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The Structural Model of Death Anxiety and Self-Acceptance Based on Psychological Flexibility with the Mediating Role of Self-Compassion in Elderly Residents of Nursing Homes in Nowshahr and Chalous Counties

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A B S T R A C T

The present study aimed to conduct structural modeling of death anxiety and self-acceptance based on psychological flexibility with the mediating role of self-compassion in elderly residents of nursing homes in Nowshahr and Chalous counties. The research method was descriptive-correlational. The statistical population included all individuals aged 60 and above residing in daily nursing homes in Nowshahr and Chalous counties from February 2024 to August 2024 (N = 232). Given the limited population size, a census sampling method was employed, and the research questionnaires were distributed to all individuals in the population. Ultimately, due to incomplete questionnaires, data from 215 completed questionnaires were analyzed (n = 215). The research instruments included the Templer Death Anxiety Scale (1970), the Unconditional Self-Acceptance Questionnaire by Chamberlain and Haaga (2001), the second edition of the Acceptance and Action Questionnaire by Bond et al. (2007), and the Self-Compassion Scale by Neff (2003). Path analysis findings indicated that the indirect path between cognitive flexibility and death anxiety, mediated by self-compassion, was statistically significant (β = -0.639, $p < 0.01$). Additionally, the indirect path between cognitive flexibility and self-acceptance, mediated by self-compassion, was also statistically significant (β = 0.769, $p < 0.01$). Therefore, the structural modeling of death anxiety and self-acceptance based on psychological flexibility with the mediating role of self-compassion in elderly residents of daily nursing homes in Nowshahr and Chalous counties exhibited a good fit. The findings of this study can serve as a guide for developing a comprehensive therapeutic model to enhance psychological well-being in the elderly.

Keywords: *Death anxiety, self-acceptance, psychological flexibility, self-compassion, elderly*

1. Introduction

Aging is a gradual developmental process and an evolving perception of life that is accompanied by numerous psychosocial changes (Liu, 2024; Lu et al., 2018), which lead to deficiencies in performing personal tasks and fulfilling social roles (Lubis, 2024), ultimately affecting the mental health of the elderly. With increasing age and its associated complications, death anxiety becomes another significant psychological concern among the elderly (Pardini, 2024).

Death anxiety is one of the most prevalent mental health issues in older adults, as this stage of life is often marked by feelings of loss and incapacity (Izadi et al., 2024; Zhou, 2024). Theorists such as Greenberg et al. (1986) attempted to bring the concept of death into the experimental setting to study individuals' reactions to it (Gómes et al., 2024). Inspired by the cultural anthropologist Becker (1973), these theorists developed Terror Management Theory, which posits that the fundamental human motivation is the desire for survival; thus, death induces terror in individuals (Zhou, 2024). Periods of severe stress or threats to one's own health or that of loved ones can lead to maladaptive and pathological coping strategies for dealing with death anxiety (Kafi et al., 2024). Consequently, death anxiety is considered a fundamental fear underlying the emergence, maintenance, and progression of various psychological conditions (Iverach et al., 2014). Therefore, it seems that death anxiety is present in the lives of most individuals facing various deficiencies, incapacities, and illnesses and differs according to age, gender, psychological status, and religious beliefs. Concerns about death may negatively impact quality of life (Sinoff, 2017). Previous research has also shown that death anxiety is associated with various psychological and social difficulties, such as social withdrawal (Guner et al., 2023), reduced life expectancy (Ehteshamzadeh & Dokhilpour, 2014), lack of intimacy with family members (Ghamari-Kivi & Zahed Babolan Adel, 2015), emotional exhaustion (Bala & Maheshwari, 2019), and decreased mental health (Özer et al., 2022).

Elderly individuals' expectations of themselves and their belief that they have fewer capabilities—essentially, a sense of helplessness—are factors that reduce self-acceptance and lead to poorer functioning (Ahadi & Jamaheri, 2022). The evaluative aspect of self-concept is referred to as self-acceptance (Attari et al., 2018, 2020). Self-acceptance is defined as the degree of approval, endorsement, and value a person feels for themselves or the judgment an individual makes about their own worth (Nolen-Hoeksema et al., 2014). Research findings have demonstrated an association between self-acceptance and mental health (Diego et al., 2018; Popov et al., 2016; Tibubos et al., 2019).

One of the essential aspects of psychological well-being is psychological flexibility. According to Acceptance and Commitment Therapy (ACT), psychological flexibility refers to an individual's ability to focus on the present moment and utilize the opportunities available in that moment to act in accordance with their internal goals and values despite the presence of challenging or unwanted psychological experiences (such as thoughts, emotions, physiological sensations, mental images, and memories) (Hayes et al., 2006). Therefore, flexibility entails a set of behaviors through which an individual acts in alignment with their values (Sedaghat-Khah & Behzadi-Pour, 2017). In this therapeutic framework, psychological flexibility is achieved through six core processes: acceptance, cognitive defusion, self-as-context, present-moment awareness, values, and committed action. According to ACT theory, psychological inflexibility is a psychopathological factor contributing to mental disorders for all individuals, regardless of gender (Hayes et al., 2006). Numerous studies have demonstrated the positive effects of psychological flexibility on various psychological problems. Researchers have found a significant positive correlation between psychological flexibility and depression and anxiety (Fledderus et al., 2012). Psychological flexibility has also been identified as a mediating factor between environmental stressors and psychological problems (Craske, 2012). Basharpoor et al. (2019) found a significant negative relationship between death anxiety and psychological flexibility in older adults (Basharpoor et al., 2019). In Oliani's (2022) study, psychological flexibility was correlated with life satisfaction (Oliani, 2022).

One of the challenges faced by older adults is a decline in self-compassion (Tavares et al., 2023). Self-compassion involves extending kindness, love, and understanding toward oneself in times of pain and suffering (Neff, 2009). This construct represents a vital motivational force that encompasses kindness, non-judgmental acceptance, shared humanity, mindfulness, and a sense of connectedness (Gobin et al., 2022). Previous research has identified the role of self-compassion in perceived stress (Hashemi & Eini, 2019), psychological well-being (Vare'i et al., 2017), tolerance of ambiguity, and death anxiety in older adults (Baharvandi et al., 2020). Allen et al. (2012) demonstrated that self-compassion contributes to enhanced well-being and reduced

cognitive decline in older adults (Allen et al., 2012). Regarding the relationship between self-compassion and death anxiety, Baharvandi et al. (2020) found that compassion-based therapy significantly reduced death anxiety in the elderly (Baharvandi et al., 2020). Askarizadeh et al. (2022) highlighted the significant impact of mindfulness on death anxiety (Askarizadeh et al., 2022). In the study by Kavakli et al. (2020), self-compassion played a mediating role in the relationship between perceived COVID-19 threat and death anxiety (Kavaklı et al., 2020). Takahashi et al. (2019) showed that the non-judgmental aspect of mindfulness and self-compassion was effective in reducing anxiety (Takahashi et al., 2019). Additionally, regarding the relationship between self-compassion and self-acceptance, Attari et al. (2020) found that gratitude positively influenced self-acceptance in older adults (Attari et al., 2020).

Given the aforementioned issues and the role of these variables in aging, as well as the findings from previous studies, it appears that identifying the factors influencing the emergence of death anxiety and self-acceptance is essential. Moreover, chronic illnesses, crises such as the loss of a spouse or friends, loneliness within the family, retirement, reduced functional abilities, physical changes, decreased income, diminished social security, and negative societal attitudes toward older adults contribute to a decline in their quality of life, which in turn affects the psychological variables under investigation. Therefore, this study seeks to answer the question: Is there a relationship between psychological flexibility, death anxiety, and self-acceptance, with the mediating role of self-compassion, in elderly residents of nursing homes in Nowshahr and Chalous counties?

2. Methods and Materials

2.1. Study Design and Participants

This study was applied in terms of its objective and utilized a descriptive-correlational design based on structural equation modeling. The statistical population included all individuals aged 60 and above residing in daily nursing homes in Nowshahr and Chalous counties from February 2024 to August 2024, totaling 232 individuals (N = 232). Given the limited population size, a census sampling method was employed, and research questionnaires were distributed to all individuals in the population. Ultimately, due to incomplete questionnaires, data from 215 completed questionnaires were analyzed (n = 215). Data collection was conducted after obtaining the necessary approvals and introduction letters from the university, submitting them to the Welfare Organization of Mazandaran Province, and receiving authorization for the welfare offices in Nowshahr and Chalous counties. Additionally, entry permits for the Mehr Khezra Day Rehabilitation Center in Chalous and the Bagh Aseman Nursing Home in Nowshahr were obtained, and written informed consent was collected from the participants.

2.2. Measures

2.2.1. Death Anxiety

In this study, the Templer Death Anxiety Scale (1970) was used, which consists of 15 items assessing individuals' attitudes toward death. Responses to each item are recorded as "yes" or "no," with a "yes" response indicating the presence of anxiety. Templer (1970) reported a test-retest reliability coefficient of 0.83 and a Cronbach's alpha of 0.89. Rajabi and Bahrani (2001) reported a test-retest reliability coefficient of 0.83, concurrent validity with the Manifest Anxiety Scale of 0.43, and a correlation of 0.40 with the Depression Scale. Additionally, Shafaei et al. (2016) assessed internal consistency reliability using Cronbach's alpha, obtaining a coefficient of 0.83 (Shafaei et al., 2016).

2.2.2. Self-Acceptance

This study employed the Unconditional Self-Acceptance Questionnaire developed by Chamberlain and Haaga (2001), which consists of 20 items with two subscales: Unconditional Self-Acceptance and Conditional Self-Acceptance. The questionnaire is applicable to individuals aged 14 and older. Scoring is based on a Likert scale, ranging from 1 ("completely false") to 7 ("always true") for items related to Unconditional Self-Acceptance. Higher scores indicate greater self-acceptance. Chamberlain and Haaga (2001) reported an internal consistency reliability (Cronbach's alpha) of 0.72 and a split-half reliability coefficient of 0.63 using the Spearman-Brown method. They also established construct validity by correlating this questionnaire with the Rosenberg Self-Esteem Scale. The internal consistency reliability of the Persian version, as assessed using Cronbach's alpha, was 0.68. The split-half reliability using the Spearman-Brown method was 0.63. Convergent validity, examined through correlation with the Rosenberg Self-Esteem Scale, yielded a coefficient of 0.37. Confirmatory factor analysis with a sample of 200 high

school female students indicated that all items except for three had appropriate factor loadings (as cited in Attari et al., 2020). In Attari et al.'s (2020) study, the internal consistency reliability of the questionnaire using Cronbach's alpha was 0.81.

2.2.3. Psychological Flexibility

In this study, psychological flexibility was measured using the second edition of the Acceptance and Action Questionnaire (AAQ-II) by Bond et al. (2011). This unidimensional questionnaire consists of 10 items rated on a 7-point Likert scale. Lower scores indicate greater psychological flexibility. The AAQ-II appears to measure the same construct as the original version but with improved psychometric stability (as cited in Bond et al., 2011). In the study by Imani et al. (2016), the validity and reliability of the Persian version of the AAQ-II were examined. Convergent and divergent validity were assessed using the General Health Questionnaire (GHQ) and the Depression, Anxiety, and Stress Scale (DASS). Reliability was evaluated using Cronbach's alpha and test-retest methods. Correlations between the AAQ-II and the GHQ, as well as the DASS, confirmed the questionnaire's convergent and divergent validity. The Cronbach's alpha and test-retest reliability coefficients demonstrated that the questionnaire is a reliable instrument (Imani, 2016).

2.2.4. Self-Compassion

In this study, self-compassion was measured using Neff's (2003a) 26-item Self-Compassion Scale, which includes six subscales: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification. Self-Kindness is contrasted with Self-Judgment, Common Humanity with Isolation, and Mindfulness with Over-Identification. The scale uses a Likert scoring system, ranging from 1 ("almost never") to 5 ("almost always") for Self-Kindness, Common Humanity, and Mindfulness. The scoring is reversed for Self-Judgment, Isolation, and Over-Identification subscales. The test-retest reliability coefficient for the Self-Compassion Scale in Neff's (2003b) study was 0.93. In the study by Abolghasemi et al. (2012), Cronbach's alpha was reported as 0.81. Neff (2003b) also established concurrent validity by correlating the Self-Compassion Scale with other questionnaires, finding a negative correlation with the Self-Criticism subscale of the Depressive Experiences Questionnaire (Blatt, D'Afflitti, & Quinlan, 1976) and a positive correlation with the Social Connectedness Scale (Lee & Robbins, 1995). In the study by Amanollahi et al. (2014), self-compassion correlated negatively with the Beck Depression Inventory (1961) at -0.74 and with the Trait Anxiety subscale of the State-Trait Anxiety Inventory (Spielberger, 1970) at -0.76. The internal consistency reliability (Cronbach's alpha) for the subscales and total score were as follows: Self-Kindness (0.76), Self-Judgment (0.75), Common Humanity (0.73), Isolation (0.55), Mindfulness (0.83), Over-Identification (0.65), and overall scale (0.62) (Amanollahi et al., 2014).

2.3. Data Analysis

Data analysis was conducted using structural equation modeling with SPSS and LISREL software.

3. Findings and Results

The descriptive findings related to 215 individuals aged 60 and above residing in daily nursing homes in Nowshahr and Chalous counties from February 2024 to August 2024 indicate that 123 participants (57.21%) were in the 60–70 age range, 74 participants (34.42%) were in the 70–80 age range, and 18 participants (8.37%) were aged 80 and above. Regarding gender, 117 participants (54.42%) were female, and 98 participants (45.58%) were male. In terms of marital status, 128 participants (59.54%) were single, while 87 participants (40.46%) were married. Regarding educational level, 91 participants (42.32%) had a high school diploma or lower, 111 participants (51.63%) held a bachelor's degree, and 13 participants (6.05%) had a master's degree or higher. Based on the number of children, 85 participants (39.53%) had one child, 79 participants (36.74%) had two children, and 51 participants (23.73%) had three or more children.

Table 1 presents the mean and standard deviation of the study variables.

Table 1

Mean, Standard Deviation, and Range of Study Variables

Variable	Mean	Standard Deviation	Maximum	Minimum	Skewness	Kurtosis
Death Anxiety	9.97	2.49	15	4	-0.291	-0.293
Self-Acceptance	37.02	4.60	51	23	0.029	-0.977
Unconditional Self-Acceptance	14.85	3.28	24	8	0.34	0.589
Conditional Self-Acceptance	22.17	4.40	31	12	0.166	0.330
Psychological Flexibility	38.61	5.58	49	22	-0.547	0.158
Avoidance of Emotional Experiences	28.42	4.13	36	18	-0.375	0.769
Control Over Life	10.19	2.89	15	3	-0.070	0.614
Self-Compassion	95.39	4.27	21	9	0.385	0.330
Self-Kindness	16.48	3.50	26	8	0.126	-0.399
Self-Judgment	19.32	4.57	29	9	0.118	0.691
Common Humanity	16.48	3.50	26	8	0.126	-0.399
Isolation	15.14	3.92	22	6	-0.109	1.004
Mindfulness	14.32	3.92	22	6	-0.146	0.841
Over-Identification	15.87	2.59	21	9	-0.068	0.431

As observed in Table 1, within the self-acceptance variable, the highest mean belongs to the conditional self-acceptance component (22.17), while the lowest mean is associated with the unconditional self-acceptance component (14.85). Within psychological flexibility, the highest mean pertains to avoidance of emotional experiences (28.42), whereas the lowest mean corresponds to control over life (10.19). In self-compassion, the highest mean belongs to the self-judgment component (19.32), while the lowest mean is related to mindfulness (14.32). The mean score for death anxiety was 9.97.

Table 2

Pearson Correlation Coefficients Between Study Variables

Variable	1	2	3	4
1- Psychological Flexibility	1			
2- Self-Compassion	0.675	1		
3- Self-Acceptance	0.579	0.864	1	
4- Death Anxiety	-0.379	-0.352	-0.355	1

Prior to data analysis using the path analysis method, the assumptions of multivariate normality, linearity, multicollinearity, and independence of errors were confirmed. Normality was assessed using skewness and kurtosis indices, and since all values fell within the range of -2 to +2, the assumption of normality was verified. To examine multicollinearity, tolerance values and the variance inflation factor (VIF) were calculated. The VIF for all variables was below 10, and the tolerance statistic exceeded 0.1, indicating no multicollinearity. The Durbin-Watson test was used to assess the independence of errors, yielding a value of 2.37, which falls within the acceptable range of 1.5 to 2.5, confirming the assumption of independent errors. Given that all assumptions were met, the goodness of fit of the proposed model was evaluated based on fit indices.

Path analysis was used to assess the proposed model. The final model illustrating the relationship between psychological flexibility, death anxiety, and self-acceptance, with the mediating role of self-compassion in elderly residents of nursing homes in Nowshahr and Chalous counties, is presented in Figure 1.

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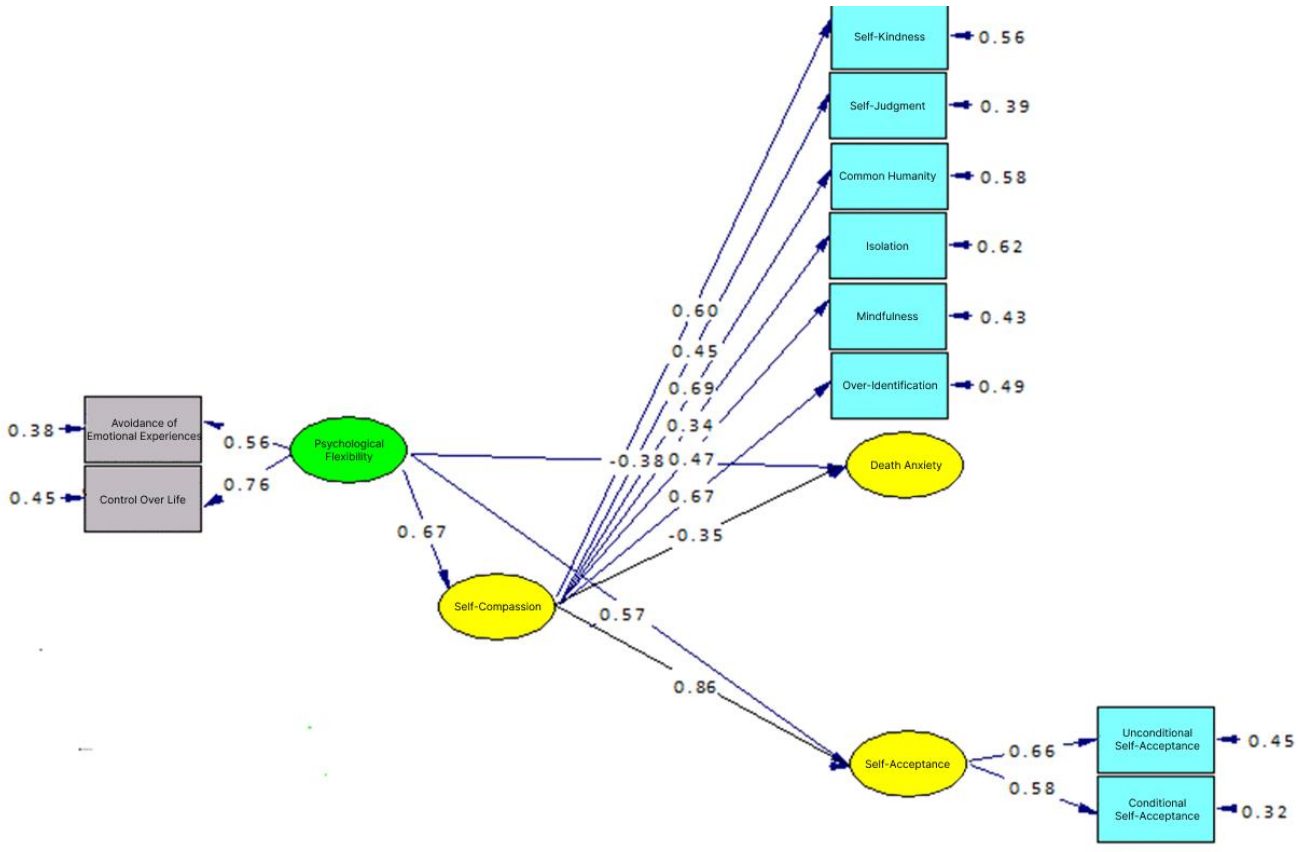
Table 3

Model Fit Indices

Fit Index	Value	Criterion	Interpretation
Absolute Fit Indices			
Chi-Square (χ^2)	162.46	-	-
Degrees of Freedom (df)	68	-	-
Significance Level	0.001	Less than 0.05	-
χ^2/df Ratio	2.39	Less than 3	Good Fit
Goodness of Fit Index (GFI)	0.912	Greater than 0.90	Good Fit
Adjusted Goodness of Fit Index (AGFI)	0.861	Greater than 0.85	Good Fit
Comparative Fit Indices			
Relative Fit Index (RFI)	0.934	Greater than 0.90	Good Fit
Incremental Fit Index (IFI)	0.922	Greater than 0.90	Good Fit
Comparative Fit Index (CFI)	0.920	Greater than 0.90	Good Fit
Tucker-Lewis Index (TLI)	0.927	Greater than 0.90	Good Fit
Normed Fit Index (NFI)	0.918	Greater than 0.90	Good Fit
Parsimonious Fit Indices			
Root Mean Square Error of Approximation (RMSEA)	0.032	Less than 0.10	Good Fit
Parsimonious Normed Fit Index (PNFI)	0.669	Greater than 0.50	Good Fit
Parsimonious Goodness of Fit Index (PGFI)	0.677	Greater than 0.50	Good Fit

Figure 1

Final Model in Standardized Form



The results in Table 3 indicate that the chi-square statistic (χ^2) is 162.46 with 68 degrees of freedom. The chi-square to degrees of freedom ratio is 2.39, which is less than 3, indicating an excellent model fit. The Goodness of Fit Index (GFI) is 0.912, confirming an adequate model fit. The Adjusted Goodness of Fit Index (AGFI) is 0.861, which is

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greater than 0.85, indicating a satisfactory model fit. The Root Mean Square Error of Approximation (RMSEA) is 0.032, which is below 0.10, confirming the validity of the research model. Additionally, the Normed Fit Index (NFI) is 0.918, the Tucker-Lewis Index (TLI) is 0.927, the Comparative Fit Index (CFI) is 0.920, and the Relative Fit Index (RFI) is 0.934, all of which confirm an acceptable and validated research model.

Considering the above findings and the quantitative fit indices, it can be concluded that the theoretical research model is acceptable. Thus, the relationships within the model and the regression coefficients between the latent variables can be examined. The hypothesis was tested using the partial p-value index, where a relationship is considered significant if the p-value is less than 0.05. Therefore, the structural model of death anxiety and self-acceptance based on psychological flexibility, with the mediating role of self-compassion in elderly residents of daily nursing homes in Nowshahr and Chalous counties, demonstrates an acceptable fit.

Table 4

Standardized Path Coefficients for Direct Effects in the Model

Path	Standardized Coefficient (β)	Standard Error	Critical Ratio	Significance Level (p)
Psychological Flexibility → Self-Compassion	0.675	0.235	7.65	0.0005
Psychological Flexibility → Death Anxiety	-0.379	0.317	-4.36	0.0005
Psychological Flexibility → Self-Acceptance	0.579	0.324	6.57	0.0005
Self-Compassion → Death Anxiety	-0.352	0.314	-4.33	0.0005
Self-Compassion → Self-Acceptance	0.846	0.350	9.84	0.0005

The Pearson correlation coefficient results indicated a significant positive relationship between psychological flexibility and self-compassion ($r = 0.675$, $p < 0.01$); a significant negative relationship between psychological flexibility and death anxiety ($r = -0.379$, $p < 0.01$); a significant positive relationship between psychological flexibility and self-acceptance ($r = 0.579$, $p < 0.01$); a significant negative relationship between self-compassion and death anxiety ($r = -0.352$, $p < 0.01$); and a significant positive relationship between self-compassion and self-acceptance ($r = 0.846$, $p < 0.01$).

Table 5

Bootstrap Results for Indirect and Mediating Paths

Exogenous Variable	Mediating Variable	Endogenous Variable	Estimate	Upper Bound	Lower Bound	Significance Level (p)	Confidence Interval
Psychological Flexibility	Self-Compassion	Death Anxiety	-0.639	0.249	0.131	0.004	95%
Psychological Flexibility	Self-Compassion	Self-Acceptance	0.769	0.128	0.104	0.001	95%

The confidence intervals indicate that the indirect path between psychological flexibility and death anxiety, mediated by self-compassion, was statistically significant ($\beta = -0.639$, $p < 0.01$). Additionally, the indirect path between psychological flexibility and self-acceptance, mediated by self-compassion, was statistically significant ($\beta = 0.769$, $p < 0.01$). Since zero does not fall within the confidence intervals, the indirect pathways are considered statistically significant.

4. Discussion and Conclusion

The present study, which aimed to conduct structural modeling of death anxiety and self-acceptance based on psychological flexibility with the mediating role of self-compassion in elderly residents of nursing homes in Nowshahr and Chalous counties, demonstrated that the structural model of death anxiety and self-acceptance based on psychological flexibility with the mediating role of self-compassion in elderly residents of daily nursing homes in these counties exhibited an acceptable fit.

Regarding the effect of psychological flexibility on death anxiety in the proposed model, the Pearson correlation coefficient findings indicated a significant negative relationship between psychological flexibility and death anxiety. This finding aligns with the study by Basharpoor et al. (2019), which showed a significant negative relationship

between death anxiety and psychological flexibility in older adults (Basharpoor et al., 2019). Fledderus et al. (2012) found a significant positive relationship between psychological flexibility and depression and anxiety (Fledderus et al., 2012). Similarly, Kroski (2012) demonstrated that psychological flexibility plays a mediating role between environmental anxieties and psychological problems (Craske, 2012).

In explaining this finding, it can be stated that psychological flexibility refers to an individual's ability to focus on the present situation and utilize its opportunities to move toward intrinsic goals and values despite the presence of challenging or unwanted events. Older adults with psychological flexibility possess better emotional regulation skills and experience lower anxiety. Additionally, elderly individuals with high psychological flexibility can seek help from others and establish a supportive network to cope more effectively with life's challenges. Psychological flexibility enhances situational awareness, making circumstances more manageable, thereby increasing mental health, reducing death anxiety, and improving self-acceptance.

Accordingly, the present study found a significant positive relationship between psychological flexibility and self-acceptance, consistent with Oliani's (2022) research, which indicated a correlation between psychological flexibility and life satisfaction (Oliani, 2022). Psychological flexibility appears to be associated with variables such as problem-solving, resilience, and effective coping strategies, which enhance self-efficacy in managing challenges in old age and promote self-acceptance.

The present study also revealed a significant positive relationship between psychological flexibility and self-compassion, which is consistent with the findings of Allen et al. (2012), who reported that self-compassion contributes to the well-being of older adults (Allen et al., 2012). According to Acceptance and Commitment Therapy (ACT), psychological inflexibility is a psychopathological factor underlying mental disorders in all individuals (Hayes et al., 2006). Psychological flexibility represents a set of behaviors that align with one's values, which can lead to a more positive self-view, reduced self-judgment, increased self-kindness, and higher self-compassion, ultimately fostering greater self-acceptance. In this regard, Attari et al. (2020) found that gratitude positively influences self-acceptance in older adults.

Furthermore, the present study found a significant negative relationship between self-compassion and death anxiety. In support of this finding, the study by Baharvandi et al. (2020) demonstrated that compassion-based therapy reduces death anxiety in older adults (Baharvandi et al., 2020). Askaryzadeh et al. (2022) highlighted the significant effect of mindfulness on death anxiety (Askarizadeh et al., 2022). In the study by Kavakli et al. (2020), self-compassion played a mediating role in the relationship between perceived COVID-19 threat and death anxiety (Kavaklı et al., 2020). Takahashi et al. (2019) showed that the non-judgmental aspect of mindfulness and self-compassion significantly influenced anxiety levels (Takahashi et al., 2019).

In explaining this finding, it can be stated that, according to Neff (2009), self-compassion creates emotional security, allowing individuals to see themselves clearly without fear of self-criticism and to recognize and modify maladaptive cognitive, emotional, and behavioral patterns (Neff, 2009). Consequently, self-compassion prevents passivity and stagnation, leading to improved quality of life, psychological coherence, and enhanced psychological well-being, while reducing anxiety, particularly death anxiety.

Self-compassion can serve as an emotion regulation strategy in which distressing emotions are not avoided but rather accepted with kindness and understanding. Compassion fosters well-being by enhancing feelings of care and emotional calmness during difficult times, particularly helping individuals correct maladaptive thought and behavioral patterns. Additionally, compassion protects individuals from failure through adaptive coping strategies and provides motivational strength for psychological growth and improvement. Greater self-compassion encourages individuals to face emotions rather than avoid them, leading to lower avoidance behaviors and a greater reliance on problem-focused coping strategies, which are crucial in reducing anxiety. Individuals with high self-compassion are both kind to themselves and less self-critical, contributing to greater self-acceptance.

One limitation of the present study was the absence of probabilistic sampling, which should be addressed in future research. Additionally, given the impact of psychological flexibility on mental health variables in older adults, it is recommended that therapists and counselors explore methods to enhance psychological flexibility to open new avenues for treating and preventing psychological distress in this population.

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Authors' Contributions

Authors contributed equally to this article. This article is derived from first authors' doctoral dissertation.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This article is derived from the first author's PhD dissertation at Tonekabon Branch, Islamic Azad University, Tonekabon, Iran." It has received ethical approval with the identifier code IR.IAU.TON.REC.1403.0138 from the Research Ethics Committee of the Islamic Azad University, Tonekabon Branch

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