

The relationship between self-compassion, symptom severity, and suicide probability in patients diagnosed with depression

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ABSTRACT

Aims: Depression is a mental disorder that significantly affects public health, where suicide is seen 3-4 times more than other psychiatric disorders. Self-compassion is related to less depressive symptoms and more participation in healthy behaviors. This Research is made to be a descriptive study with the aim of revealing the relationship between self-compassion and symptom severity and suicide probability in patients with depression.

Methods: The study was conducted with patients diagnosed with depression in the psychiatry outpatient clinic and inpatient units of a hospital in Gaziantep. Personal Information Form, Beck Depression Inventory, Self Compassion Scale", Suicide Probability Scale were used. The data were analyzed in IBM SPSS 22.

Results: Depression patients participating in the study was determined a mean BDI score of 34.87 ± 10.33 , a mean score of 97.39 ± 14.67 on the SPS, and a mean score of 2.42 ± 0.698 on the SCS scale. It was determined that there is a significant negative correlation between BDI, SPS and SCS mean scores of the patients participating in the study ($p < 0.05$).

Conclusions: The results of the study revealed that the severity of depression and the probability of suicide increase as self-compassion decreases in patients with a diagnosis of depression. It is recommended to plan interventions to increase self-compassion in individuals diagnosed with depression in order to reduce the probability of suicide and affect recovery positively.

Keywords: Depression, suicide, self-compassion, psychiatric nursing

INTRODUCTION

Depression is defined as a syndrome that includes slowing of physiological functions and thoughts, being in a sad mood, reluctance and immobility in speech, as well as feelings and thoughts such as dullness, worthlessness, and pessimism (Buturak et al., 2011). Depression is among the most common reasons why people seek psychiatric help and psychological support (Iyer & Khan, 2012). Depression is a mental disorder that significantly impacts public health. Its prevalence, risk of chronicity, high suicide rates, associated losses, and economic hardship increase the importance of research on depressive disorders (Başoğlu & Buldukoğlu 2015). Depression is the most frequently cited mental health problem as a cause of suicide attempts. Approximately two-thirds of patients with depressive disorders experience suicidal thoughts, and their lifetime likelihood of engaging in suicidal behavior is approximately 15% (Ateşçi et al., 2002). Suicide is a major public health problem; approximately 804,000 people die by suicide annually. Suicidal thoughts and behaviors stem from biological, psychological, clinical, and cultural and social interactions. Psychological risk factors include self-criticism, shame, perfectionism, isolation, distress, and hardship (Cleare et al., 2019). Self-compassion is an important protective

factor in the etiology of mental and physical health. It is effective in buffering the impact of stressful life events and in understanding and protecting against the risk of self-harm (Cleare et al., 2019). Low self-compassion can lead to high levels of judgment, over-identification with difficult emotions, feelings of isolation when the individual is suffering, and an increased likelihood of self-harm (Sun et al. 2020). Self-compassion is defined as being open to the emotions that cause one's pain and distress, approaching oneself with caring and compassionate attitudes, being understanding and nonjudgmental toward one's inadequacies and failures, and accepting that negative experiences are part of human life (Neff 2003). Self-compassion has been consistently linked to psychological well-being. This capacity for self-compassion may be shaped by early attachment experiences and may be related to interpersonal difficulties (Mackintosh et al., 2018). Self-compassion is considered a potentially protective factor that promotes psychological well-being and emotional resilience. Therefore, it is associated with a lower likelihood of depression and anxiety (Raes 2010). The concept of self-compassion has been linked to suicidal behavior. It has been postulated that it may directly reduce the risk of suicide, such

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that individuals who are more understanding of themselves, who know they are not alone in their suffering, and who are mindful of their experiences may be less likely to engage in suicidal behavior (Kelliher Rabon et al., 2018). Suicide has become a significant public health problem today (Aydın et al., 2019). It has been reported that 50-70% of suicide deaths involve a depressive disorder, and it has been suggested that major depression is one of the most common diagnoses in patients who attempt suicide (Ürün et al., 2015). Research suggests that self-compassion is the most important concept that can protect individuals from mental health problems (Mackintosh et al., 2018). Self-compassion has emerged as a robust factor that protects individuals against depressive symptoms. It consists of three main components: self-esteem, self-efficacy, and self-awareness (Neff 2003). Self-esteem requires being warm and understanding rather than ignoring suffering or punishing it with self-criticism. Self-efficacy is the ability to recognize that suffering and personal inadequacy are part of the shared human experience. Finally, self-awareness relates to adopting a nonjudgmental, receptive state of mind in which an individual observes thoughts and feelings as they are (Hlabangana & Hearn, 2019). Self-compassion is associated with physical and mental health outcomes, particularly fewer depressive symptoms and greater engagement in healthy behaviors. Evidence suggests that self-compassion reduces the risk of suicide. It is also possible that self-compassion indirectly reduces suicide risk through its relationship with other factors, including its positive effects on symptoms of psychopathology (depression) and the promotion of engagement in healthy behaviors. Research has found that depressive symptoms are positively associated with suicidal behavior, self-compassion is negatively associated with suicidal behavior, healthy behaviors and self-compassion are negatively associated with depressive symptoms, and self-compassion and healthy behaviors are positively associated with each other (Kelliher Rabon et al., 2018). Many patients with depression feel worthless. The attitudes and behaviors of nurses, who are in constant contact with these patients, are a crucial factor (Pınar & Tel, 2012). Self-compassion is a fundamental characteristic that nurses must possess when helping individuals with health problems and concerns. It is a highly effective element in providing quality care (Özpulat & Günaydın, 2018). Self-compassion, the first component of self-sensitivity, is said to alleviate the pain of negative self-evaluation, enable understanding and acceptance of psychological pain, foster faith in change in the face of emotions stemming from painful experiences, and prevent suicide. Furthermore, a sense of shared humanity provides a feeling of connection to people. It is suggested that individuals who experience psychological pain and suicidal thoughts, yet possess a sense of shared humanity, realize they are not alone and tend to accept the undesirable aspects of their selves rather than act on suicidal thoughts. A review of the literature revealed no studies on the effect of self-compassion on depression and suicide in patients with depression. Therefore, this study is expected to provide evidence for a relationship between self-compassion, suicidal probability, and symptom severity in patients with depression.

Purpose of the Study

This study aimed to determine the relationship between self-compassion and depressive symptom severity and suicide probability in patients diagnosed with depression.

METHODS

Ethical Principles of the Research

Before commencing the research, the research was submitted to the Gaziantep University Clinical Researches and Ethics Committee, and written approval was obtained (Date: 23.10.2019, Decision No:2019/416). All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki. Written permission was obtained from the Chief Physician and the Head of the Department of Psychiatry at Gaziantep Şehitkamil State Hospital, where the research was conducted. The purpose, plan, duration, and expectations of the study were explained to the individuals who participated in the study, and written informed consent was obtained from the patients.

Research Type

This study was conducted as a descriptive and correlational study. The planning and conduct of the research took place between December 2019 and December 2020 at the psychiatry ward/psychiatry outpatient clinic of a State Hospital.

Population and Sample of the Study

The study population consisted of depressed patients aged 18 to 65 years, diagnosed with depression according to DSM V by a doctor, receiving inpatient or outpatient treatment, without comorbid conditions, and without significant physical or cognitive impairments that would prevent them from completing the questionnaire. The total number of patients followed up in the outpatient clinic and hospitalized at the time of data collection was 209. In calculating the sample size, Makintosh et al.'s (2018) study titled "The Relationships Between Self-Compassion, Attachment and Interpersonal Problems in Clinical Patients with Mixed Anxiety and Depression and Emotional Distress" was taken as a reference. In the G- power analysis, the sample size was determined as 134 using the Self-Compassion scale.

Data Collection Tools

In this study, data were collected through face-to-face interviews with patients. The data were collected using a Personal Information Form prepared by the researchers, which included sociodemographic information about the individuals, information about the course of the illness and treatment, the Beck Depression Inventory, the Self-Compassion Scale, and the Suicide Probability Scale.

The personal information form: It consists of 17 questions designed by researchers to determine the sociodemographic characteristics and disease-related characteristics of the participants.

Beck Depression Inventory: The Beck Depression Inventory was developed by Beck et al., (1961) and is a 21-item Self-report Scale used to measure symptoms of depression in the vegetative, sensory, cognitive, and motivational domains. Two independent studies were conducted on its adaptation to Turkish. One was the "Beck Depression Inventory" adapted

by Hisli (1988-1989). The aim of the scale is to objectively quantify the degree of depression. Each item on the scale is scored between 0 and 3. The sum of these scores gives the depression score. The maximum possible score is 63. A high total score indicates a high degree of depression. A depression score of 17 or higher indicates above-normal depression. In the Turkish validity and reliability study of the scale, the Cronbach alpha value was found to be 0.74 (Hisli 1988). In this study, the Cronbach alpha value was found to be 0.85.

Self-Compassion Scale (SCS): Self-compassion is measured with the Self-Compassion Scale, a new scale developed by Neff (2003b). This scale is a self-report measurement tool that assesses characteristics related to the sub-dimensions of self-compassion and relies on the individual providing information about themselves. It was adapted to Turkish by Akın et al. (2007). The Self-Compassion Scale has a 5-point Likert-type scale: (1) never (2) rarely (3) often (4) usually, and (5) always. The sub-scale items of the Self-Compassion Scale are;

- Self-compassion: 2, 6, 13, 17, 21
- Self-judgment: 4, 7, 15, 20, 26
- Awareness of shared experiences: 1, 8, 12, 22
- Isolation: 5, 11, 19, 25
- Consciousness: 9, 14, 18, 23
- Over-identification: 3, 10, 16, 24.

To calculate the total score of the self-compassion scale, the negative subscales Self-judgment, Isolation, and Over-identification are reverse-coded, and the means of the six subscales are summed. The total self-compassion item mean score is obtained. Scores between 1 and 2.5 indicate low self-compassion, scores between 2.5 and 3.5 indicate moderate self-compassion, and scores between 3.5 and 5 indicate high self-compassion. The internal consistency coefficients of the Self-Compassion Scale were found to be 0.77 for the self-compassion subscale, 0.72 for self-judgment, 0.72 for awareness of shared experiences, 0.80 for isolation, 0.74 for mindfulness, and 0.74 for over-identification (Akın et al., 2007). In this study, the reliability value for the self-compassion subscale was 0.78, 0.85 for self-judgment, 0.85 for awareness of shared experiences, 0.76 for isolation, 0.74 for mindfulness, 0.57 for over-identification, and the Cronbach's alpha value for the total self-compassion scale was 0.94.

Suicide Probability Scale (SPS): The Suicide Probability Scale (SPS), developed by Cull and Gill (1988), is a 36-item self-report instrument that measures suicide risk. It can be used with adolescents and adults. Participants rate each item according to the frequency with which they experience the specified emotion or behavior on a 4-point Likert-type scale ranging from "Never or very rarely" to "Most of the time or all of the time.". The scale was modified by Şahin and Batıgün (2000). Responses were taken as "0%," "30%," "70%," and "100%" based on the degree of identification; the scoring is equivalent to the original form. Items 2, 6, 7, 10, 11, 18, 20, 21, 22, 24, 25, 26, 27, 30, 32, 35, and 36 are reverse-coded and scored. The Cronbach's alpha internal consistency coefficient of the scale is reported to be 0.93, and the test-retest reliability coefficient is 0.92 (Batıgün & Şahin, 2018). In this study, Cronbach's alpha was found to be 0.88 for the Suicide Probability Scale, 0.74 for social support/self-

perception, 0.76 for anger/impulsivity, 0.67 for hopelessness/loneliness, and 0.87 for suicidal ideation.

Statistical Analysis

In the analysis of participants' sociodemographic characteristics and disease-related variables, t-percentage, mean, and standard deviation were used. The normality of the data distribution was determined using the Kolmogorov-Smirnov (K-S) test. The relationship between the scales was examined using the Spearman correlation coefficient. Cronbach Alpha values were also provided for the reliability analysis of the scales. Analyses were performed using SPSS 22.0 software. A significance level of $p < 0.05$ was selected.

RESULTS

The distribution of sociodemographic characteristics of patients diagnosed with depression is shown in [Table 1](#). Of the patients participating in this study, 88.1% were female, and 26.9% were between the ages of 46 and 55. It was found that 62.7% of the patients were married, 86.6% had children, 35.1% were primary school graduates, 85.1% were unemployed, 78.4% had less income than expenses, 7.5% drank alcohol and 35.8% smoked ([Table 1](#)).

The distribution of patients' characteristics related to depression is shown in [Table 2](#). Of the patients participating in this study, 90.3% had previously been diagnosed with depression, 17.2% had been hospitalized in a psychiatric clinic, 90.3% had previously received psychiatric treatment, 41.8% had a psychiatric diagnosis in their family and relatives, 29.1% had previously attempted suicide, 10.5% were currently contemplating suicide, and 7.5% had a history of suicide in their family and relatives. The mean score for patients previously hospitalized in a psychiatric clinic was 2.17 ± 1.95 , and the mean score for patients who had attempted suicide was 1.84 ± 1.07 ([Table 2](#)).

The total scores and means of the BDI, SPS, SCS, and subscales of the patients participating in the study are presented in [Table 3](#). The mean BDI score of the depressed patients participating in the study was 34.87 ± 10.33 , the mean score of the social support/self-perception subscale was 45.86 ± 5.29 , the mean score of the anger/impulsivity subscale was 13.17 ± 4.18 , the mean score of the hopelessness/loneliness subscale was 23.40 ± 2.74 , the mean score of the suicidal ideation subscale was 14.96 ± 6.35 , and the total mean score of the SPS was 97.39 ± 14.67 . From the SPS subscales; The mean score of the self-compassion subscale was 1.73 ± 0.63 , the mean score of the self-judgment subscale was 3.00 ± 0.99 , the mean score of the awareness of sharing subscale was 2.55 ± 0.98 , the mean score of the isolation subscale was 2.72 ± 0.89 , the mean score of the consciousness subscale was 1.95 ± 0.63 , the mean score of the over-identification subscale was 2.55 ± 0.63 and the mean score of the SDS was 2.42 ± 0.69 ([Table 3](#)).

The relationships between the Beck Depression Inventory, Suicide Probability Scale, and Self-Compassion Scale in patients with depression participating in the study are presented in [Table 4](#). A significant negative correlation was found between the self-compassion of the patients participating in the study and their depression levels. It was determined that as self-compassion increased, depression levels decreased ($p < 0.05$). The study also found a significant

Table 1. Distribution of sociodemographic characteristics of patients diagnosed with depression

Charecteristics	n=134	%
Gender		
Male	16	11.9
Female	118	88.1
Age		
18-25	13	9.7
26-35	20	14.9
36-45	35	26.1
46-55	36	26.9
56 and over	30	22.4
Marital status		
Married	84	62.7
Single	50	37.3
Having child		
Yes	116	86.6
No	18	13.4
Education		
Illeterate	41	30.6
Literate	7	5.2
Primary school	47	35.1
Secondary school	13	9.7
College	17	12.7
University	9	6.7
Working statue		
Working	16	12
Not working	114	85.1
Retired	4	2.9
İncome		
Income is less than expenses	105	78.4
Income is equal to expenses	29	21.6
Alcohol consumption		
Yes	10	7.5
No	124	92.5
Smoking		
Yes	48	35.8
No	86	64.2
Total	134	100.0

negative correlation between self-compassion and suicide probability, and that as self-compassion decreased in patients with depression, the likelihood of suicide increased ($p < 0.05$).

$p < 0.001$ is very significant, $0.001 \leq p < 0.01$ is highly significant, $0.01 \leq p < 0.05$ is statistically significant, $0.05 \leq p < 0.10$ is borderline significant.

r : 0.8-1.0 indicates a very strong relationship, r : 0.6-0.8 indicates a strong relationship, r : 0.4-0.6 indicates a moderate relationship, r : 0.2-0.4 indicates a weak relationship, and r : 0.0-0.2 indicates a very weak relationship.

DISCUSSION

This research was conducted to determine the relationship between self-compassion and symptom severity and suicidal probability in patients with depression. This section discusses

Table 2. Distribution of patients' depression-related characteristics

Charecteristics	n	%	
Previous diagnosis of depression			
Yes	121	90.3	
No	13	9.7	
Previous hospitalization in a psychiatric clinic			
Yes	23	17.2	
No	111	82.8	
Previous psychiatric treatment status			
Yes	121	90.3	
No	13	9.7	
History of mental illness in family or relatives			
Yes	56	41.8	
No	78	58.2	
Have attempted suicide before			
Yes	39	29.1	
No	95	70.9	
Current presence of suicidal thoughts			
Yes	14	10.5	
No	120	89.5	
Family history of suicide			
Yes	10	7.5	
No	124	92.5	
	Mean±SD	Min	Max
Number of previous psychiatric ward admissions	2.1±1.9	1.0	9.0
Number of previous suicide attempts	1.8±1.1	1.0	6.0

SD: Standard deviation, Min: Minimum, Max: Maximum

Table 3. BDI, SPS, SCS total and subscale averages of patients diagnosed with depression

	n	Min.	Max.	Mean	SD
BDI	134	16.0	60.0	34.87	10.33
SPS	134	66.0	131.0	97.4	14.67
Social support/self-perception (negative self-evaluation) subscale	134	35.0	56.0	45.86	5.29
Anger/impulsivity subscale	134	6.0	24.0	13.17	4.18
Hopelessness/loneliness subscale	134	13.0	28.0	23.40	2.74
Suicidal ideation subscale	134	7.0	28.0	14.96	6.35
SCS	134	1.0	3.7	2.42	0.69
Self-Compassion subscale	134	1.0	4.4	1.73	0.63
Self-Judgment subscale	134	1.0	4.6	3.00	0.99
Awareness of Sharing subscale	134	1.0	4.7	2.55	0.98
Isolation subscale	134	1.0	4.7	2.72	0.89
Consciousness subscale	134	1.0	3.5	1.95	0.63
Overidentification subscale	134	1.0	4.2	2.55	0.63

BDI: Beck Depression Inventory, SPS: Suicide Probability Scale, SCS: Self-Compassion Scale, SD: Standard deviation, Min: Minimum, Max: Maximum

the patients' descriptive characteristics, depression-related features, Beck Depression Inventory, Suicide Probability Scale, Self-Compassion Scale and subscale total and mean scores, the relationships between the scales, and the results comparing the scales with descriptive characteristics and descriptive data related to depressive disorder, in light of the literature.

Table 4. The relationship between BDI, SPS, and SCS scores in patients diagnosed with depression

		BDI	SPS	Social support/ self-perception (negative self-evaluation) subscale	Social support/ self-perception (negative self-evaluation) subscale	Social support/ self-perception (negative self-evaluation) subscale	Social support/ self-perception (negative self-evaluation) subscale
CSCS	r	-.560**	-.738**	-.708**	-.469**	-.425**	-.595**
	p	.000	.000	.000	.000	.000	.000
Self-compassion subscale	r	-.573**	-.655**	-.602**	-.423**	-.351**	-.544**
	p	.000	.000	.000	.000	.000	.000
Self-judgment subscale	r	-.446**	-.704**	-.689**	-.469**	-.357**	-.566**
	p	.000	.000	.000	.000	.000	.000
Awareness of sharing subscale	r	-.526**	-.706**	-.636**	-.500**	-.390**	-.595**
	p	.000	.000	.000	.000	.000	.000
Isolation subscale	r	-.499**	-.664**	-.669**	-.437**	-.387**	-.514**
	p	.000	.000	.000	.000	.000	.000
Consciousness subscale	r	-.394**	-.529**	-.591**	-.207**	-.256**	-.456**
	p	.000	.000	.000	.000	.000	.000
Over-identification	r	-.552**	-.631**	-.554**	-.467**	-.407**	-.482**
	p	.000	.000	.000	.000	.000	.000
SPS	r	.705**	1.000	.844**	.771**	.529**	.811**
	p	.000	.	.000	.000	.000	.000

BDI: Beck Depression Inventory, SPS: Suicide Probability Scale, SCS: Self-Compassion Scale, CSCS: Cognitive Social Capital Scale

The study found that the mean BDI and SPS scores of the depressed patients participating in the study were high. According to the literature, factors such as hopelessness, melancholia, low social support, early age of onset, disease-related factors (recurrence, lack of remission), and negative life events seen in major depression are risk factors and predictors of suicide (Güleç, 2016). According to the literature, depression is a mental disorder characterized by predominant feelings of hopelessness, grief, and guilt, and involves negative emotions. Prolonged depression increases the likelihood of suicide (Tamam et al., 2012). Therefore, depressive disorder is the most at-risk group for suicide, and as the level of depressive symptoms increases, the likelihood of suicide increases.

Participants in the study were found to have low mean total SCS scores. Self-compassion is a factor that helps individuals cope with negative events without avoidance. It fosters the courage and understanding a person needs. However, individuals with depression experience recurring negative emotions and avoid confrontation. Therefore, individuals experiencing depression have low self-compassion (Kıcalı, 2015).

Participants in the study were found to have higher scores on the SPS subscale, social support/self-perception (negative self-evaluation), than on other subscales. According to the literature, poor social support can lead individuals to hopelessness, loneliness, and suicidal thoughts. Strong social support, on the other hand, is a protective factor against suicidal thoughts and behaviors (Arsel, 2010). According to a study by Önder and Bölükbaşı (2019), negative attributions made toward oneself in low self-esteem lead to the emergence of suicidal thoughts. As self-esteem increases, suicidal thoughts decrease, and a high self-esteem protects against suicide. Individuals with low self-esteem exhibit anxiety, shyness, dependence on others, weak self-confidence, negative self-attributions, and symptoms of depression (Tözün, 2010). Individuals experiencing depression also experience restlessness, anxiety, negative thoughts, feelings of worthlessness, and guilt (Çelik

& Hocaoğlu, 2016). Characteristics observed in individuals with low self-esteem are also found in the typical symptoms of depression. This study group consisted of patients with depression. Therefore, it can be assumed that the social support/negative self-evaluation subscale of the SPS subscale was found to be high.

Participating patients were found to have higher mean scores on the self-judgment subscale of the SCS than on other self-compassion subscales. According to the literature, self-judgment refers to blaming oneself for inadequacies and failures (Yıldırım & Sarı, 2018). Symptoms of depression include feelings of inadequacy, worthlessness, recurring negative emotions, guilt, and pessimism (Çelik & Hocaoğlu, 2016). Because the participating patient group exhibited depressive characteristics, it is plausible that self-judgment, a negative subscale of self-compassion, was higher for this reason.

A statistically significant, negative correlation was found between the mean scores of the BDI, SCS, and its subscales in the patients participating in the study. According to the study results, as self-compassion decreased, depression levels increased. According to the literature, self-compassion is a protective factor that buffers against depression. High self-compassion reduces an individual's frustration and, therefore, reduces the likelihood of experiencing depression (Korkmaz, 2018). Self-compassion facilitates coping by moderating people's reactions to negativity. It does not reduce, eliminate, or ward off the impact of negativity. It merely helps individuals suppress unwanted thoughts. Therefore, self-compassion is associated with less rumination, anxiety, self-criticism, depression, and lower perfectionism (Neff & Germer, 2017). Supporting this research, a study by Raes (2010) also determined that self-compassion is an antidote to depression. In other words, as individuals' self-compassion increases, fewer depressive symptoms are observed, while as self-compassion decreases, more depressive symptoms are observed. According to research by Kelliher Rabon et al. (2018),

there is a negative relationship between self-compassion and depression. A study by Kıcalı (2015) determined that low self-compassion increases the likelihood of depression, while high self-compassion is a protective factor.

A statistically significant, negative correlation was found between the SPS and SCS and their subscales among the patients participating in the study. The study found that as self-compassion decreased, suicidal tendencies increased. Supporting this study, Cleare et al. (2019) found that those with a history of suicide had lower self-compassion, while those with high self-compassion were less likely to have a history of self-harm. Individuals with high self-compassion are more understanding of themselves, accept that they are not alone, and value their experiences. Therefore, self-compassion can directly reduce the risk of suicide (Kelliher Rabon et al., 2018).

A statistically significant, positive, and strong correlation was determined between the BDI and the SPS. Research shows that as the severity of depression increases, the likelihood of suicide increases at the same rate (Ak et al., 2006). Numerous factors increase the likelihood of suicide in depression. According to the literature, cognitive aspects of depression, such as hopelessness and pessimism, are linked to suicide. Hopelessness, in particular, is the concept most closely associated with suicidal behavior (Pazvantoğlu et al., 2004). As the severity of depressive symptoms increases, so too do hopelessness and unhappiness. According to the literature, the fundamental problem in depression is hopelessness. The loss of positive thoughts about the future leads to suicidal thoughts (Dilbaz & Seber, 1993). Studies have shown that individuals with depressive symptoms are more likely to self-harm (Holat & Dilbaz 1994; Ak et al., 2008).

Limitations

The limitations of the study include the fact that the sample was taken from only one institution, the scales used in the study were self-report-based, the study was conducted within a specific time period and region, and the majority of participants were women.

CONCLUSION

This study found that patients with depression had low levels of self-compassion. Therefore, it is recommended.

- Accepting shortcomings and being less self-critical, being supportive and kind to oneself, and being understanding of aspects of one's personality that one dislikes.
- Developing an awareness that making mistakes is inherent to everyone.
- Instead of focusing on failures, practices aimed at accepting the situation and overcoming the pain of failure and increasing the ability to strive for change can be included.

A negative correlation was found between the self-compassion levels of the patients participating in the study and the likelihood of suicide and symptom severity. Therefore, it is recommended.

- Psychoeducational approaches, designed as individual or group sessions, are recommended for healthcare professionals to increase self-compassion in patients with depression.

ETHICAL DECLARATIONS

Ethics Committee Approval

The study was conducted with the approval of the Gaziantep University Clinical Researches Ethics Committee (Date: 23.10.2019, Decision No:2019/416)

Informed Consent

Written informed consent was obtained from all individual participants prior to their inclusion in the study. Participants were fully informed about the study's aims, procedures, potential risks and benefits, and their rights-including the right to withdraw at any time without consequence. All participants voluntarily signed a written informed consent form.

Peer Review Process

This manuscript was subject to external peer review.

Conflict of Interest

The authors declare no conflicts of interest related to this study.

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Author Contributions

Concept: DÇ, NK; Design: DÇ, NK; Control: DÇ; Data Collection and/or Processing: NK; Analysis and/or Interpretation: DÇ, NK; Literature Review: NK; Article Writing: DÇ, NK; Critical Review: All Authors.

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