



The Relationship between Self-compassion and Depression Symptoms in the Elderly

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Abstract

Depression can cause severe suffering among the elderly, with serious consequences such as suicide and even death. Depression in older people can be influenced by many factors, particularly physical health conditions and psychological challenges. Among the psychological aspects, self-compassion, which means a kind and gentle attitude towards yourself when experiencing difficult times, can affect symptoms of depression in the elderly. This study aims to determine the relationship between self-compassion and depression in the elderly in the working area of public health centers (Puskesmas) in Padang. This study uses a non-probability sampling technique using a purposive sampling technique. The sample of this study involved 176 elderly participants who visited the Lubuk Buaya Health Center, Padang City. Data collection adopted the Self-Compassion Scale (SCS) questionnaire and depressive symptoms Center for Epidemiologic Studies Depression (CES-D). Pearson correlation analysis was conducted to determine the relationship between the two variables. The results showed that the average value on the SCS questionnaire was 78.56, Min 60 and Max 99 and the average value of depressive symptoms was 30.13 with a Min value of 20 and Max 42. The results of the statistical test showed that there was a moderate or fairly strong relationship between self-compassion and depressive symptoms in the elderly with a p-value of 0.000 ($P < 0.005$), the Pearson correlation coefficient (r) value obtained was -0.413 with the direction of the relationship between the two variables being negative (-). These findings indicate that self-compassion can be recommended as a method that contributes to emotional well-being and reduces depression among older adults.

Keywords: Depression, Depressive Symptoms, Elderly, Self-compassion.

INTRODUCTION

The global elderly population is increasing rapidly due to advances in healthcare and rising life expectancy, coupled with declining birth rates (Zenebe et al., 2021; Jalali et al., 2024). According to the United Nations, the number of people aged 60 and above reached 1 billion in 2019 and is projected to double to 2.1 billion by 2050, with approximately 80% living in low- and middle-income countries (Zenebe et al., 2021).

The increasing number of the elderly population leads to various health-related challenges, one of which is the natural process of aging (Kurniasih & Pradana, 2022). Aging is associated with progressive changes in physical, psychological, and socio-economic functioning that reduce resilience and increase vulnerability to illness



(Mu'sodah, 2023; Fredy Akbar & Hamdan Nur, 2021). These changes, such as frailty, declining independence, and social isolation, elevate the risk of mental health problems, particularly depression (Zenebe et al., 2021).

Depression is among the most common psychiatric disorders in older adults, ranking as the fourth leading cause of disability in this age group globally (Sinaga, 2020). Studies report that 10-20% of elderly individuals experience depression (Zenebe et al., 2021), making it a significant public health concern. Despite its high prevalence, depression in older adults often goes undetected or untreated, with up to 50% of cases missed (Zenebe et al., 2021). Beyond emotional distress, depression in the elderly is associated with physical decline, cognitive impairment, social withdrawal, increased dependency, and diminished quality of life (Utami, Liza, & Ashal, 2018; Mardiyanti & Praseyto, 2012). In severe cases, depression may lead to premature death, including suicide, which disproportionately affects this population (Gutsmiedl et al., 2020).

Multiple factors contribute to depression in later life, including physical health conditions, social isolation, and psychological vulnerabilities. One important factor is cognitive decline, which can disrupt emotional regulation and reduce an individual's ability to respond to challenges with self-compassion (Aajami et al., 2020).

Among various protective psychological factors, self-compassion has gained attention for its role in mitigating emotional distress in older adults (Hodgetts et al., 2021). Self-compassion is defined as treating oneself with kindness during times of hardship, recognizing shared human experiences, and maintaining a balanced awareness of painful emotions (Neff & McGehee, 2010). It has been shown to reduce stress, anxiety, and depressive symptoms, and to promote a more adaptive emotional response to aging-related challenges (Neff, 2023).

Cognitive theories of depression suggest that negative thought patterns about the self, others, and the future are central to depressive symptoms. These patterns are often reflected in the absence of self-compassion, particularly in tendencies toward self-judgment, isolation, and over-identification with negative emotions, factors shown to be associated with higher levels of depression (Lou et al., 2022). Therefore, for many elderly individuals, developing self-compassion can offer emotional support in coping with feelings of worthlessness, loneliness, and loss of purpose, common experiences in later life (Mulya, 2019). It also fosters a positive mindset, helping them to face adversity with greater understanding and acceptance. In fact, a study by Fadillah et al. (2023) found that self-compassion accounted for over 80% of the variance in depression among elderly participants.

Given its potential to protect against emotional distress and enhance mental well-being, self-compassion may serve as a key factor in preventing or alleviating depression among older adults. This study, therefore, aims to explore the relationship between self-compassion and depression among the elderly, specifically those within the public health center (Puskesmas) working area in Padang, Indonesia.

METHODS

Design of Research

This research employs a quantitative correlational research design to determine the relationship between research variables. This study uses a cross-sectional approach, in which data on independent and dependent variables were collected at a single point in time. This research aims to determine the direction and strength of the relationship between the independent variable (Self-compassion) and the dependent variable (symptoms of depression) in the elderly, collected simultaneously.

Settings and Samples

The population in this study employed 315 elderly individuals at Posyandu Sakura 1, Lubuk Buaya Subdistrict, within the Working Area of the Lubuk Buaya Community Health Center, Padang City. The sampling technique used in this research is a non-probability sampling technique using purposive sampling, where the sample selection was based on predetermined considerations by the researcher (Adiputra et al., 2021; Asrulla et al., 2023).

A sample is a part of the population, or a sample is a portion of the number and characteristics possessed by the population. Based on sample size calculations, a total of 176 elderly individuals were included in the study.

The inclusion criteria for this study:

1. Elderly aged 60-75 years
2. Elderly who are willing to be respondents
3. Elderly who can communicate cooperatively

The exclusion criteria for this study:

1. Elderly who are uncooperative
2. Elderly aged 75 years and above
3. Elderly with severe mental disorders (schizophrenia)

Ethical Clearance

This study received ethical approval from the Ethics Committee of the Faculty of Nursing, Andalas University, with the approval number 396.layaketik/KEPKFKEPUNAND

RESULTS

Table 1. Frequency Distribution of Respondents' Characteristics

Respondent Characteristics	f	%
Gender		
Male	72	41%
Female	104	59%
Age		
60 - 75 years (Elderly)	176	100%
Religion		
Islam	176	100%
Marital Status		
Married	97	55%
Widowed	79	45%
Last Education		
Did Not Attend School	12	7%
Elementary School (SD)	45	26%
Junior High School (SMP)	19	11%
Senior High School (SMA)	55	31%
Higher Education (PT)	45	26%
Medical History		
None	35	20%
Diabetes Mellitus (DM)	14	8%
Hypertension	35	20%
Heart Disease	17	10%
Stroke	11	6%
Gout	10	6%
Asthma	20	11%
Gastritis	19	11%
Cataract	15	9%
Living with		
Alone	28	16%
Partner	53	30%
Children	52	30%
Family	19	11%
Daughter-in-law/Son-in-law	24	14%

Table 1 shows that the majority of respondents were female (59%), while almost half (41%) were male. Regarding the age characteristics of the respondents, almost all respondents were between 60 and 70 years old (78%), while a small proportion were over 70 years old (22%). All respondents in this study were Muslim (100%), and the majority of respondents were married (55%), while 45% were widowed. Regarding the level of education or the last education attained by the respondents, the highest proportion had completed senior high school (31%),



followed by elementary and higher education (each at 26%). In terms of medical history, almost a third of the respondents had a history of hypertension (30%). Meanwhile, concerning the characteristics of living arrangements, almost a third of the respondents lived with their partner (30%).

Table 2. Average Scores of the Self-Compassion Scale (SCS) Questionnaire (n=176)

Variable	Mean	Min-Max	Std. Dev	95% CI
Self-Compassion	78.56	60 - 99	7.488	77.45 - 79.66
Self-Kindness	15.37	7 - 25	3.021	14.92 - 15.82
Common Humanity	12.44	6 - 20	2.657	12.05 - 12.84
Mindfulness	12.15	5 - 20	3.019	11.7 - 12.59
Self-Judgement	14.84	6 - 24	3.373	14.34 - 15.33
Isolation	11.93	4 - 20	2.736	11.53 - 12.34
Overidentification	11.80	4 - 19	2.878	11.38 - 12.23

Table 2 presents the average score of the SCS questionnaire which indicated that from 176 samples, the values for each subscale are as follows: for the self-kindness subscale, the mean value obtained was 15.37 with a minimum value of 7 and a maximum of 25; common humanity yielded a mean value of 12.44 with a minimum value of 5 and a maximum of 20. For mindfulness, the mean value obtained was 12.15 with a minimum value of 5 and a maximum of 20. The self-judgment subscale obtained a mean value of 14.84 with a minimum value of 6 and a maximum of 24. Meanwhile, for the isolation and over-identification subscales, the mean value obtained was 12, with a minimum value of 4, and maximum values of 20 and 19 respectively.

Table 3. Average Scores of the CES-D Depression Symptoms Questionnaire

Variable	Mean	Min-Max	Std. Dev	95% CI
Depression Symptoms	30.13	20 - 42	4.680	29.43 - 30
Negative Affect	10.68	4 - 17	2.831	10.26 - 11
Somatic Symptoms	11.00	2 - 19	2.934	9.97 - 10
Positive Affect	6.02	0 - 12	2.376	5.67 - 6
Interpersonal Relations	3.01	0 - 6	1.545	2.78 - 3

Based on Table 3 of the CES-D questionnaire results, the mean value of depression symptoms is 30.13, with a minimum value of 20 and a maximum value of 42. There are 4 domains of assessment in the CES-D questionnaire: negative affect, somatic symptoms, positive affect, and interpersonal relations. The research results from 176 samples at Posyandu Sakura 1 in the negative affect domain show a mean value of 10.68, a minimum value of 4, and a maximum value of 17; for somatic symptoms, the mean value is 11.00, with a minimum of 2 and a maximum of 19; in the positive affect domain, the mean value obtained is 6.02, with a minimum of 0 and a maximum of 12, while for interpersonal relations, the mean value is 3.01, with a minimum of 0 and a maximum of 6.

Table 4. Pearson Correlation Test Self-Compassion & Depression Symptoms

Pearson's Correlations		
		Depression
Self Compassion	Pearson Correlation	-,413**
	Sig. (2-tailed)	,000
	N	176

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

Table 4 shows that the Pearson correlation test results between self-compassion and depression symptoms, with a sample size of 176 respondents at Posyandu Sakura in Lubuk Buaya Village, working area of the Lubuk Buaya Public Health Center, Padang City, yielded a significant value (Sig.) of 0.000, which is less than (<) the α value of 0.05. Therefore, it can be concluded that there is a relationship between self-compassion and depression symptoms. The Pearson correlation coefficient (r) obtained is -0.413.



DISCUSSION

Respondent Characteristics

This study involved 176 elderly participants from Posyandu Sakura in Lubuk Buaya Village, Padang City. The majority were female (59%), which aligns with national data showing that women in West Sumatra have a higher life expectancy (74.18%) than men (70.18%) (Central Bureau of Statistics, 2023). Consequently, older women are more prevalent in elderly populations and are also more vulnerable to depression. Research has shown that elderly women experience higher rates of depressive symptoms, often due to chronic illness, physical limitations, and body weight concerns (Harista & Lisiswati, 2015; Paul et al., 2023).

Most respondents were aged 60-70 years (78%), which is consistent with demographic data indicating that this age group dominates the elderly population in West Sumatra (Central Bureau of Statistics, 2023). However, age alone may not directly correlate with depression severity. Shafa et al. (2016) found no significant association between age and depression, suggesting that other factors play a stronger role in determining mental health outcomes in older adults.

All participants in this study were Muslim, reflecting the local demographic profile. Religiosity may serve as a protective factor for mental health. Azmi (2021) found that higher religious involvement was associated with lower depressive symptoms, as religious practices often foster emotional resilience, a sense of purpose, and social connectedness.

Regarding marital status, 55% of respondents were married, while 45% were widowed or widowers. Living arrangements varied, with 30% living with a spouse and another 30% living with children. These family settings are important for emotional support. Studies show that co-residence with family, especially children, is linked to reduced loneliness and higher levels of well-being in older adults (Syuhada, 2015; Sukontamarn et al., 2023). Frequent contact with family members enhances happiness and can mitigate feelings of isolation (Hwang & Sim, 2021; Pae, 2017; Ayuni, 2018).

In terms of education, most respondents had completed senior high school (31%). Education plays a critical role in mental health awareness. A higher level of education is associated with better recognition of emotional distress and greater likelihood of seeking help (Kate, 2017).

Regarding medical history, 20% of respondents had hypertension. Chronic illnesses such as hypertension are well-established risk factors for depression in the elderly, as they often lead to physical discomfort, limited mobility, and increased dependence (Santoso, 2009; Rachmawati, 2023). These factors can contribute to emotional distress and a reduced sense of autonomy.

Self-Compassion

Using the Self-Compassion Scale (SCS), this study found an average score of 78.56 among 176 elderly respondents, with scores ranging from 60 to 99. The relatively high average self-compassion score observed in this West Sumatran sample appears elevated when compared to findings from similar international populations. For instance, Hu Jiahui et al. (2022) reported an average score of 71.02 among older adults in Changchun City, China, while Hwang et al. (2021) found a score of 70.60 using the same scale. Several socio-cultural and individual factors may help explain the high self-compassion observed in this specific context.

One prominent factor is family co-residence, which remains a strong cultural norm in West Sumatra. More than half of the study's respondents lived with family members—either spouses or children. Such arrangements are deeply rooted in Minangkabau traditions, where extended families form the foundation of social life. Co-residing with family fosters daily emotional interactions and mutual support, which can strengthen self-kindness, reduce self-blame, and enhance emotional coping, core elements of self-compassion. Previous studies reinforce this: Sri Rahmadeni et al. (2022) found that elderly people living with family reported greater life satisfaction and fewer depressive symptoms, while Karmiyati and Wahyuningsih (2019) noted improved emotional stability. Living with children, particularly daughters, has also been linked to reduced loneliness and improved well-being



(Sukontamarn et al., 2023), reinforcing the sense of social connectedness and support that fosters self-compassion.

Second, education appears to be an enabling factor. In this study, 31% of respondents had completed senior high school and 26% held higher education degrees. Higher educational attainment is associated with greater health literacy, financial stability, and the capacity for reflective thinking—all of which support more compassionate attitudes toward oneself. Madyaningrum et al. (2019) noted that educated elderly individuals demonstrated better self-care and mental health awareness. Ajami et al. (2020) and Pereira et al. (2022) also found that education reduces the risk of depression and cognitive decline, enhancing emotional resilience—an essential element of self-compassion. Furthermore, education facilitates ongoing intellectual and social engagement, both of which contribute to a more purposeful and self-accepting aging process (Estebansari et al., 2019).

Third, religiosity in the West Sumatran and broader Indonesian context also reinforces emotional well-being and self-compassion. All participants in this study identified as Muslim, and Islamic teachings emphasize the dignity and care of elderly parents as a moral and spiritual responsibility. Halim et al. (2024) highlight that the Qur'an and Hadith instruct adult children to honour and care for their aging parents, reinforcing intergenerational support. This sense of being valued and protected can promote feelings of worthiness, reduce self-criticism, and enhance emotional strength—key markers of self-compassion.

Lastly, the local cultural values of West Sumatra, particularly its matrilineal system, may provide an additional layer of psychological protection. Madyaningrum et al. (2019) found that elderly individuals in Sulawesi were twice as likely to experience depression compared to those in Sumatra. This may relate to the communal and interdependent culture of the Minangkabau people, where elderly individuals are integrated into extended family systems and community life. These cultural norms foster a strong sense of connectedness, belonging, and shared identity—all essential components of self-compassion, particularly the dimension of common humanity. In this environment, older adults are less likely to feel isolated and more likely to feel emotionally supported, which may help explain the higher self-compassion scores found in this study.

Depression Symptoms

The prevalence of depression in this study reflects a complex interaction between social, cultural, and medical factors, many of which also relate inversely to self-compassion. The average depression score among respondents, measured using the CES-D scale, was 30.13, indicating a relatively high level of depressive symptoms. This result is comparable to Fong et al.'s (2015) findings, which reported a similar mean score of 30.5 in older adults. In the current study, the majority of participants also scored highly in the negative affect ($M = 10.68$) and somatic symptoms ($M = 11.00$) domains—suggesting both emotional and physical manifestations of depression are prevalent.

Several contributing factors within the respondents' characteristics may help explain these elevated depression scores. First, 16% of respondents reported living alone, while an additional 14% lived with their in-laws—both arrangements that may contribute to reduced emotional support and increased feelings of loneliness. Social isolation is a well-established risk factor for depression in older adults, as supported by studies from diverse cultural contexts, including England and Japan (Noguchi et al., 2021; Zhang et al., 2023).

Furthermore, 45% of participants were widowed, a significant life change often associated with emotional distress and a loss of companionship, which can exacerbate depressive symptoms (Novanti & Aryati, 2022). Similarly, the burden of chronic illnesses was notable in this population. Nearly 30% had hypertension, and others reported having asthma, gastritis, stroke, or heart disease. Chronic health conditions are not only physically burdensome but are also strongly associated with higher depression risk in older adults (Raeisvandi et al., 2023). Gender distribution may also be relevant. In this study, 59% of respondents were female, a group shown in many studies to be more prone to depression in later life due to increased caregiving responsibilities, longer life expectancy, and sociocultural stressors.

Together, these findings suggest that the elevated depressive symptoms seen in this study population may stem from a combination of medical vulnerability, social isolation, widowhood, and possibly gender-based

psychosocial factors. Addressing these contributors through targeted mental health screening, social support initiatives, and chronic disease management could be crucial steps in reducing depression among the elderly. Understanding the psychosocial context behind these depression scores is critical, especially when considering how protective factors like self-compassion might mitigate emotional distress.

Relationship Between Self-Compassion & Depressive Symptoms

This study found a statistically significant negative correlation between self-compassion and depressive symptoms $p = 0.00$ ($p \leq 0.05$), indicating that higher self-compassion is associated with lower levels of depression. This finding supports previous research (Fadillah et al., 2023; Ramadhani & Nurdibyanandaru, 2014), emphasizing the protective role of self-compassion in emotional regulation.

Self-compassion helps individuals respond to personal struggles with kindness, rather than self-criticism. It comprises elements such as self-kindness, mindfulness, and a sense of common humanity, which together counteract maladaptive responses like isolation, rumination, and avoidance (Hodgetts et al., 2021; Amaranggani et al., 2021).

This study adds to the growing body of evidence highlighting the importance of self-compassion for mental health in older adults. While much existing research focuses on younger or clinical populations, this study underscores its relevance in community-dwelling elderly, an area still underrepresented in literature.

Even mild depressive symptoms in older adults can be influenced by their capacity for self-compassion, which fosters emotional resilience and constructive coping strategies (Saras, 2023). This aligns with findings by Austin et al. (2023), who emphasized that self-compassion serves as a crucial psychological resource in vulnerable groups, including cancer patients and veterans. Its role in buffering against emotional distress is equally important in aging populations facing physical decline, social loss, or financial insecurity. These findings suggest that promoting self-compassion—through psychoeducation, social engagement, or spiritual practices—could be a promising intervention to reduce depression among elderly Indonesians.

CONCLUSION

The results of the study indicate that there is a significant relationship between the independent variable (self-compassion) and the dependent variable (depression symptoms), with a moderately strong correlation in the elderly at Posyandu Sakura, Lubuk Buaya Village, Lubuk Buaya Public Health Center, Padang City. The direction of the correlation is negative/inverse, meaning that the higher the score on the self-compassion questionnaire for the elderly, the lower the score on the depression symptoms questionnaire. This study contributes new insight by demonstrating how self-compassion functions not only as a psychological buffer but also as a potential target for intervention in elderly care. These findings indicate that self-compassion can be recommended as a method that contributes to the emotional well-being and reduce depression among older adults.

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