are presented in Table 2 and in Table 3.

Table 3*Mean scores on measures of Self-Compassion depending on age category (measured in years)*

| | 18-30 | 31-49 | 50-72 |
|---------------------|--------------|--------------|--------------|
| Self-kindness | 15.70(3.72) | 16.42(4.10) | 16.56(3.84) |
| Self-judgement | 15.33(4.60) | 14.86(3.77) | 14.73(3.85) |
| Common humanity | 11.95(3.67) | 12.32(3.30) | 13.14(3.62) |
| Isolation | 10.62(3.93) | 10.48(4.04) | 10.15(3.42) |
| Mindfulness | 14.01(2.92) | 14.34(2.90) | 14.36(2.86) |
| Over-identification | 13.19(3.78) | 12.74(3.51) | 11.19(3.41) |

* Note. Standard deviations are reported in parentheses.

A series of 6 independent samples t-tests were performed to explore whether there is an interaction between gender and aspects of self-compassion. The t-tests indicated a significant difference in Isolation and Over-identification between men and women. Specifically, it was revealed that men ($M=10.95$, $SD=4.05$) scored higher on Isolation than women ($M=9.72$, $SD=3.52$): $t(289) = 2.69$, $p = .008$. Similarly, on Over-identification, men ($M=13.17$, $SD=3.63$) scored higher than women ($M=11.66$, $SD=3.47$): $t(289) = 3.54$, $p < .001$.

Regarding the relationship between age and Self-Compassion, a very weak negative correlation was revealed between age and over-identification, indicating that over-identification levels diminish while age increases [$r(289) = -.183$, $p < .01$]. Correlation is significant at $\alpha = 0.01$ level (2-tailed).

A series of multivariate tests were conducted to examine the interaction of the 3 age groups as independent variables with the six self-compassion aspects. The total score of self-compassion was also examined according to gender. The three age groups were: 18-30 years old ($N = 86$), 31-49 years ($N = 146$) and 50 - 72 years old ($N = 59$). The 6 dependent variables included: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The observed covariance matrices of the dependent variables are not equal across groups: *Box's M*=187.36. Therefore, no significant interaction was revealed between self-compassion and the age group. Separate Univariate ANOVAs did not reveal a significant interaction between the six diverse aspects of self-compassion and the age group. Finally, the total score of self-compassion was not found to be significantly higher for men than for women, $t(289) = .944$, $p = .346$.

Table 4*Tests of between-subjects' effects (Dependent Variable: Over-identification)*

| | df | F | η | p |
|-------------|-----------|----------|--------------------------|----------|
| Gender | 1 | 7.060 | .024 | .008 |
| Age group | 2 | 4.377 | .030 | .013 |
| Interaction | 2 | .174 | .001 | .841 |

* Note. Significant at the $p < 0.05$ level

A two-way, between groups factorial ANOVA was performed. There seems to be a main effect of gender ($p < .01$) in over-identification. Levene's Test of Equality of Error Variances revealed equal variances between all the combinations of groups ($p = 0.747$). The tests of between-subjects effects showed at least one significant difference in anxiety between the men and women: $F(1,285) = 7.060$, $p < .01$, $\eta^2 = .024$ (2.4%), explaining 2.4% of the total variability in over-identification.

Men ($M=13.17$, $SD=3.63$) had significantly more over-identification than women ($M=11.66$, $SD=3.47$), ($p<.01$). It also revealed that the third age group ($M=11.73$, $SD=3.65$) presents significantly higher levels of over-identification than the first age group ($M=13.56$, $SD=3.73$). Therefore, men present higher levels of over-identification and among the three age groups, the younger people (18-30 years old) present the highest levels.

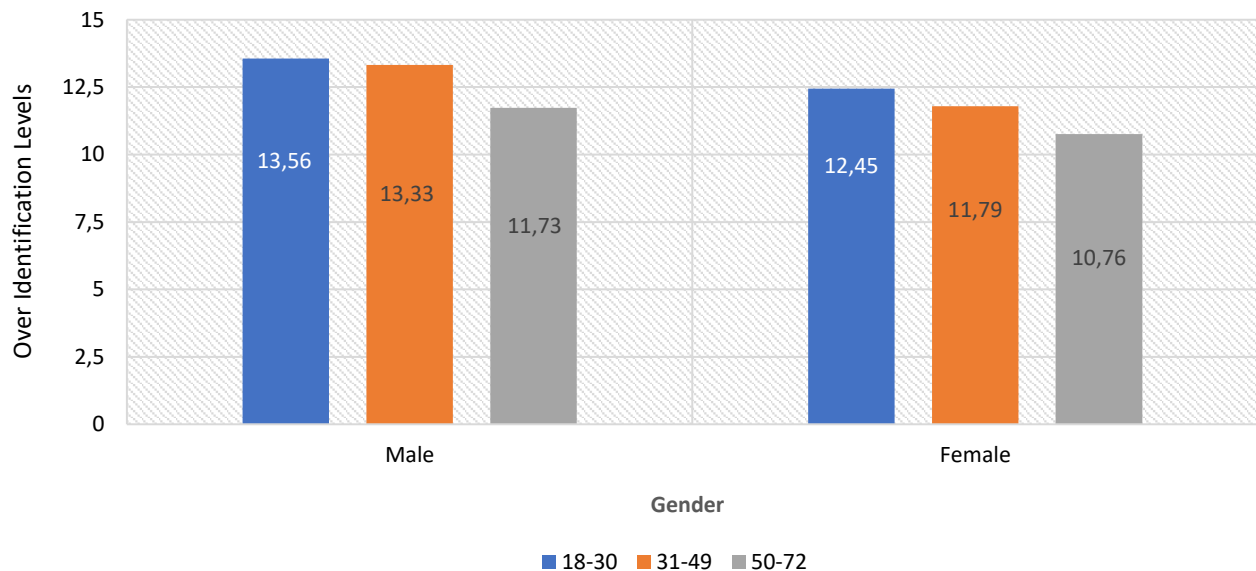


Figure 1 Gender per over-identification levels

Figure 1 shows the distribution of male and female candidates per age group in over-identification levels. Young male participants score higher in over-identification than female participants. Additionally, from the male sample, younger men express higher over-identification levels and the phenomenon decreases as they get older. The graph shows that men express higher levels of over-identification than women and that the effect of the over-identification level decreases as they get older.

Discussion

The aim of the present study was to examine the interactions between self-compassion and gender differences in a wide age range of adulthood. The examined age range varied from 18 to 72 years of age. The findings of the current study revealed that men scored higher in isolation and over-identification than women. There was a very weak negative correlation between age and over-identification showing that over-identification decreases with age. Specifically, in the age group of 18 to 72 years old, the year group of 50 years old and above revealed lower over-identification levels compared to the younger age groups. These outcomes are consistent with the results of previous studies (Homan, 2016; Neff & Vonk, 2009). Furthermore, current findings also extend previous work. It is corroborated that over-identification is lower in older age (50 – 72 years).

In addition, previous researches have produced mixed results concerning gender differences on self-compassion levels. The results of the present study are consistent with previous studies revealing that women score lower in over-identification than men (Neff, 2003b; Neff & McGehee, 2010; Yarnell et al., 2015). According to the present results, men present higher levels of personal isolation and over-

identification. On the other hand, it is suggested that loneliness may increase isolation and it may also contribute to losing perspective while being carried away by negative feelings, thus increasing over-identification. Moreover, women appear to be more self-critical than men (Neff & Vonk, 2009), which is a contradictory construct to self-compassion. Therefore, feelings of isolation increase when it comes to facing their own failures, imperfections or weaknesses. Men, on the other hand, ruminate less over negative emotions (DeVore, 2013), which may prevent them from losing sight of the present moment. Staying in the moment can contribute to not losing perspective, which may enhance the ability to concentrate on coping with failure in more adaptive ways, which is related to more self-compassion (Neff et al., 2008).

Gender role norms urge women to be more self-sacrificing and care for others more, thus prioritizing others over self. Adherence to social norms can contribute to higher levels of empathy and compassion towards others rather than towards themselves. Self-care is connected not only to healthy self-esteem (Neff & Vonk, 2009) but also to self-compassion (Patsiopoulou & Buchanan, 2011). However, social norms encourage women to be more caregivers than care seekers, the combination of which predicts low levels of self-compassion. The latter is consistent with the concept of compulsive caregiving (Hermanto & Zurroff, 2016). Additionally, adherence to gender role norms may increase the pressure women feel to be socially approved and good caregivers, thus, neglecting to care of the self. On the other hand, masculine norms that prioritize self and attributes, like independence and self-focus, are related to high levels of self-compassion (Tatum, 2012). The values, that comprise the masculine identity of independence and self-focus, may help male individuals to treat themselves with more attention, care and understanding, thus, enhancing compassionate feelings about self. It may also be that men, who identify more with masculine norms of independence, self-confidence and competitiveness, may report being more compassionate towards self than others.

Research examining specific age groups in relation to self-compassion levels have produced inconsistent results. There are only 2 studies that investigate self-compassion levels in the entire age range of adulthood (Homan, 2016; Neff & Vonk, 2009). Both studies show that self-compassion increases over time. Neff & Vonk (2009) proposed that self-compassion increases after people reach Erikson's stage of integrity, during which the person contemplates his life according to successes and failures and come to terms with it. It may be that self-compassion increases due to life experience and changes in gender role norms.

The findings of this study are consistent with the previous two studies. They also contribute to our better understanding of the way that gender and age could modify the levels of self-compassion. It was found that self-compassion levels appear to be higher in older adults and especially in men. This reveals lower over-identification in older than in younger men. The latter could be explained based on the interaction of gender differences according to gender role norms and age. Age influences changes in gender role norms, which, in turn, may affect levels of self-compassion (Yarnel et al., 2015). Additionally, middle-aged men tend to become more nurturing, caring more about living, and spending time with family. They also connect less with power, success, and competition (Cournoyer & Mahalik, 1995). It is widely known that people grow and change over time. Life experience, including life's significant events, raises feelings of compassion towards another person's suffering and struggles, but also towards self. Emotional maturity can be developed by experiencing one's own life difficulties and pain as well as witnessing other people's suffering and life's adversities (Neff & Pommier, 2012). Furthermore, life experience can increase self-kindness and raise more feelings of interconnectedness than isolation. Finally, in older age, wisdom

increases, and egocentricity decreases (Arlidet, 2010; Neff & McGehee, 2010), thus explaining the low over-identification levels in older men that were revealed in the present study.

Furthermore, it is proposed that in a social level, women are neuro programmed to follow certain desirable standards specific to appearance, image, age. According to Grabe and his colleagues, in a meta-analysis of experimental and correlational studies, in 2008, the media play an important role in body image among women.

Implications

The purpose of the present study was to examine the differences of self-compassion levels according to gender, and the role of age on changes in levels of self-compassion. It aimed at increasing our understanding of the interactions between gender differences and age on the degree that people show compassion towards themselves, during their adulthood.

A better understanding of the factors that promote or hinder the expression of self-compassion based on gender norms, as well as finding of age groups that indicate less self-compassion, could help to design appropriate intervention plans to treat specific gender and age groups. Self-compassion is a construct that can be learned and can be increased, which is important for intervention planning. The findings demonstrated that women present lower levels of self-compassion than men. Feminine gender role norms that promote the prioritization of relationships and others over self, self-sacrifice, more caregiving than care-seeking, increase empathy and compassion towards others rather than towards self. Masculine norms though are connected to higher levels of self-compassion.

This research may contribute to a general improvement of well-being. It is also important to note that it may upgrade the practical application of positive intervention. It may provide individuals with the ability to use scientifically proven tools to feel that they can enhance in a more positive way their life. The creation of a more focused and well-established self-compassion intervention program may provide individuals with the chance to improve their relationship with themselves. The need to further investigate different age groups consists a crucial element of research to the science of psychology. Therefore, the current research may be used to determine people's needs according to age and gender. Moreover, through the recording of their needs, it may be easier to propose more effective ways to fulfill them. Therefore, mental health prevention may also be enhanced. The current research could also lead to further study of diverse age groups, so that implementation of specific interventions may be applied.

The findings showed that age plays a significant role in the increase of self-compassion levels in men over 50. Perhaps life experience and changes in gender norms that occur while people grow, affect the way they perceive themselves, adopting a more compassionate stance. However, further research is needed to increase understanding of factors like culture and religion that may affect the facilitation or hindrance of the expression of self-compassion. To conclude, according to the findings there is a need to develop intervention plans targeting women and younger men, aiming at increasing self-compassion, maybe by focusing on feminine or masculine characteristics that facilitate its growth.

Limitations and Future Research Directions

It is important to note certain limitations that need to be considered in the present study. First of all, the participants for this research were recruited by using online methods. This means that the sample of the study was limited to the people who had access to the internet, owning a computer and/or being able to use a computer. Older people who are not familiar with the use of computers and people who do not possess one could not participate in this study. This could restrict the range of the sample participating, especially

as far as older people are concerned. Although it was a more convenient way to collect the data, in a future study this should be considered so that other methods may be employed for the distribution of the SCS, especially amongst the older population.

Secondly, the causality of age and gender differences cannot be determined due to the correlational nature of the study. As a result, it is only suggested that higher self-compassion is related to older age and male gender, but it cannot be suggested that older age and gender are the cause of higher self-compassion. For that reason, more experimental design studies should be held where certain interventions can be developed and tested to find causation of results regarding increases in self-compassion levels according to gender differences or between different ages.

Furthermore, another limitation of this study is that results were based on data coming from self-reports, which means that the responses may be dependent on the level of adherence to norms. Participants may have given socially desirable answers according to their own evaluation of themselves and self-view, which may not be objective. Future studies should consider choosing other methods that could reduce the possibility of the subjectivity of the participants' self-reported data. Direct observation of participants in a real-world setting could also be an option for future research.

Finally, cultural differences, including religion, are factors that could affect gender norms or the level of adherence to them. Therefore, future research should focus on examining cultural differences on gender norms, or the role of religion, and the support of certain personal characteristics that may affect the expression of self-compassion.

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ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

Διερεύνηση διαφορών στα επίπεδα Αυτοσυμπόνιας: Η επίδραση του φύλου και της ηλικίας σε ελληνικό πληθυσμό

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| ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ | ΠΕΡΙΛΗΨΗ |
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| αυτοσυμπόνια, ευζήν, ηλικία, φύλο | Η αυτοσυμπόνια είναι μία πρόσφατα ανεπτυγμένη έννοια στον τομέα της θετικής ψυχολογίας. Αρκετές έρευνες έχουν αναδείξει τα οφέλη της σε σχέση με το ευ ζην των ανθρώπων. Επιπροσθέτως, έρευνες έχουν εστιάσει στην εξέταση διαφορών στην αυτοσυμπόνια αναφορικά με το φύλο, σε συγκεκριμένες ηλικιακές ομάδες, παρουσιάζοντας αντιφατικά αποτελέσματα. Ο σκοπός της παρούσας έρευνας είναι να διερευνήσει τον συσχετισμό ανάμεσα στην αυτοσυμπόνια και το φύλο, διαχρονικά, σε ένα μεγάλο εύρος ηλικιών της ενήλικης ζωής. Το δείγμα αποτελείται από 292 συμμετέχοντες, ηλικίας 18 έως 72 ετών, του γενικού πληθυσμού. Οι συμμετέχοντες συμπλήρωσαν ερωτηματολόγια αυτό-αναφοράς σε σχέση με την αυτοσυμπόνια, στο διαδίκτυο (SCS) (Neff, 2003b). Συνολικά, τα αποτελέσματα έδειξαν ότι τα επίπεδα αυτοσυμπόνιας στις γυναίκες ήταν υψηλότερα σε σχέση με τους άνδρες. Επίσης, η αυτοσυμπόνια συσχετίστηκε θετικά με την ηλικία, ενώ, οι μεγαλύτεροι άνδρες, 50 ετών και πάνω, παρουσίασαν υψηλότερα επίπεδα αυτοσυμπόνιας σε σχέση με τους νεότερους. Τα αποτελέσματα υποδεικνύουν την σημαντική συνεισφορά της αυτοσυμπόνιας στην ψυχολογική ευημερία. Προτείνεται, ακόμα, πως τα αποτελέσματα θα μπορούσαν να συνεισφέρουν στον σχεδιασμό ενός περισσότερο ενημερωμένου, δομημένου και καθορισμένου πλάνου παρέμβασης, με ομάδες στόχου αναφορικά με την ηλικία και το φύλο, τα οποία φαίνονται να είναι πιο ευαίσθητα. Τέλος, πιθανές προτάσεις για περαιτέρω έρευνα διερευνώνται. |
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