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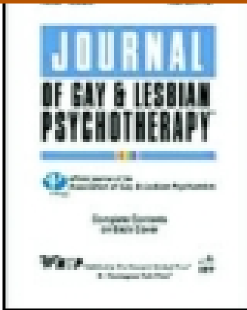

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The role of self compassion in the wellbeing of self identifying gay men

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Abstract

The psychological literature has identified many benefits of self-compassion. In an effort to explore self-compassion as a potential resource for gay men, we explored relationships between self-compassion, well-being, self-esteem, pride (authentic and hubristic), attachment and two minority specific processes, outness and internalised heterosexism. A sample of predominantly White, self-identifying gay men (N = 139) completed an online survey consisting of demographic variables and questionnaires related to the above constructs. Authentic pride, self-esteem, self-compassion and outness were significantly positively related to well-being.

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Avoidant and anxious attachment styles and internalised heterosexism were significantly negatively related to well-being. No relationship was found between hubristic pride and self-compassion, or well-being. Multiple linear regression analysis revealed that the self-compassion components of self-kindness and isolation, the gay affirmation component of internalised heterosexism, and the outness and avoidance components of attachment were significant predictors of general well-being. Results suggest that, in addition to developing an authentic sense of pride, self-compassion may be beneficial in cultivating well-being in gay men.

Key words

Gay men; Well-being; Self-compassion; Pride; Internalised heterosexism, Resilience

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Mental health and minority stress

Empirical evidence suggests a higher prevalence of poor mental health symptoms among gay individuals compared to their heterosexual counterparts (Bagley & Tremblay, 2000; Faulkner & Cranston, 1998; Fergusson et al, 1999; French et al, 1998; King et al., 2008; Lock & Steiner 1999; Morris et al, 2001; Safren & Heimberg, 1999). Further, a meta-analysis of more than a dozen studies suggests that gay individuals are at greater risk of developing a mental health disorder (Meyer, 2003). Whilst acknowledging the potential increased risk among gay individuals, it is important to note that the vast majority of studies in this area have investigated adolescent samples or combined adolescent and /or college students with older adults, and have relied on self-reports of life-time incidence of mental health disorders.

The minority stress model (Meyer, 2003) is the most commonly employed framework for understanding mental health in sexual minorities. This framework, although based on social stress theory, draws on a variety of insights from social psychological research (Meyer, 2003). A number of stress processes are outlined based on a distal-proximal distinction. Distal social attitudes gain psychological importance through cognitive reappraisal and become proximal concepts with psychological importance to the individual. Distal processes are objective events such as experiences of violence, prejudice and discrimination that do not depend on the individual’s perceptions or appraisals, and are independent of personal identification with the assigned minority status. Proximal processes are subjective and therefore related to self-identity of sexual minorities and include internalised heterosexism, expectations of rejection and hiding/concealing (Diamond, 2000).

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A large body of research has evidenced that secure attachment relationships are important for positive health and well-being, and attachment insecurity is associated with poor health and well-being (for review please see Ravitz, Maunder, Hunter, Sthankiya & Lancee, 2010). However, most studies on this topic do not report sexual identity or utilise samples of all white, heterosexual adults (Magai, 2001). Brown & Trevethan (2010) found insecure attachment to be associated with negative experiences of sexual identity development, including increased shame, internalised homophobia and decreased rates of sexual identity disclosure in a sample of gay men.

Hatzenbeuhler (2009) has extended the minority stress model, utilising a psychological mediation theoretical framework to explain how sexual minority stigma 'gets under the skin'. This framework integrates findings from the minority stress literature with important insights from research focused on general psychological processes, that are common across sexual orientations, to explain the increased risk of psychopathology in sexual minorities compared to the heterosexual majority. The focus of this framework is not well-being or resilience but to understand the processes leading to mental health disparities between heterosexuals and sexual minorities. It does however point to a variety of psychosocial variables, such as emotion regulation, that may explain why many sexual minorities maintain a state of well-being in spite of the minority stress they experience.

The deficit focus that pervades psychological research predisposes prevention and intervention efforts to ignore the strong body of evidence for resilience that also exists in this population. Deficit based analogues cannot explain why so many gay men experience a sense of

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wellness despite the fact they are subject to adversity and marginalisation. This suggests that we need to refine our theoretical understanding of patterns of health and illness among gay men that take into account the many strengths found in this population (Herrick et al., 2013).

By framing heterosexuals' sexual prejudice and sexual minorities' self-stigma as manifestations of internalised stigma, it suggests that similar psychological constructs might play important roles in eliminating both of them. Thus, exploring how sexual minorities overcome their self-stigma may yield valuable insights into the process of prejudice reduction among heterosexuals.

Current focus: Coming out and developing proud identities

The development of gay identities, communities and subcultures is a relatively recent phenomenon in Western Society. Gay identity is a "set of cultural beliefs, values and support networks, institutions and artefacts, and languages which contribute toward subcultures of which modern lesbians or gay men can identify themselves as members" (Davies & Neal, 1996, p. 13). Self-identifying as a sexual minority requires lesbian, gay and bisexual (LGB) people to manage being positioned, because of their sexual desire or gendered ways of being, as inferior to the heterosexual majority. At the center of how LGB people negotiate heterosexism and manage the stigma associated with their sexual identity are modalities of shame avoidance including constructing proud identities (McDermott, Roen & Scourfield, 2008). One strategy to combat these feelings of shame and inferiority is to declare pride for that quality for which the dominant group is trying to impose shame.

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The formation of a cohesive sense of identity is a cornerstone of human development throughout the entire life span. Since the 1970's there has been increasing interest in studying the process in which lesbian and gay people develop a sense of identity. Often referred to as coming out, this process is well noted clinically but surprisingly little research has been conducted to investigate the pathways leading to the acquisition of an integrated gay identity. Cass (1979) offers a model of gay identity development consisting of six stages; identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride and identity synthesis. Halpin and Allen (2004) investigated changes in psychosocial well-being during stages of gay identity development and found that the relationship was U-shaped, with initially higher well-being that decreased as the person moves through the middle stages and then returned to similar levels in the latter two stages.

The concept of gay pride has received little attention in the psychological literature. There are numerous instruments to measure what has been variously termed internalised homophobia, internalised heteronormativity or internalised heterosexism. It appears the main way gay pride is measured by psychologists is the absence of internalised homophobia. Discussion of gay pride within the psychological literature is also evident in the creation of models of identity formation, as discussed previously. In the wider psychological literature concerning pride, several researchers have argued that pride is too broad a concept to be considered a single, unified construct and is better viewed as two distinct emotions (Elkman, 2003; Lewis, 2000). Consistent with this perspective, pride has been empirically and theoretically linked to highly divergent outcomes. Pride occurs in response to internal attributions (Ellsworth & Smith, 1988; Lewis, 2000). However, building on previous theoretical

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work, Tracey and Robins (2007) have argued that two facets of pride can be distinguished by subsequent attributes. Authentic (beta) pride might result from attributes to internal unstable and controllable causes (e.g., I won because I practised), whereas pride in the global self, referred to as hubristic, or alpha pride might result from attributions to internal, stable, uncontrollable causes (e.g., I won because I'm always great).

Authentic pride is the more socially desirable and is linked with positive outcomes that might motivate behaviours geared towards the long-term attainment and maintenance of status, whereas hubristic pride might be a "short-cut" solution, proving status that is more immediate but fleeting (Tracey & Robins, 2007). The likely outcomes of hubristic pride might be adaptive in situations in which it is advantageous to display one's relative superiority in order to intimidate an opponent. Hubristic pride, however, has been linked to several distinct forms of dysfunction including narcissistic self-aggrandisement and is for the most part unrelated to mental health (Tracey & Robins, 2007). Genuine self-esteem and authentic pride may promote a clean bill of mental health. Gay pride considered from this perspective raises important questions regarding the relationship of gay pride to well-being. If being gay is attributed to internal, stable and uncontrollable causes (e.g. I am gay and I didn't chose it) then it may not support well-being.

Without sufficient information about what strengths exist among gay men, and how these strengths contribute to resilience, it is difficult to envisage an empirically supported 'Theory of Resilience' as a sub-cultural phenomenon. Investigating and harnessing these natural strengths and resiliencies may enhance gay affirmative mental health prevention and intervention programmes. If gay men are exposed to healthy coping strategies and community supports as

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adults, they may also develop a sense of shamelessness that could be protective against the effects of overt homophobia and marginalisation. This sense of shamelessness, or pride may be one of the greatest strengths that sexual minority communities have developed (Herrick et al., 2011).

Potential Strength & Resource: Self-compassion

Self-compassion is a healthy form of self-acceptance that entails the ability to be kind and caring to oneself in instances of perceived inadequacy, and experiences of failure and suffering (Neely, Schallert, Mohammed, Roberts & Chen, 2009). There is growing evidence that self-compassion is an important variable in the study of positive psychological attributes and also areas of psychological difficulty (Neff, 2003; Neff, 2004; Neff et al, 2007a; Neff et al., 2007b; Neff, 2009; Neely et al., 2009; Neff & McGehee, 2010; Raes, 2011; Van Dam et al, 2011). This suggests the potential for self-compassion to be particularly meaningful for populations facing the constant paradox of simultaneous personal fulfilment and societal oppression, such as sexual minorities. Self-compassion research within LGB populations may help to clarify the significance of self-compassion in many dimensions of LGB identified existence.

Neff (2003) conceptualized self-compassion as entailing three components; extending kindness and understanding to oneself rather than harsh self-criticism and judgment, seeing one’s experience as part of the larger human experience rather than separating and isolating, and holding one’s painful thoughts and feelings in balanced awareness rather than over identifying with them. Self-compassion has been found to be associated with a wide variety of positive

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outcomes in the general literature, including life satisfaction, social connectedness, autonomy, resilient coping, personal growth, happiness and optimism (Neff, Kirkpatrick & Rude, 2007).

A review of the literature identified one unpublished Ph.D. thesis that has examined self-compassion within a sexual minority population (Crews, 2012). The study reports in-depth interviews with 16 LGB individuals, exploring how the participants processes their personal coming-out narratives through the lens of self-compassion, and a further quantitative investigation into the role of self-compassion in the development of a sexual minority identity in 215 LGB adults, aged between 18-70. The narratives from the interviews indicate that self-compassion helped to provide the emotional safety required during the coming-out process to enable the person to move to a more self-accepting position without fear of self-condemnation. Multi-variate analyses of the larger sample demonstrated that self-compassion has a positive impact on LGB identity development, explaining 17% of the total variance in LGB identity scale scores.

This study aims to build on previous research in this area by exploring the relationships between well-being, self-compassion, authentic and hubristic pride, attachment, self-esteem, age, level of outness and self-stigma in gay men. The hypotheses are fourfold. The first hypothesis is that authentic pride, self-esteem, self-compassion, outness and age will have a significant positive correlation with well-being. Second, it is hypothesised there will be no correlation between hubristic pride and well-being. The third hypothesis is that self-stigma, attachment anxiety and attachment avoidance will be negatively correlated with well-being. Lastly, we hypothesise that self-compassion will predict well-being within the model of variables being

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explored. As this study is exploratory in nature, a cross-sectional within-subject design will be utilised.

Method

Participants

One hundred and thirty-nine self-identifying gay men aged 18 years and over completed an online survey; seven of these identified as female to male transgender gay men. The overall sample had a mean age of 38.3 years (range from 19 to 82 years). In total, the online study was accessed 439 times, 201 potential participants provided their consent and 140 of these fully completed the survey. One participant's data was removed due to them not meeting the criteria of being a self-identifying gay man. Due to the self-selecting sampling procedure utilised in this study it is not possible to give an estimate of the sample approached. Of the 139 study participants in this sample, a majority (117, 84.2%) described themselves as 'White British', with five describing themselves as 'White Irish', one as 'Black or Black British African', nine as 'White European' and seven as 'Other'. Forty-five (32.4%) reported their religious or spiritual belief as 'Atheist', 30 (21.6%) as 'Agnostic', 43 (30.9%) as 'Christian', six as 'Buddhist', two as 'Jewish', two as 'Muslim', five as 'Other' and six did not state their religious or spiritual beliefs.

Participants reported their total annual household income as less than £10,000 in 16 (11.5%) cases, 20 (14.4%) as £10,001-£20,000 per annum, 24 (17.3%) as £20,001-£30,000 per annum, 20 (14.4%) as £30,001-£40,000 per annum, 19 (13.7%) as £40,001-£50,000, 29 (20.9%) as £50,001 or more per annum, while 11 (7.9%) did not state their income.

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In this sample, seventy-six participants (54.7%) reported that they had previously engaged in counselling or therapy, 62 stated that they had never experienced therapy or counselling (44.6%), and one chose to not reveal this. Eighty-one (58.3%) stated that they were in a committed relationship at the time of completing the survey and 13 (9.4%) stated that they were registered disabled.

Sample size, power and precision

A sample size of 139 participants were recruited, based on the calculation of apriori GPower 3.1 analysis using G*Power 3.1 of 137 participants required, with 9 predictor variables, to detect a medium effect size (0.15), error probability of 0.02, and power of 0.8. The relationship between self-compassion and psychological well-being has not been measured in this population before, therefore a medium effect size was selected based on research measuring similar relationships between self-compassion and happiness, optimism and life satisfaction (Neff, Kirkpatrick & Rude, 2007).

Measures

Outness -- The Outness Inventory (OI; Mohr and Fassinger, 2000) was used to assess the degree to which participants were open about their gay identity. This is an 11-item scale, on which respondents indicate how open they are on a Likert scale of one to seven (1 = person definitely does NOT know about your sexual orientation status, 7 = person definitely knows about your sexual orientation status, and it is OPENLY talked about), to various people and groups of people in their life (family, wider world, religious network). Participants indicate if an item is not applicable to them and a total score is calculated from the average of those completed.

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The OI can be used to either provide information about levels of outness in three different life domains; namely family, everyday life and religion; or to provide an overall index of outness. The higher score indicates a higher level of outness about one's sexual identity. Analyses from the instrument development study provided an estimated internal consistency of .79. Evidence for convergent validity was provided through predicted correlations with measures of need for privacy and degree of interaction with heterosexual individuals. Evidence for discriminant validity was provided by analyses indicating that individuals whose parents practiced antigay religions did not differ from others in level of public outness, but did differ from others in level of outness to family members (Mohr and Fassinger, 2000). In the current study the Cronbach alpha co-efficient was .91, indicating high internal reliability.

General well-being -- The 24-item BBC Wellbeing Scale (Kinderman, Schwannauer, Pontin & Tai, 2011) was used to assess general levels of subjective well-being. This measure provides an overall measure of well-being based on a three factor model of psychological well-being, physical health and well-being and relationships. Participants are required to answer each question on a four-point Likert scale (1 = not at all, 2 = a little, 3 = very much, 4 = extremely) with four reflecting higher well-being. This measure has demonstrated acceptable internal consistency (α = .935) and has correlated significantly with measures of concurrent validity in past validation research (Kinderman, Schwannauer, Pontin & Tai, 2011). In the current study the Cronbach alpha co-efficient for the total scale was .95, α = .94 for the psychological well-being sub-scale, α = .80 for the physical health and well-being subscale, and α = .85 for the relationships subscale, indicating high internal reliability.

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Self-compassion scale -- The 26-item Self-Compassion Scale developed by Neff (2003) was used to assess six different aspects of self-compassion (negative aspects are reverse coded): Self-Kindness (e.g. “I try to be understanding and patient toward aspects of my personality I don’t like”), Self-Judgement (e.g. “I’m disapproving and judgemental 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”), and Over-identification (e.g. “When I’m feeling down I tend to obsess and fixate on everything that’s wrong”). Responses are given on a five-point Likert scale (1 = almost never, through to 5 = almost always). The measure has demonstrated good test-retest reliability and validity in past research. Neff (2003) compared the same participant’s scores on two testing occasions. Test-retest correlations were as follows: Self-Compassion Scale (overall score) = .93; Kindness subscale = .88; Self-Judgment subscale = .88; Common Humanity subscale = .80; Isolation subscale = .85; Mindfulness subscale = .85; and Over-Identification subscale = .88. A six-factor model was found to fit the data well (NNFI = .92; CFA = .93). A higher-order CFA confirmed that a single higher-order factor of self-compassion explained the inter-correlations between the six factors (NNFI = .90; CFI = .92). In the current study the Cronbach alpha co-efficient for the total scale was α = .95, for the subscales of Self- Kindness α = .87; Self-Judgment α = .87; Common Humanity α = .82; Isolation α = .85; Mindfulness α = .78; and Over-Identification subscale α = .80, indicating high internal reliability in all domains.

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Internalised sexual stigma -- The 23-item Internalised Homonegativity Inventory (Mayfield, 2001) was used to assess what has variously been termed internalised homophobia, internalised homonegativity and internalised heterosexism. This measure is specific to the measurement of internalised homonegativity in gay men and assesses three different aspects (positive aspects are reverse coded): Personal Homonegativity (e.g. “I feel ashamed of my homosexuality”), Gay Affirmation (e.g. “I am proud to be gay”) and Morality of Homosexuality (e.g. “In general, I believe that gay men are more immoral than straight men). Responses are given on a six-point Likert scale. The measure provides an overall measure of internalized homonegativity in gay men based on the above three-factor model. In the current study α = .91 for the total scale, α = 92for the Personal Homonegativity subscale, α = .77 for the Gay affirmation subscale, and for the Morality of Homosexuality subscale α = .46. This indicates high internal reliability for all subscales, except the latter.

Self-esteem scale -- The 10-item Rosenberg self-esteem scale (Rosenberg, 1965) is the most commonly used measure of global self-esteem and has demonstrated high reliability and construct validity in past research. Reponses are given on a five-point Likert Scale with half the items negatively worded and reverse scored. Test-retest correlations are typically in the range of .82 to .88, and Cronbach’s alpha for various samples are in the range of .77 to .88 (see Blascovich and Tomaka, 1993; and Rosenberg, 1986). In the current study, the Cronbach alpha co-efficient for the total scale was .91, which indicates high internal reliability.

Pride - The Authentic and Hubristic Pride Scales (Trait version; Tracy & Robins, 2007) were used to assess dispositional tendencies to experience pride. Participants are asked to rate

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seven-items for authentic pride (e.g. "Accomplished") followed by seven-items for hubristic pride (e.g. "Arrogant") on a five-point Likert scale, indicating the extent to which they generally identify with the word being described. These have demonstrated to be brief, relatively independent and reliable measures in past research. In a sample of 362 undergraduate students the reliability co-efficient for each scale ranged between .88-.90. In the current study, the Cronbach alpha coefficient for both scales was .912, indicating high internal reliability.

Attachment --The Experience in Close Relationships Scale-Short Form (Wei, Russell, Mallinckrodt & Vogel, 2007) was used to assess two facets of attachment in adult relationships; anxiety and avoidance. Positively phrased questions are reverse scored; high scores on either or both scales represent insecure attachment. A low score on both scales represents a secure attachment. This has been shown to possess stable factor structure, acceptable internal consistency, test-retest reliability and construct validity. In a sample of 851 undergraduate students, the reliability co-efficient for the Anxiety subscale was .78 and for the avoidance subscale was .81. In the current study, the Cronbach alpha coefficient for the anxiety subscale was α = .81 and α = .814, for the avoidance subscale, indicating high internal reliability.

Design

As this study is exploratory in nature it utilised a within-subjects, cross-sectional design, exploring the concept of self-compassion and the relationships with psychological well-being, authentic and hubristic pride, self-esteem, internalised homonegativity, expectations of rejection and outness. The data was analysed utilising exploratory correlation analysis and hierarchical multiple regression.

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Procedures

The University of Liverpool Institute of Psychology, Health and Society Research Ethics Committee provided favourable ethical review of the study. The study was advertised widely both online and through posters in gay community venues to support the recruitment of a diverse population of self-identifying gay men. Due to recognised difficulties in accessing and recruiting sexual minority populations, a self-selecting sampling procedure was utilised. The sample was self-selecting by following a link from the study advert to the online survey.

The study was initially piloted for one month with a sample of self-identifying gay men who volunteered for a large LGBT charity to test the procedures for sensitivity to the participants' needs and perspectives. The online survey was accessed on 73 occasions throughout the pilot stage of the study, 54 people consented, of these 37 completed the survey in full. The pilot stage did not result in any changes being made to the study procedures, therefore the pilot data was combined with the data collected from the live study to provide the final sample.

The study was available online for a period of five months between December 2012 and May 2013. Participants who followed the link to the study were presented with a participant information sheet outlining the nature of the study, information regarding the ethical considerations and an estimate of 20 minutes to complete the survey. The information sheet included a space for participants to confirm their informed consent to participate in the study; those who provided their informed consent were then directed to the demographics page to commence data entry. The demographics page was followed by eight pages each one containing

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a different measure. The measures were followed by written debriefing information regarding the nature of the study.

Those participants who completed the survey in full were provided with the option to enter a prize draw to win up to £75 in high-street shopping vouchers by providing an email address through which they could be contacted at the end of the study. Providing incentives to participants in sexual minority populations is recommended (Moradi, Mohr, Worthington & Fassinger, 2009).

Data analysis procedure

Preliminary analyses were performed to ensure the parametric assumptions of normality, linearity and homoscedasticity were upheld. All scales met these assumptions except for Outness, Internalised Homonegativity and each of its three subscales. At the initial stage of analysis, correlations were conducted to explore the relationships between each of the variables. In the second stage, a multiple linear regression model was run on the data, with general well-being held as the predictor and all other variables as predictors.

Results

Table 1 provides means, standard deviations and correlation coefficients between all measures.

In line with Hypothesis 1, authentic pride, self-esteem, self-compassion and outness displayed a significant positive correlation with general well-being; however the relationship between age and well-being was not significant. Authentic pride, self-esteem and self-

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compassion all yielded a large effect size, each respectively accounting for 62%, 60%, and 40%, of the variance in their relationships with general well-being. The relationship between outness and well-being displayed a medium effect size, accounting for 9% of the variance with well-being. Therefore, the first hypothesis was supported except for the hypothesized relationship between well-being and age.

Hypotheses 2 and 3 were fully supported by the data. The relationship between hubristic pride and general well-being was not significant. Sexual self-stigma (as measured by the internalised homonegativity inventory) attachment avoidance and attachment anxiety all displayed a significant, medium size, negative relationship with general well-being. However, the subscale of Morality of Homosexuality was not significantly correlated with any other variable.

To examine the fourth hypothesis, a multiple linear regression was conducted on the data. Graphical analysis indicated that the assumptions of the linear regression model were upheld. Authentic pride and self-esteem were removed from the regression model because of evidence of multicollinearity. The high strength of their correlation with general well-being indicated that the constructs used to measure these variables were not sufficiently differentiated and therefore measuring similar underlying constructs. Rather than entering the total self-compassion or internalised homonegativity scores data into the model, they were broken down into their subscale scores to differentiate which aspects of self-compassion and internalised homonegativity uniquely predict general well-being. Separating the total self-compassion score into its six subscales allowed the researchers to determine which elements of self-compassion

contributed to well-being whilst controlling for the combined impact of the other variables. The subscale of morality of homosexuality and data for age and hubristic pride were withheld from the model because they did not evidence significant relationships with general well-being in the correlation stage of analysis.

Using the enter method, a significant model emerged: F (11,127) = 15.256, p<.001. The model explains 53.2% of the variance (R^2 = .532). Table 2 presents information for the predictor variables entered into the model. Self-judgement, common humanity, mindfulness, over-identification, personal homonegativity and ECR-Avoidance were not significant predictors, but outness, self-kindness, isolation, gay affirmation and ECR-Anxiety were.

The regression was run again for each component of general well-being; psychological well-being, physical health and well-being and relationships. The model remained significant for each. Significant predictors for psychological well-being were self-kindness (β = .258, p < .05, R^2 = .594), isolation (β = .297, p < .01, R^2 = .594), gay affirmation (β = -.196, p < .01, R^2 = .594) and ECR-Anxiety (β = -.173, p < .05, R^2 = .594). Only one predictor, self-kindness, remained significant for physical health and well-being, (β = .379, p < .01, R^2 = .258). The significant predictors for relationships were outness (β = .231, p < .05, R^2 = .590), isolation (β = .203, p < .05, R^2 = .590) and ECR-Anxiety (β = -.256, p < .001, R^2 = .590). Therefore the data suggests that different components of self-compassion predict well-being, depending on which aspect of well-being is being measured. Self-kindness appears to be an important predictor of psychological well-being and physical health and well-being. Isolation appears to be an important predictor of psychological well-being and relationships.

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Discussion

This study revealed a pronounced relationship between self-compassion and general well-being in gay men, with some aspects of self-compassion appearing more important than others depending on which aspect of well-being is being explored. Self-kindness and isolation were both significant predictors of psychological well-being, whereas only self-kindness was a significant predictor of physical health and well-being, and isolation the only significant aspect of self-compassion that predicted relationships. This finding suggests the potential for self-compassion to be a naturally occurring strength that contributes to resiliency in this population.

It is interesting that only two of the self-compassion subscales were significant predictors of well-being and that the relative importance of these differed depending on which component of well-being is being explored. This highlights the importance of measuring all components of self-compassion rather than the total construct. Most research that has explored self-compassion using this measure has only reported total self-compassion scores. The reporting of the subscale scores is relative strength of this research and suggests the need to explore the relative contribution of the various components of self-compassion in other research.

These results indicate that self-kindness and isolation are the two components of self-compassion that predict well-being in this sample of gay men. In relation to minority stress, it may be that treating yourself kindly predicts psychological well-being through a buffering effect on stress, or that someone who treats themselves kindly may appraise stress differently than someone who is prone to self-criticism. Similarly, people who view their experiences as isolating will appraise any stressful events more negatively than someone who reminds themselves that

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what they are experiencing is not unique to them. In terms of physical health and well-being, treating yourself kindly may ensure greater resources are available for self-care. Finally, in terms of the relationships component of well-being, an isolating view in regards to personal difficulties may be a barrier to seeking out and utilising social support networks, as social support buffers the relationship between social stress and well-being. However, this needs to be explored in future research to test specific hypotheses.

The findings regarding pride and well-being raise important questions. Authentic pride had the most pronounced relationship with well-being, however its ability to predict well-being could not be distinguished because the strength of relationship between the two constructs indicated that they were perhaps not distinct and therefore potentially measuring a similar underlying construct. Hubristic pride exhibited no relationship with well-being. Although these measured a general tendency to experience authentic or hubristic pride, they point to important potential differences in the relationship between gay pride and well-being, based on the types of attributions the person is making regarding their sense of gay pride. To explore the potential of gay specific pride, the finding that the gay affirmation subscale of the internalised homonegativity inventory was a significant predictor of psychological well-being (negatively related due to it being reverse scored), indicates that a lack of gay affirmation has negative consequences for well-being. The necessity to extrapolate findings regarding gay pride from a measure of internalised homonegativity is further evidence for the deficit focus of sexual minority mental health research. The development of a measure of gay pride that differentiates authentic and hubristic pride has the potential to improve upon and extend these initial findings,

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and to explore what form gay pride takes that has positive consequences for the well-being of gay men.

Attachment anxiety was also a negative predictor of well-being, specifically psychological well-being and the relationships component of well-being. This finding supports the notion of self-compassion being a positive predictor of well-being because self-compassion is linked to attachment styles. Past research has found that people with secure attachment styles report significantly higher levels of self-compassion (Neff & McGehee, 2010).

Regarding the gay specific factors of outness and internalised homonegativity, previous research was supported. Level of outness, whilst increasing some risk factors such as experience of violence of discrimination, is a significant predictor of general well-being and specifically of the *relationships* component of well-being. Internalised homonegativity, whilst having a significant negative relationship with well-being did not predict well-being. Rather, a lack of gay affirmation was a significant negative predictor of psychological well-being. However, there are important limitations regarding the measurement of sexual stigma that will be addressed later.

The finding that there was no relationship between age and internalised homonegativity was unexpected and inconsistent with previous research. However, not measuring the length of time someone has self-identified as gay may have important implications here.

Limitations

This study utilised a cross-sectional correlational design. Whilst the effects of self-compassion and well-being make theoretical sense, it is possible that a sense of well-being

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enables people to be more self-compassionate. Correlation can only suggest explanatory mechanisms, and cross-sectional surveys make it difficult to ascertain the timing of events, to ensure that theorised causes actually occur before the effects attributed to them. However, correlational studies such as this can offer evidence around theories that can be tested further within longitudinal research design. The lack of a comparison group makes it impossible to assess whether self-compassion is a relative strength of gay men, compared to other sexual minority groups and the male heterosexual majority. The difficulties of recruiting a matched comparison group for sexual minority research are well noted however, and were beyond the scope of this research. This is an important area for further research.

The sampling procedure utilised a self-selecting and snowball sampling method therefore the results cannot be generalised beyond the characteristics of this particular sample. Self-selecting and internet-based research designs are known to recruit a restricted range of the population of interest, which is biased towards higher well-being and more affluent participants. Although the use of these methods is justified in research with minority groups, and particularly in the present research because the aim was to explore the natural occurrence of self-compassion within a healthy self-identifying gay male sample, the findings cannot be generalised to the wider gay community.

No measure of gay pride currently exists; whilst the inclusion of general measures of pride point to potentially important areas for future research, they do not measure gay pride specifically. Therefore, any conclusions regarding the role of gay pride need to be interpreted cautiously. The internalised homonegativity measure was chosen as the most appropriate

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measure based on construct validity of past research. However, this only measured internalised sexual stigma regarding sexual attraction and not sexual stigma related to the wider aspects of sexual identity, for example gender non-conformity and stereotypes regarding the gay community. The lack of significance regarding any of the relationships between the morality of homosexuality subscale indicate that this conceptualisation of sexual self-stigma may no longer be valid in the current social and political context of greater acceptance of sexual minorities in society.

Non-significant findings regarding the relationship between age and internalised homonegativity may be due to the influence of a confounding variable that was not measured. Time since coming out was not measured because of the complex and on-going dynamic nature of this process. However, this would have been a valuable variable to include, due to the importance of time required to develop a sexual identity and learning to cope with the minority stress, as well as sexual stigma that sexual minorities experience. Whilst this study has drawn preliminary conclusions regarding the potential importance of self-compassion as general psychological process in the well-being of gay men, it does not represent the complete picture because there are many other variables, both general (e.g. mastery, emotion regulation and social support) and gay-specific (e.g. sense of connection to community, coming out growth and what has been termed shamelessness) that are considered to influence well-being.

Clinical and research implications

This is the first investigation, to the authors' knowledge, of the role of self-compassion in well-being amongst men who self-identify as gay. Whilst it seems self-compassion is a predictor of

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well-being, over and above the gay specific factors of outness, gay affirmation and personal homonegativity variables, there is scope to examine dispositional self-compassion. For example, investigating the extent to which those who have greater self-compassion are less likely to exhibit greater stress, anxiety, depression or more likely to exhibit resilient outcomes in terms of adversity related to minority stress. Given the multiple stressors, and increased prevalence of mental health issues amongst this population, there could be a role of fostering self-compassion, or exploring compassion-based interventions to aid the development of a compassionate stance to the self in sexual minority clinical populations. For example, individuals who are struggling to come to terms with their sexual identity may struggle to develop a self-compassionate stance. Compassion-based approaches were initially developed to support people to overcome the barriers to self-compassion in relation to their high levels of shame.

Past research in this area has been deficit focused and resiliency research is in its infancy. This initial study utilised a non-clinical sample to identify self-compassion as a naturally occurring strength in this population. It is possible that mental health prevention in this population could be improved by capitalising on this naturally occurring resource. Herrick et al. (2011) suggests a number of positive constructs that are deserving of future investigation as possible strengths that exist within the gay community. One of these constructs, shamelessness, which is attributed to the proud identities that gay men develop, requires further investigation. The current findings suggest that this sense of shamelessness may be more related to the ability to be self-compassionate when experiencing shame rather than developing a proud identity. The identification of self-compassion as a strength that exists in gay men supports its inclusion in future research towards developing an empirically supported ‘Theory of Resilience’ in gay men.

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Further research is needed to explore how self-compassion interacts with minority stress in a longitudinal design to explore if there are differences in self-compassion compared to other populations, both within and between groups who may or may not experience stress in line with the MSM. Although the impact of stigma related to HIV/AIDS was not examined in this study, there is evidence that those people who are affected by HIV/AIDS also suffer stigma specifically related to this (Smit et al., 2012). There may be a role for fostering self-compassion for those with a diagnosis in terms of well-being and self-care.

Future Directions

This exploratory cross-sectional study has provided evidence for the potential role of self-compassion as a naturally occurring strength and resource that exists within gay men and also points to important areas regarding the role of pride in gay men's well-being that justifies further research efforts. Given the finding that components of self-compassion are significant predictors of well-being, it is worth exploring whether self-compassion buffers the effects of stigma on well-being or mediates the relationship between stigma and well-being in gay men. This research focused on one specific sexual minority population and could also be replicated on other sexual minority populations, such as those with intersecting identities, and other minority populations such as lesbian, bisexual, transgender and adolescent populations. Understanding the role of self-compassion could be particularly fruitful with an adolescent population, when established risk factors for poor well-being are higher and sexual minority adolescents are particularly at risk due to the additional complexity of developing a sexual minority identity. Future research should take a longitudinal design to allow for identification of the timing of events and causal pathways.

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Self-compassion is a construct that is being increasingly recognised as an important clinical tool for a variety of difficulties because of its protective benefits to adaptive psychological functioning and because it is amenable to change. However, there has been no empirical research exploring this construct as a tool within gay-affirmative therapeutic frameworks. Self-compassion a resource that can be promoted within the wider gay community, but it also deserves investigation as a clinical tool for use with gay men when experiencing psychological distress, whether or not related to their sexual identity. Future research could explore experimental manipulations of self-compassion in this population and compare gay affirmative approaches that include self-compassion to more traditional affirmative approaches that tend to emphasise increasing self-esteem. Self-compassion could also inform work with other stigmatised minority groups and the wider social problem of sexual stigma and sexual prejudice within the wider heterosexual majority of society.

In conclusion, this study offers preliminary support for the role of self-compassion as a naturally occurring resource and strength within the gay male community that contributes to well-being and deserves further attention. The potential implications go beyond promoting and supporting resilience in gay men and developing traditional gay-affirmative approaches. If self-compassion supports the resolution of sexual stigma in gay men then it may have potential to reduce sexual prejudice in wider society.

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Declaration

The authors declare no conflict of interest

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Table 1 Means, standard deviations and correlations for all measures

	Variable	M	SD	1	2	3	4	5	6	7	8	9	10	11	*12*	13	14	*15*	16	17	*18*	*19*	*20*	*21*	22
1	Total Well-b	63.58	13.22	1																					

	eing																								
2	Psychological well 1	32.47	7.59	.960**	1																				

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	-being																								
3	Physical Health	18.22	3.79	.822**	.676**	1																			

	& Well-being																								
4	Relationsh	15.66	3.79	.908**	.838**	.642**	1																		

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	ips																								
5	Total Self-compassi	3.04	0.75	.628**	.653**	.401**	.593**	1																	

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	on Mean																								
6	Self-kindness	2.74	0.87	.550**	.558**	.396**	.496**	.827**	1																
7	Se	3.	0.	.56	.59	.33	.53	.82	.58	1															

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	lf-judgement	09	91	4**	4**	2**	3**	0**	9**																
8	ConnonHuna	2.99	0.9	.365**	.411**	.182*	.347**	.741**	.609**	.386**	1														

	nity																								
9	Isolation	3.13	1.09	.632**	.653**	.406**	.598**	.844**	.568**	.736**	.495**	1													
10	Mindfulne	3.16	0.78	.473**	.476**	.313**	.473**	.823**	.791**	.493**	.689**	.539**	1												

	s s																								
1 1	C v e r - i d e n t i f i c a t i o n	3 . 1 4	0 . 9 1	.4 7 6 * *	.4 8 8 * *	.3 2 7 * *	.4 4 4 * *	.8 5 5 * *	.5 6 1 * *	.7 8 2 * *	.4 9 9 * *	.7 2 5 * *	.6 0 9 * *	1											
1	*C*	*5*	*1*	*.3*	*.3*	*.1*	*.4*	*.1*	*.1*	*.2*	*.1*	*.1*	*.1*	*.0*	*1*										

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2	*utness*	*.36*	*.32*	*01***	*01***	*88**	*30***	*72**	*04*	*21***	*43*	*99**	*36*	*81*											
13	Self-esteen	36.82	8.37	.774**	.811**	.551**	.667**	.758**	.605**	.729**	.452**	.714**	.538**	.657**	*.189***	1									
14	Authe	21.19	5.92	.786**	.796**	.586**	.697**	.601**	.492**	.498**	.414**	.631**	.445**	.437**	*.214***	.749**	1								

	ntic Pride																								
15	*Hubristic Pr*	*11.37*	*5.35*	*.044*	*-.003*	*-.112*	*-.085*	*-.186**	*-.143*	*-.143*	*-.089*	*-.112*	*-.153*	*-.202***	*.044*	*-.099*	*.078*	*1*							

	ide																								
16	ECR Avoidance	17.6	7.32	-.466**	-.460**	-.279**	-.499**	-.441**	-.363**	-.424**	-.279**	-.452**	-.331**	-.297**	*-.226***	-.470**	-.470**	*-.371***	1						
17	ECR An	23.69	8	-.435**	-.418**	-.300**	-.451**	-.468**	-.243**	-.417**	-.298**	-.524**	-.279**	-.490**	*-.054*	-.494**	-.494**	*-.237***	-.339**	1					

	xiety																								
18	Total Internalise	41.72	16.41	-.386**	-.549**	-.301**	-.562**	-.456**	-.302**	-.302**	-.267**	-.474**	-.254**	-.403**	-.386**	-.578**	-.466**	.110	.451**	.242**	1				

	d Homonegativity																								
19	Person	19.68	10.79	-.386**	-.501**	-.348**	-.550**	-.482**	-.296**	-.296**	-.256**	-.517**	-.243**	-.430**	-.386**	-.578**	-.467**	.081	.443**	.286**	.858**	1			

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	al Homonegativity																								
20	Caya	15.53	6.34	-.360*	-.436*	-.168*	-.420*	-.286*	-.221*	-.221*	-.189	-.276*	-.215*	-.248*	-.360*	-.386*	-.297*	.086	.288**	.077	.811**	.481**	1		

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	ffirmation			*	*		*	*	*	*		*		*	*	*	*								
21	Morality of	6.51	2.32	-.138	-.109	.032	-.120	-.153	-.91	-.091	-.149	-.095	-.157	-.133	-.138	-.152	-.096	.053	.199*	.103	.416**	.332**	.219**	1	

	Homosexuality																								
22	Age	38.27	11.61	.045	.048	.115	-.046	.155	.068	.221**	-.044	.176*	.055	.261**	*-.126*	.202*	.056	*.015*	-.095	-.049	*-.151*	*-.186**	*-.163*	*.038*	1

Note. N = 139. *p < .05, **p < .01 None italics = Pearson's r, Italics = Spearman rho

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Table 2. The unstandardized and standardised regression coefficients for the variables entered into the model for general well-being.

Variable	B	SE B	β	Sig
Outness	1.522	.710	.152*	.034
Self-kindness	4.544	1.626	.298**	.006
Self-judgement	.942	1.660	.065	.571
Common humanity	-1.590	1.236	-.108	.201
Isolation	3.406	1.253	.280*	.007
Mindfulness	.702	1.881	.042	.709
Over-identification	-1.617	1.673	-.112	.336
Personal homonegativity	-.052	.105	-.043	.619
Gay affirmation	-.311	.153	-.149*	.044
ECR -- Avoidance	-.133	.129	-.073	.306
ECR -- Anxiety	-.352	.121	-.213**	.004

$^{*}p = < .05$

$^{**}p = < .01$

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