

Self- Compassion as a Mediator and Moderator of the Relationship between Psychological Suffering and Psychological Well-being among Palestinian Widowed Women

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Abstract

The main purpose of this study was to examine the mediator and moderator role of self-compassion on the relationship between psychological suffering and psychological well-being among Palestinian widowed women. The participants were 160 Palestinian widowed women ranging in age from 30-55 and benefited from social affairs services in the southern governorates of Gaza. The participants responded to questionnaire measuring self-compassion, psychological suffering and psychological well-being. The results showed that the relationship between psychological suffering and psychological well-being was fully mediated by self-compassion. Hierarchical regression analysis indicated that self-compassion also moderated the relationship between psychological suffering and psychological well-being. This study presents an empirical framework for the research through investigating the relationship between psychological suffering, self-compassion, and psychological well-being for Palestinian widowed women.

Keywords: Self-Compassion, mediator, moderator, Psychological Suffering, Psychological Well-being

1. Background

Widowhood is a difficult, painful experience for both men and women. It is considered among the most stressful life events because it means marital termination. Men and women both suffer decline in mental health following widowhood, but researchers have reported that women suffer higher levels than men of traumatic grief, depression and anxiety (Chen, Bierhals, Prigerson, Kasl, Mazure & Jacobs, 1999) and financial challenges (Lee, Willets & Seccombe, 1998).

Grief of widowhood, defined as the mainly emotional reaction to bereavement, incorporates diverse physical and psychological reactions (Stroebe, Schut, Stroebe, 2007). Loss of husband affects almost every domain of woman life, and as a consequence has a significant impact on wellbeing: psychological, social, physical, practical, and economic (Bennet & Soulsby, 2012). It is a traumatic and stressful situation which brings about several socio economic, cultural, emotional, and psychological deprivations (Avison, Ali & Walter 2007; Olukayode, 2015).

Widowhood stress is manifested in many forms, namely; mental health problems, such as depressive symptomatology and anxiety (Kyeong, 2013; Lee et al, 1998; Sasson & Umberson, 2014; Schaan, 2013; Umberson, Wortman, Kessler, 1992); loneliness, loss of self-esteem, loss of personal contact and human association (Fasoranti & Aruna, 2007; Naef, Ward, Mahrer-Imhof, Grande, 2013); anger and memory loss (Busari & Folaranmi, 2014), higher levels of traumatic responses (Chen et al, 1999) Psycho-social problems such as income, age, familiar care, fear, neglect, problems of inheritance, frustration (Adeyanju, & Ogungbamila, 2013) and physical problems which causes widows to unconsciously tense their neck, forehead and shoulder muscles and suffer headaches (Busari & Folaranmi, 2014). Moreover, widows face the problem of constructing a new identity as widow/er and strive for independence in the face of disrupted everyday activities and routines, and changed relationships within the family and social network (Naef, et al, 2013).

Widowhood is more likely to cause financial difficulties for women than men, the death of a spouse means that the nucleus of the family is destroyed and widows are now deprived of their husband income (Fasoranti & Aruna, 2007) which increases economic hardship (Holden, Kim & Novak, 2010). This in turn affects psychological well-being (Holden, et al, 2010; Sasson & Umberson, 2014; Umberson, et al, 1992). Therefore, widowhood and bereavement have influence on psychological well being (Bennet & Soulsby, 2012), which causes the widowed women to have lower psychological well-being (Gove, & Shin, 1989). On other hand psychological well-being, broadly defined as happiness, life satisfaction, and self-growth, represents one of the most important aspects of efficient psychological functioning (Vallerand, 2012). It is the combination of feeling good and functioning effectively (Huppert, 2009). Ryff defined, psychological well-being as "striving for perfection in order to prove true potentials of individual"(Ryff, 1995). For others, psychological well-being can be conceptualized with emotional, physical, cognitive, personal, social and in particular, spiritual processes (Narimani, Mirzavand, Abolghasemi, Ahadi, 2014, 55).

According to Ryff (1989) psychological well-being consists of six dimensions, 1- positive attitude towards oneself (self- acceptance); 2- satisfying relationships with others (positive relationships with others); 3-

independence and self-determination (autonomy); 4- sense of mastery and competence (environmental mastery); 5- sense of goal directedness in life (purpose in life); 6- feeling of personal continued development (personal growth). Ryff's model which has been adopted for the analysis in this research is considered one of the most famous models in the domain of psychological well-being.

Studies have demonstrated that psychological well-being draw on various conceptualizations of mental health (Keyes, Shmotkin & Ryff, 2002) such as self-esteem (Paradise & Kernis, 2002), social support, worldview, and spirituality (Betton, 2004), self-efficacy (Eshaghnia, Ghavam, Delavar, Borjali & Asadzadeh, 2014). On the other hand, research showed that there are negative correlations between depression and psychological well-being (Dhara & Jogsan, 2013) and psychological distress (Winefield, Gill, Taylor & Pilkington, 2012).

Throughout the literature, several studies have illustrated the sufferings of widowed women in various environments and cultures and the methods of coping with stressful life events.

Some of these studies are presented for example, Michael, Crowther, Schmid, and Allen's study (2003) concluded that older women can use religious coping as well as spiritual beliefs and behaviors to facilitate positive adjustment to the loss of a spouse.

Another study by O'Rourke (2004) examined the psychological resilience of 232 widows and concluded that psychological resilience is associated positively with life satisfaction and negatively with psychiatric distress. It was also concluded that commitment to living, as one of the resilience factors, appears most salient with respect to the well-being of widowed women.

Onrusta and Cuijpers (2006) reviewed eleven studies to explore the prevalence and incidence of mood and anxiety disorders for 3481 widowed individuals and 4685 non-widowed controls. The results indicated that the prevalence of major depressive disorder and anxiety disorders were considerably elevated in widowed individuals, especially in the first year after the loss of a spouse.

Furthermore, a cross-sectional study carried out by Roff, Durkin, Fei Sun, and Klemmack (2007) has examined the predictors of self-assessed well-being for 150 married and 120 widowed aged 60 or older and determined whether participation in religious/spiritual activities mediated the relationship between marital status and well-being. It was found that widowed elders reported lower levels of well-being than married elders. The study suggested improving well-being among widowed through focusing on improving financial well-being and health and advocate for programs that benefit low income elders.

In a study conducted by Minton, Hertzog, Barron, French, and Reiter-Palmo's study (2009) researchers explored the first anniversary for 47 older widows during Months 11, 12, and 13. Concurrent correlations show that optimism inversely correlates with psychological stress and positively correlates with well-being (physical; psychosocial; spiritual). The study also demonstrated that higher levels of optimism at a given time are associated with higher life satisfaction and spiritual well-being at later times.

Another study by Momtaz, Ibrahim, Hamid, and Yahaya (2010) examined the mediating effects of social and personal religiosity on the psychological well-being for 1367 widowed and married elderly Muslims from Malaysia. The results found that widowhood negatively affects psychological well-being of elderly people and showed that only the indirect effect on widowhood through personal religiosity was significant while social religiosity was not significant.

In Iraq Abed Hussein (2011) identified the problems faced by 70 Iraqi women widowed in the current circumstances in Amiriya district in Baghdad. The results showed that society inferior view is ranked at the first stage of importance, money impoverishment and economic dependency to others is ranked at the second stage of importance followed by a sense of helplessness and weakness, feeling of psychological and emotional vacuum, loneliness and then a sense of insecurity.

El Mozini's study (2011) highlighted that the psychological suffering of the wives of 193 the martyrs of the war on Gaza in 2008 - 2009 in the light of some of the variables. Findings indicated that the wives of the martyrs of the war on Gaza to have high suffering on the emotional aspect, the physiological aspect and cognitive side, despite that two years has passed. The study also recommended the need for improving their economic conditions and increasing social support to save them from the psychological suffering.

Ben-Zur's Study (2012) explored feelings of loneliness and dispositional optimism and their unique contribution to well-being of a sample included 196 women and men. The results showed widows and widowers scored higher than married respondents in loneliness, negative affect, lower on life satisfaction and optimism. Findings also showed that loneliness contributed negatively to well-being, while optimism contributed positively to well-being.

In Bahrain Al-Sheerawi (2012) investigated the relationship between coping style and their hardiness for 50 Bahraini widows selected randomly. Findings indicated that positive coping style was the dominant and there is positive relations between positive coping style and psychological hardiness.

Chitrani, Anwar's study (2013) investigated the great challenges faced by 175 widows after the loss of the husband. The loneliness and current life satisfaction were taken as predictors of their psychological health.

The effects of widowhood on the feeling of loneliness were obvious. Mechanisms through which widowhood affected life satisfaction were complex. Unemployed widows who were economically dependent on other family economic resources were more satisfied than widows who were economically independent.

In Nigeria Busari and Folaranmi (2014) investigated empirically the psychological variables constituting stress among 128 middle-aged widows in rural communities. The result showed that the composite effect of psychological variables (anxiety, frustration, anger and memory loss) on widows' stress was significant.

In a case study (2015) of Kaneez explored the grief, trauma (psychological response) and coping pattern among three Muslim bereaved widowed women. Findings highlighted the importance of social support, religious or spiritual beliefs in coping with the loss.

In some societies, widowhood experiences are considered more as an experience of deprivation, subjugation and humiliation (Fasoranti & Aruna, 2007). Similarly, in the Palestinian society, widowhood is considered generally a trauma and has proven to be higher in suffering on the emotional, physiological and economical levels (El Mozini, 2011).

Widows feel sadness, unhappiness, pessimism and fear of future especially if they have children and a limited income (Al Halool & Mohassen, 2013). Moreover, they suffer from the social constraints in their relationship with others. Despite of these sufferings, they have to take the responsibility and are obligated for upbringing of their children.

Therefore, it is very necessary to give attention to the mental health of Palestinian widows and help them to cope with their stressful life because their psychological strength has an effect on their abilities to face difficulties and protect their children and families.

This is confirmed by (Avison, et al., 2007) that widowhood is commonly viewed as a life transition, that is, a major change in life circumstances that takes place over a relatively short period of time, but with a lasting effect on large areas of a person's life. For widows, the emotional changes they experience during bereavement require loss-oriented coping, while the inevitable changes in daily life necessitate restoration-oriented coping (Hahn, Cichy, Almeida, & Haley, 2011).

Thus, the reality of widowhood requires the development of new life habits or ways of coping.

The current study investigated the role of self-compassion as mediator and moderator of the relationship between psychological suffering and psychological well-being among Palestinian widowed women.

2. Self- Compassion as Mediator and Moderator

Compassion is a positive orientation towards suffering that have influence on psychological functioning (Jazaieri, McGonigal, Jinpa, Doty, Gross & Goldin, 2014). There are three orientations of compassion, for others, from others, and for self (Jazaieri, Jinpa, McGonigal, Rosenberg, Finkelstein, et al, 2013). Self-compassion is relevant when considering personal inadequacies, mistakes, and failures, as well as when confronting painful life situations that are outside our control (Germer and Neff, 2013)

Self-compassion has been defined as "being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience" (Neff, 2003a, p. 224). In other words, self-compassion refers to the ability to hold one's feelings of suffering with a sense of warmth, connection, and concern (Neff, & McGehee, 2010, 226). Self-compassionate people may treat themselves well because they are more competent than people who are low in self-compassion (either more capable in general or with respect to solving problems that arise). Thus, they may react less strongly to negative events because they know that they are good at dealing with whatever happens (Leary, Tate, Adams, Allen, & Hancock, 2007).

Self-compassion consists of three main, adaptive components, namely; self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (Neff, 2003 a, b ; Landgraf, 2013).

Research indicated that self-compassion is negatively associated to psychological disorders (Arimitsu & Hofmann, 2015), such as; interpersonal cognitive distortions (Akin, 2010a), automatic thoughts (Akin, 2012), negative emotions (Neff, Hsieh, & Dejitterat, 2005), loneliness (Akin, 2010b), neuroticism (Neff, Rude, & Kirkpatrick, 2007), psychological vulnerability (Akin, 2014), psychological distress, negative post traumatic cognitions, shame and self-criticism (Close, 2013), neurotic perfectionism, (Neff (2003a, b), and avoidance symptoms of PTSD (Thompson & Waltz, 2008)

On the other hand, self-compassion is positively associated with emotion-focused coping strategies (Neff, et al, 2005), greater life satisfaction (Close, 2013 ; Neff, 2003a, b ; Neff, (2011), happiness, optimism, (Neff & Vonk, 2009), Proactivity (Akin, 2014), flourishing (Satici, Uysal & Akin, 2013), positive affect, and psychological adjustment (Arimitsu, & Hofmann, 2015), social safeness (Akin & Akin, 2015). Moreover, self-compassionate people also report less depression, anxiety, rumination, thought suppression (Neff, 2003b), while individuals with lower self-compassionate abilities report several psychopathological disorders (Castilho,

PintoGouveia Duarte, 2015).

Thus individuals who are high in self-compassion may engage in less avoidance strategies following trauma exposure, allowing for a natural exposure process (Thompson & Waltz, (2008). Hence self-compassion is considered a predictive of managing life stresses (Hall, Row, Wuensch, Godley, 2013).

Additionally, studies have demonstrated that self-compassion is associated with numerous positive mental health outcomes such as psychological well-being (Akin, 2008a ; Baer, Lykins, & Peters, 2012; Blutha & Blanton, 2015; Hall, Row, Wuensch, Godley, 2013; Kyeong 2013; MacBeth & Gumley, 2012; Neff, 2003b; Neff, 2004 ; Neff, Pisitsungkagarn, & Hsieh, 2008; Neff & McGehee, 2010; Saricaoglu, & Arslan, 2013).

Considering the studies demonstrating the relationships of self-compassion, psychological suffering and psychological well-being, it seems possible that self-compassion, which represents a significant indicator of psychological well-being (Akin, 2008 b; Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007) may enhance the experiences of psychological well-being and decrease the experiences of psychological suffering. Thus, the main purpose of this study is to investigate whether self-compassion plays mediating and/or moderating roles in the relationship between psychological suffering and psychological well-being. In other words, the aim of this study is to find how self-compassion relates to psychological well-being and psychological suffering. In the mediation model it is examined whether the effects of self-compassion act as a mediator between psychological suffering and psychological well-being. self-compassion may also serve as a "buffer" (Neff, 2009; Leary et al., 2007; Neff & Germer, 2013; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007), Hence, acting as a moderator to decrease the negative effect of psychological suffering and increase the positive effect of the psychological well-being.

Thus the present study is an attempt to ascertain whether self-compassion plays a mediating and a moderating role for the relationship between psychological suffering and psychological well-being among Palestinian widowed women.

3.Method

3.1.Participants

The participants were 160 widowed women, who were highly dependent on their spouses before their death, living in the southern governorates of Gaza. The criteria for the sample of the widowed was (a) they had been widowed for a period between 4 months to 2 years, (b) they are older than 30 years and younger than 55 years of age, (c) not remarried, (d) they have 2-7 children (e) unemployed, and (f) receive assistance from the ministry of social affairs.

3.2.Measures

3.2.1 Self-Compassion Scale (SCS)

Self-compassion was measured by using self-compassion scale (Neff, 2003b) and Palestinian adaptation of this scale had been done by the researcher. Self-compassion scale is a 26-item self-report measurement and consists of six sub-scales; self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Each item was rated on a 5-point Likert scale (from 1=strongly disagree to 5=strongly agree). Constructive validity findings indicated that there are correlations between the total scores of the list and every domain score, the values ranged 0.77, 0.73, 0.76, 0.78, 0.79, 0.81. For this study, the global scale score reliability of alpha Cronbach coefficient was 0.91 and the alpha were 0.85, 0.89, 0.83, 0.88, 0.92 and 0.87, for the six subscales, respectively.

3.2.2. Psychological Suffering Scale (PSS)

Psychological suffering was measured using arabic version of the multidimensional scale for psychological suffering developed by the researcher. The PSS consists of 30 items on a 5-point Likert scale, (from 1=strongly disagree to 5=strongly agree). The widowed women's self-reports also provided scores on five subscales, each subscale comprised six items. The five subscales are (a) psychological, such as I feel sad whenever I remembered my husband, and; (b) emotional, I miss my husband, who made me feel safe; (c) social, I miss my husband in the family and social occasions; (d) economical, I miss him to support me in difficult financial situations; (e) physical, I complain of headaches. Scores for each of these scales range from 1 to 30. Constructive validity findings indicated that there are correlations between the total scores of the list and every domain score, the values ranged 0.66, 0.59, 0.73, 0.69, 0.63. For this study, the global scale score reliability of alpha Cronbach coefficient was 0.91 and the alpha were 0.90, 0.87, 0.81, 0.88 and 0.84 for the five subscales, respectively.

3.2.3. Ryff's Scale of Psychological Well-Being (RSPWB)

A 42-item version of Ryff's Psychological Well-being scale (Abbott, Ploubidis, Huppert, Kuh, Croudace, 2010) was used. This questionnaire measures psychological well-being constructs and has six subscales, namely; Autonomy; Positive Relation with others; Environmental Mastery; Personal Growth; Purpose in Life and Self-Acceptance. The response format for all scale items comprised six ordered categories. Each item was

rated on a 5-point Likert scale (1=strongly disagree to 5=strongly agree). RSPWB items comprised of 20 positive items and 22 negative items. Constructive validity findings indicated that there are correlations between the total score of the list and every domain score, the values ranged 0.84, 0.74, 0.77, 0.66, 0.69, 0.75. For this study, the global scale score reliability of alpha Cronbach coefficient was 0.93, and the alpha were 0.86, 0.83, 0.89, 0.91, 0.89 and 0.90, for the six subscales, respectively.

4. Procedure and Data Analysis

Participants voluntarily participated in research. Completion of the scales was anonymous and there was a guarantee of confidentiality. The scales were administered to the widowed women in groups in the social affairs department in the Southern governorates of Gaza. All participants were informed by the researcher about the aim of the study before the measures were administered. Participants completed the instruments in approximately 30 minutes. The Pearson correlation coefficient and hierarchical regression analyses were used for the statically analysis to establish the relationships among the variables.

In this research, to test whether self-compassion mediated and moderated the link between psychological suffering and psychological well-being in the light of testing guidelines for the mediation and moderation outlined by Baron and Kenny (1986). Firstly, psychological suffering must be associated with self-compassion and secondly with psychological well-being. Thirdly, self-compassion must be related to psychological well-being. Fourthly, when self-compassion is controlled, there must be a statistically significant reduction in the effect of psychological suffering on psychological well-being. If the relation is reduced to non-significant levels, full mediation is demonstrated. Partial mediation occurs when the correlation between psychological suffering and psychological well-being is reduced but still significant. Hierarchical regression analysis was used to test each of these conditions. SPSS Statistics 20 was applied in order to conduct these analysis

5. Results

5.1. Descriptive Data and Inter – correlations

Table 1. shows the means, descriptive statistics, and Inter – correlations of the variables used .

When Table 1 is examined, the correlational analysis revealed significant relationships between the research variables.

psychological well-being was significantly positively correlated with self –compassion ($r = 0.42$). As expected, psychological suffering was significantly negatively correlated with Self- compassion ($r = -0.265$) and psychological well-being ($r = -0.096$).

Table 1. Descriptive statistics and inter-correlations of the variables

Variables	Psychological wellbeing	Self-compassion	Psychological suffering	Mean	SD	Present
Psychological well-being	1.00			2.77	0.51	92.5
Self-compassion	0.421	1.00		2.64	0.28	87.9
Psychological suffering	- 0.096	- 0.265	1.00	2.69	0.32	89.7

Testing the mediating role of self –compassion in the relationship between psychological suffering and psychological wellbeing .

In order to test the mediating effects of self-compassion on the relationships between psychological suffering and psychological wellbeing, it was first verified that psychological suffering significantly predicted negatively self- compassion ($\beta = -0.265$, $t = -3.45$), The results are shown in Table 2 .

Table 2. Psychological suffering and self –compassion

Variable	B	SE _B	B	T
Psychological suffering	- 0.145	0.042	- 0.265	-3.45

Dependent Variable ; Self –compassion

Note ; $R^2 = 0.07$ Adjusted $R^2 = 0.064$

Then it was verified that Self –compassion significantly predicted positively psychological well-being ($\beta = 0.421$, $t = 5.84$).

Table 3 . Self –compassion and psychological well-being

Variable	<i>B</i>	SE _B	β	T
Self –compassion	0.492	0.084	0.421	5.84

Dependent Variable ; Psychological wellbeing

Note ; $R^2 = 0.178$ Adjusted $R^2 = 0.172$

Hierarchical regression analysis was used to test the last steps of the mediation procedures .

The results of the hierarchical regression analysis demonstrated that psychological suffering was negatively associated with psychological wellbeing ($\beta = -0.096$, $t = 1.21$) . Besides ,when psychological suffering and self –compassion were taken together in the regression analysis,the significance of the relationship between psychological suffering and psychological well-being changed direction from negative ($\beta = -0.096$, $t = 1.21$) to positive ($\beta = 0.016$, $t = 0.218$). This result indicated that self –compassion fully mediated the relationship between psychological suffering and psychological well-being. These results are presented in Table 4 .

Table 4 .Testing the mediating role of self –compassion in the relationship between psychological suffering and psychological well-being .

Variable	<i>B</i>	SE _B	β	T
Step 1				
Psychological suffering	- 0.06	0.051	- 0.096	1.21
Step 2				
Psychological suffering	0.010	0.048	0.016	0.218
Self –compassion	0.49	0.08	0.421	5.84

Dependent Variable ; Psychological wellbeing

Note ; $R^2 = 0.07$ Adjusted $R^2 = 0.064$ for step 1, $R^2 = 0.178$ Adjusted $R^2 = 0.167$ for step 2

In addition, the results of the regression analysis which tested the mediation effects of self-compassion on the relationship between psychological suffering and psychological well-being are presented in Fig.1. As shown in Fig. 1 , the beta weight when psychological suffering was regressed alone on psychological well-being was $- 0.096$. The beta weight changed from ($- 0.096$) to (0.016) when self –compassion was added into the equation .

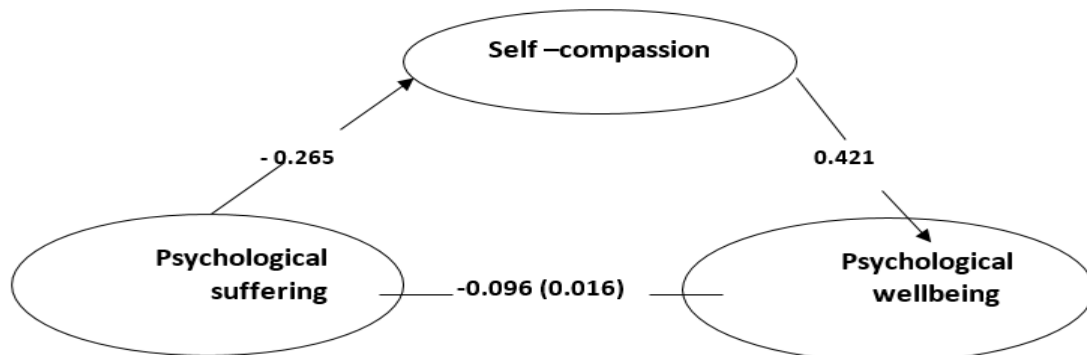


Figure.1.(Model of the mediational role self –compassion in the relationship between psychological suffering and psychological wellbeing) .Values in the prarenteses is the reduced correlation coefficient when the mediator is present.

Testing the moderating role of self– compassion in the relationship between psychological suffering and psychological wellbeing .

Following the steps of the moderating procedures , hierarchical regression procedures were performed as recommended by Baron and Kenny (1986) First a composite score of all variables was created by summing the standardized scores . In the hierarchical regression model , the order of entry was as follows: At Step 1 and Step 2 , the predictor (psychological suffering) and moderator (self–compassion) variables were entered sequentially into the regression equations . In Step 3, the interactions of self–compassion multiplied by psychological suffering were added. A significant change in R^2 for the interaction term indicates a significant moderator effect . The results of the final regression model are presented in Table 5 .

Table 5. Testing the moderating role of self –compassion in the relationship between psychological suffering and psychological well-being .

Variable	<i>B</i>	$\frac{SE}{B}$	β	R ²	R ² Change	F change
Step 1						
Psychological suffering	- 0.06	0.051	- 0.096	0.07	0.064	1.47
Step 2						
Self –compassion	0.49	0.08	0.421	0.18	0.167	16.9**
Step 3						
Psychological suffering X Self – compassion	-0.484	0.140	-0.256	0.27	0.07	11.90**

Dependent Variable ; Psychological well-being

According to the results of the hierarchical regression analysis , summarized in Table 5, psychological suffering ($\beta= - 0.096, p> .05$) and self-compassion ($\beta= 0.421, p< .01$) were significant predictors of psychological well-being. In this model, lower psychological suffering and higher self-compassion were associated with greater psychological well-being. However, there was a significant interaction between psychological suffering and self-compassion ($\beta= 0.016, p< .01$).

5.2. Discussion

The main purpose of this study was to examine the mediator and moderator roles of self-compassion for the relationship between psychological suffering and psychological well-being. As anticipated, the results of this study confirmed that the relationship between psychological suffering and psychological well-being was mediated by self-compassion. That is, a psychological suffering decreases, psychological well-being increases and self-compassion plays a mediating role in this change. No previous research has addressed the role of self-compassion in mediating the relationship between psychological suffering and psychological well-being Hence, this study’s results are important.

Neff (2003a, 2003b) proposed that self-compassion involves being touched by one’s own suffering and treating oneself with understanding and concern when considering personal inadequacies and painful life situations. It involves being aware of one’s painful experiences in a balanced way that neither ignores nor amplifies painful thoughts and emotions (Smeets, Neff, Alberts, and Peters, 2014). Self-compassionate people may treat themselves well because they are more competent than people low in self-compassion (either more capable in general or with respect to solving problems that arise). Thus, they may react less strongly to negative events because they know that they are good at dealing with whatever happens (Leary et al, 2007). In other words, self-compassion motivates people to push through difficult challenges, learn from their mistakes and try hard, because they want to be happy and free from suffering (Neff, 2011). Therefore, self-compassion is considered an important resource for coping when people experience negative and stressful life events,(Allen & Leary, 2010).

People who are high in self-compassion respond to situations that threaten their personal adequacy by treating themselves with kindness and nonjudgmental understanding (Neff, 2003a), and this process can help to regulate negative emotions (Leary et al, 2007).

Consequently, self-compassion can be viewed as a useful emotional regulation strategy, in which painful or distressing feelings are not avoided but are instead held in awareness with kindness, understanding, and a sense of shared humanity (Neff, 2003a, p. 224).

The findings of this study were supported by several previous studies which indicated that self-compassion might play a mediating role in personal well-being and there is a growing evidence that self-compassion is a predictive of psychological well-being (Akin, 2012 ; Barnard & Curry, 2011; Baer, Lykins, & Peters, 2012 ; Bluth, & Blanton, 2015 ; MacBeth & Gumley, 2012 ; Neff & McGehee, 2010 ; Neff, 2003a; Neff, 2004; Saricaoglu & Arslan, 2013). Also according to (Neff,Vonk, 2009), Gilbert and Irons (2005) suggested that self-compassion enhanced well-being because it helped people feel a greater sense of relatedness and security.

According to (Arimitsu and Hofmann, 2015) research held by Fredrickson showed that compassion toward oneself could increase positive emotions and resources that weaken negative emotions, and this cycle results in increased well-being.

In Addition, Barnard and Curry (2011) reviewed a variety of studies and concluded that self-compassion is positively related to well-being and happiness and negatively associated with negative effect, depression, and anxiety.

In terms of the role of self-compassion as a moderator between psychological suffering and psychological well-being ,the results support this role. That is, it has been found that self-compassion have a preventive function over the negative effect of psychological suffering on psychological well-being.

The results of the present study are consistent with the findings of earlier studies in that self-compassion may buffer people against negative events and enhance positive self-feelings when life goes badly (Neff, 2003a; Leary et al, 2007) and represents a potentially important protective factor for emotional problems (Raes, 2011), that is to say, self-compassion plays the role of a moderator.

It can be concluded that self-compassion is a robust predictor of psychological health and quality of life (Van Dam,; Sheppard,; Forsyth,; Earleywine, 2011), psychological resiliency and well-being (Neff (2003 a, b). These findings increase our knowledge about the role of self-compassion in particular, and the role of positive psychology in general, for psychological well-being. Since the relationship between psychological suffering and psychological well-being vary depending on one's level of self-compassion, therefore, psychological interventions should aim at enhancing well-being by focusing on developing self-compassion (Neff & Costigan, 2014).

Thus, considering self-compassion in terms of theory and research on coping, this may illuminate the role which self-compassion plays in psychological well-being and offer new directions for research.(Allen, & Leary, 2010).

This study has some limitations. Firstly, the study group was relatively small and did not include samples drawn from other governorates in Gaza strip.

In addition, the sample did not include various age groups and also was limited to unemployed layer. Therefore, it is not clear to what extent these result will generalize across widows from various groups. For this reason, the research needs to be repeated with participants from other population. Moreover, in this study, self-reports measuring was used to evaluate self-compassion, psychological suffering and psychological well-being.

Different methods for evaluation of these variables should be used, such as reports from friends, children, and neighbors. These reports could decrease the subjectivity limitation of the findings. Therefore, it is clear that there is a need for more studies among Palestinian widows using these different methods.

Despite these limitations, this study has contributed to the positive psychology literature by considering self-compassion as an important construct for positive psychology. The present study empirically examined the role of self-compassion as a mediator and a moderator between psychological suffering and psychological well-being. The findings of this study demonstrated that self-compassion was positively associated with psychological well-being and negatively associated with psychological suffering. Finally, the results suggest that self-compassion plays a key role in supporting psychological well-being. Counseling or intervention programs focusing on increasing self-compassion may help Palestinian widows, to have less psychological suffering and more psychological well-being. Thus, it is important for mental health professionals and women counselors to develop programs for enhancing self-compassion among widows and using it in dealing with difficult emotions, adversity and failure. Therefore, self-compassion is considered as a buffer against negative emotions responses and high-pressure situations.

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