

Self-Compassion as a Mediator Between Trauma Exposure and Suicidal Ideation

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ABSTRACT

Objective: This study aimed to examine the mediating role of self-compassion in the relationship between trauma exposure and suicidal ideation among adults in the United States.

Methods and Materials: A descriptive correlational design was used with a sample of 379 adult participants from the United States, selected based on the Krejcie and Morgan sampling table. Data were collected using standardized instruments: the Beck Scale for Suicide Ideation, the Life Events Checklist for DSM-5, and the Self-Compassion Scale. Descriptive statistics, Pearson correlation analysis using SPSS-27, and structural equation modeling (SEM) using AMOS-21 were employed to analyze the data and evaluate the proposed mediation model.

Findings: Descriptive results indicated moderate levels of trauma exposure ($M = 12.47$, $SD = 4.63$), moderately high self-compassion ($M = 81.35$, $SD = 13.92$), and low to moderate suicidal ideation ($M = 8.23$, $SD = 5.41$). Trauma exposure was positively correlated with suicidal ideation ($r = .48$, $p < .001$) and negatively correlated with self-compassion ($r = -.41$, $p < .001$). Self-compassion was negatively correlated with suicidal ideation ($r = -.52$, $p < .001$). SEM results confirmed that self-compassion significantly mediated the relationship between trauma exposure and suicidal ideation (indirect effect: $\beta = -0.16$, $p < .01$), with model fit indices indicating a good overall fit ($\chi^2/df = 2.35$, $CFI = 0.96$, $RMSEA = 0.059$).

Conclusion: The findings suggest that self-compassion plays a significant protective role in reducing suicidal ideation among individuals exposed to trauma. Interventions aimed at enhancing self-compassion may serve as effective strategies to mitigate the psychological effects of trauma and reduce suicide risk in diverse adult populations.

Keywords: Self-compassion, Trauma exposure, Suicidal ideation, Structural equation modeling, Psychological resilience, Mental health.

1. Introduction

Trauma exposure can result in long-lasting emotional dysregulation, cognitive distortions, and compromised coping strategies, all of which are known to contribute to

suicidal ideation. Individuals who have been exposed to trauma often report increased levels of self-criticism, shame, and hopelessness, which are linked to suicidality (Joneghani et al., 2023). Several studies have identified trauma as a

robust predictor of suicidal ideation in both clinical and non-clinical populations (Ziarat et al., 2023). Trauma's detrimental impact on mental health is especially concerning when it involves interpersonal violence, prolonged adversity, or early developmental disruptions. However, not all individuals exposed to trauma go on to develop suicidal thoughts, suggesting the influence of protective mediators in this relationship.

One such protective factor gaining empirical attention is self-compassion, which involves treating oneself with kindness, recognizing one's shared humanity, and maintaining mindfulness in the face of personal suffering (Kotera, Asano, et al., 2022; Neff, 2003). Self-compassion has been shown to buffer the negative effects of trauma by reducing emotional reactivity and promoting adaptive emotion regulation (Rehman et al., 2024). In a recent study, self-compassion was found to mediate the relationship between psychological resilience and mental health outcomes in college teachers, highlighting its potential as a psychological resource in high-stress populations (Rehman et al., 2024). Similarly, research involving high-school students demonstrated that self-compassion improved mental health by facilitating emotion regulation, especially under stress (Syafitri et al., 2024). These findings support the theoretical proposition that self-compassion may mitigate the progression from trauma exposure to suicidal ideation by promoting healthier intrapersonal responses.

The mediating role of self-compassion has been validated in various populations, including healthcare professionals, students, and individuals with chronic health conditions. For example, a study of cancer patients found that self-compassion served as a crucial mediator between mindfulness, resilience, and mental toughness, indicating its protective role even in life-threatening health conditions (Abedini & Joibari, 2023). Among individuals with ADHD, self-compassion was similarly associated with improved mental health outcomes, further underscoring its cross-population applicability (Beaton et al., 2022). The mechanism by which self-compassion exerts its beneficial effects is believed to involve the interruption of self-critical thoughts and the promotion of emotional balance (Vidal et al., 2024). By reducing shame and fostering an attitude of self-care, individuals may become more equipped to process traumatic experiences without resorting to maladaptive coping behaviors such as suicidal ideation.

Additional research has reinforced the importance of self-compassion in mental health outcomes related to trauma. For instance, studies have shown that self-compassion mediates

the association between dispositional mindfulness and psychological distress among college students (Zhang & Shen, 2023), and between hope and life satisfaction in Vietnamese undergraduates during the COVID-19 pandemic (Tran et al., 2022). The cross-cultural relevance of these findings suggests that the protective role of self-compassion transcends cultural boundaries. Furthermore, self-compassion has been shown to promote help-seeking behaviors among both students and older professionals, thereby facilitating access to mental health support when needed (John Jamir Benzon et al., 2022; Min et al., 2022). These findings suggest that self-compassion not only buffers emotional distress but also facilitates proactive coping strategies that can prevent the escalation of suicidal thoughts.

The relevance of self-compassion in mitigating suicidal ideation is further supported by studies in occupational and educational contexts. Among mental health nurses, self-compassion has been linked to increased compassion competence and professional values, which in turn support emotional resilience (Kim & Jun, 2024). Similarly, in academic settings, self-compassion has been found to mediate the relationship between mental health literacy and psychological well-being, highlighting its educational value (Carvalho, 2025). The effectiveness of self-compassion as an emotional regulator has also been observed among university students who reported reduced depressive symptoms and improved academic engagement (Garnsey, 2025; Kotera, Andrzejewski, et al., 2022). In sum, these findings consistently highlight the central role of self-compassion in fostering psychological well-being across life domains, from educational achievement to professional performance and personal resilience.

Self-compassion also plays a pivotal role in mediating the psychological impact of broader societal stressors. During the COVID-19 pandemic, researchers observed that individuals with higher levels of self-compassion reported lower levels of anxiety, depression, and social anxiety (Cutajar & Bates, 2024). These findings were replicated in longitudinal studies that showed sustained mental health benefits of self-compassion during prolonged crises (Cutajar & Bates, 2025). Importantly, these studies have emphasized the relevance of self-compassion as a dynamic and learnable skill that can be developed through interventions such as mindfulness training and cognitive-behavioral techniques (Cheung et al., 2022; Pastore & Fortier, 2023). Moreover, self-compassion has been identified as a mediating factor between spiritual well-being and psychological health,

demonstrating its capacity to integrate with diverse worldviews and values (Bodok-Mulderij et al., 2023).

Given this growing body of research, there is strong theoretical and empirical rationale to investigate the mediating role of self-compassion in the relationship between trauma exposure and suicidal ideation. While trauma exposure is a known risk factor for suicide, the presence of self-compassion may alter this trajectory by reducing self-critical thinking, promoting emotional regulation, and enhancing cognitive resilience (Helminen et al., 2023). In fact, a recent meta-analysis confirmed that self-compassion consistently reduces the adverse effects of minority stress and other traumatic experiences on mental health (Helminen et al., 2023). This mediational model is further supported by studies indicating that self-compassion enhances mental health indirectly through its influence on behavioral engagement, emotion regulation, and hope (Carvalho, 2025; Liu et al., 2024).

Despite this rich literature, relatively few studies have directly examined the role of self-compassion in mediating the link between trauma exposure and suicidal ideation, especially within non-clinical, culturally diverse populations. This study addresses this gap by exploring the mediating role of self-compassion among a large sample of U.S. adults using structural equation modeling. By focusing on self-compassion as a mediating mechanism.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a descriptive correlational design to examine the mediating role of self-compassion in the relationship between trauma exposure and suicidal ideation. A total of 379 participants were recruited from various regions across the United States. The sample size was determined based on the guidelines provided by the Morgan and Krejcie table for a population size exceeding 10,000, ensuring adequate statistical power for both correlational and structural equation modeling analyses. Inclusion criteria required participants to be at least 18 years old and proficient in English. Participants were recruited through online survey platforms and social media advertisements, and all provided informed consent prior to participation.

2.2. Measures

2.2.1. Suicidal Ideation

Suicidal ideation in this study was assessed using the Beck Scale for Suicide Ideation (BSS), developed by Aaron T. Beck and colleagues in 1979. The BSS is a 21-item self-report instrument designed to detect and quantify the intensity of an individual's thoughts, plans, and desires related to suicide over the past week. The first 19 items specifically evaluate the presence and severity of suicidal ideation, while the last two items assess previous suicide attempts. Each item is scored on a 3-point Likert scale ranging from 0 to 2, with higher total scores indicating greater levels of suicidal ideation. The BSS has demonstrated strong psychometric properties, including high internal consistency and test-retest reliability, and its validity has been supported across diverse populations and clinical settings (Chen, 2024; Weatherford et al., 2024).

2.2.2. Trauma Exposure

To measure trauma exposure, the study employed the Life Events Checklist for DSM-5 (LEC-5), developed by the National Center for PTSD in 2013. The LEC-5 consists of 17 items that assess exposure to potentially traumatic events such as natural disasters, physical assault, sexual violence, and combat. For each event, respondents indicate whether it happened to them directly, they witnessed it, they learned about it, or it does not apply. While the LEC-5 does not provide a total score, it serves as a screening tool to identify the type and extent of trauma exposure. The LEC-5 has been widely used in both research and clinical contexts and has shown strong content validity, as well as acceptable levels of test-retest reliability in different populations (Clark et al., 2013; Dixon De Silva et al., 2020; Konecky & Lynch, 2019; Mason et al., 2014; McLaughlin et al., 2020).

2.2.3. Self-Compassion

Self-compassion was measured using the Self-Compassion Scale (SCS), developed by Kristin Neff in 2003. This 26-item self-report questionnaire assesses how individuals perceive and respond to themselves during times of difficulty or failure. The scale includes six subscales: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification. Items are rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always), with higher scores reflecting greater self-compassion. The SCS has been shown to have high internal

consistency and strong construct and convergent validity across various cultural contexts. Numerous studies have confirmed its reliability and suitability for both clinical and non-clinical populations (Carvalho, 2025; Cutajar & Bates, 2025; Liu et al., 2024; Rehman et al., 2024; Syafitri et al., 2024; Vidal et al., 2024).

2.3. Data Analysis

Data analysis was conducted using both SPSS version 27 and AMOS version 21. Initially, descriptive statistics were computed to summarize the demographic characteristics and main study variables. Pearson correlation coefficients were calculated to examine the bivariate relationships between suicidal ideation (dependent variable), trauma exposure, and self-compassion (independent variables). To further investigate the hypothesized mediating role of self-compassion, a structural equation model (SEM) was specified and tested using AMOS-21. Model fit was evaluated using standard indices including the Chi-square statistic, the Comparative Fit Index (CFI), the Tucker-Lewis Index (TLI), and the Root Mean Square Error of

Approximation (RMSEA). Significance levels were set at $p < .05$.

3. Findings and Results

The sample consisted of 379 participants from the United States, of whom 213 (56.2%) identified as female, 158 (41.7%) as male, and 8 (2.1%) as non-binary or preferred not to disclose their gender. The age of participants ranged from 18 to 65 years, with a mean age of 29.4 years ($SD = 9.7$). In terms of educational background, 142 participants (37.5%) had a high school diploma or equivalent, 161 (42.5%) held a bachelor's degree, and 76 (20.1%) reported having a postgraduate degree. Regarding marital status, 207 participants (54.6%) were single, 123 (32.4%) were married, 31 (8.2%) were divorced, and 18 (4.7%) reported being in other forms of partnership. The sample was ethnically diverse, including 221 (58.3%) White, 72 (19.0%) Black or African American, 47 (12.4%) Hispanic or Latino, 29 (7.7%) Asian, and 10 (2.6%) participants identifying with other or mixed ethnic backgrounds.

Table 1

Descriptive Statistics for Research Variables (N = 379)

Variable	Mean (M)	Standard Deviation (SD)
Trauma Exposure	12.47	4.63
Self-Compassion	81.35	13.92
Suicidal Ideation	8.23	5.41

The descriptive statistics presented in Table 1 show that participants reported a moderate level of trauma exposure ($M = 12.47$, $SD = 4.63$). The mean score for self-compassion was 81.35 ($SD = 13.92$), reflecting a moderately high level of self-kindness, mindfulness, and common humanity among the sample. The average score for suicidal ideation was 8.23 ($SD = 5.41$), indicating that the participants had relatively low to moderate suicidal thoughts overall.

Prior to conducting the main analyses, statistical assumptions for Pearson correlation and structural equation modeling were examined and confirmed. Tests for normality showed that skewness values ranged from -0.41 to 0.36 and kurtosis values ranged from -0.52 to 0.48 across all major

variables, indicating acceptable levels of normal distribution. Linearity was assessed through scatterplots, which revealed linear relationships between trauma exposure, self-compassion, and suicidal ideation. Homoscedasticity was verified using Levene's test, which yielded non-significant results ($p > .05$), confirming equal variances. Multicollinearity diagnostics indicated that all variance inflation factor (VIF) values were below 1.89 and tolerance values exceeded 0.53, suggesting no concern for multicollinearity. Additionally, the Mahalanobis distance test revealed no multivariate outliers beyond the critical chi-square value ($\chi^2(3) = 16.27$, $p < .001$), affirming the integrity of the data for SEM analysis.

Table 2

Pearson Correlations Between Study Variables (N = 379)

Variables	1	2	3
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1. Trauma Exposure	—		
2. Self-Compassion	-.41** (p < .001)	—	
3. Suicidal Ideation	.48** (p < .001)	-.52** (p < .001)	—

Table 2 presents the Pearson correlation coefficients among trauma exposure, self-compassion, and suicidal ideation. There was a significant negative correlation between trauma exposure and self-compassion ($r = -.41$, $p < .001$), indicating that individuals with higher trauma exposure tended to report lower self-compassion.

Additionally, trauma exposure was positively correlated with suicidal ideation ($r = .48$, $p < .001$), and self-compassion was negatively correlated with suicidal ideation ($r = -.52$, $p < .001$), suggesting that self-compassion may serve as a protective factor.

Table 3

Model Fit Indices for the Structural Equation Model

Fit Index	Value	Recommended Threshold
χ^2	112.63	—
df	48	—
χ^2/df	2.35	< 3.00
GFI	0.94	≥ 0.90
AGFI	0.91	≥ 0.90
CFI	0.96	≥ 0.95
RMSEA	0.059	≤ 0.08
TLI	0.95	≥ 0.95

Table 3 displays the goodness-of-fit indices for the structural equation model. The chi-square value was 112.63 with 48 degrees of freedom ($\chi^2/df = 2.35$), indicating an acceptable fit. Other indices also supported the model's

adequacy: GFI = 0.94, AGFI = 0.91, CFI = 0.96, RMSEA = 0.059, and TLI = 0.95. These values meet or exceed commonly accepted thresholds, suggesting that the proposed model fits the data well.

Table 4

Direct, Indirect, and Total Effects Between Variables in the Structural Model

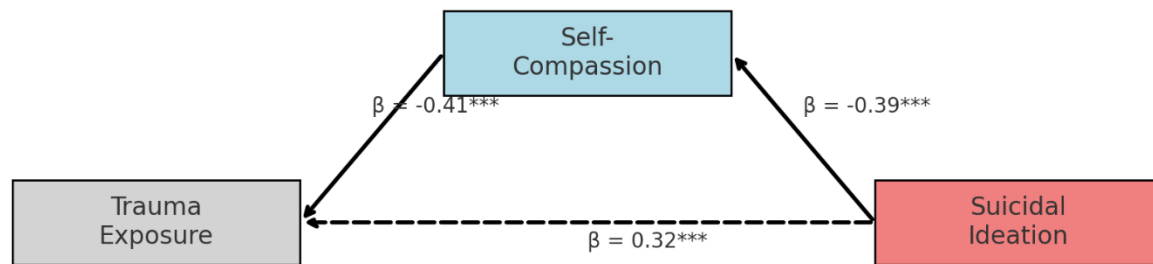
Path	b	S.E.	Beta	p
Trauma Exposure → Suicidal Ideation	0.27	0.05	0.32	< .001
Trauma Exposure → Self-Compassion	-1.85	0.42	-0.41	< .001
Self-Compassion → Suicidal Ideation	-0.11	0.02	-0.39	< .001
Trauma Exposure → Suicidal Ideation (Indirect)	-0.20	0.06	-0.16	< .01
Trauma Exposure → Suicidal Ideation (Total)	0.07	0.05	0.16	< .05

Table 4 summarizes the path coefficients of the structural model. Trauma exposure had a significant direct effect on suicidal ideation ($b = 0.27$, $p < .001$) and a significant negative effect on self-compassion ($b = -1.85$, $p < .001$). Self-compassion negatively predicted suicidal ideation ($b = -0.11$, $p < .001$). Importantly, the indirect path from trauma

exposure to suicidal ideation through self-compassion was also significant ($b = -0.20$, $p < .01$), confirming the mediating role of self-compassion. The total effect (direct + indirect) of trauma exposure on suicidal ideation remained significant ($b = 0.07$, $p < .05$), indicating partial mediation.

Figure 1

Final Model of the Study



4. Discussion and Conclusion

The present study aimed to investigate the mediating role of self-compassion in the relationship between trauma exposure and suicidal ideation in a non-clinical adult sample from the United States. Using structural equation modeling (SEM), the findings confirmed that trauma exposure was positively associated with suicidal ideation, and self-compassion partially mediated this relationship. Additionally, Pearson correlation analysis revealed significant associations between all three main variables: trauma exposure, self-compassion, and suicidal ideation. Individuals with higher exposure to trauma reported greater suicidal ideation, while higher levels of self-compassion were associated with lower suicidal ideation. These findings offer valuable insight into the psychological mechanisms that may buffer the impact of trauma on suicidality and provide empirical support for the protective role of self-compassion in trauma-related mental health outcomes.

The positive correlation between trauma exposure and suicidal ideation observed in this study is consistent with extensive literature identifying trauma as a significant predictor of suicidality. Traumatic experiences often generate intense emotional responses, including guilt, shame, helplessness, and despair, which may foster the development of suicidal thoughts (Ziarat et al., 2023). Research has shown that individuals with a history of trauma, especially when unprocessed or unresolved, are more vulnerable to chronic emotional dysregulation, which in turn increases the likelihood of suicidal ideation (Joneghani et al., 2023). These findings reinforce the notion that trauma should be treated not only as a risk factor for post-traumatic stress but also as a potential precursor to suicidal ideation, particularly when individuals lack effective coping mechanisms.

Most notably, this study found that self-compassion significantly mediated the relationship between trauma

exposure and suicidal ideation. This aligns with several recent studies highlighting the buffering role of self-compassion in the face of psychological distress. For instance, Rehman et al. found that self-compassion reduced the psychological burden of resilience deficits among college teachers, decreasing mental health symptoms and enhancing well-being (Rehman et al., 2024). Likewise, Syafitri et al. demonstrated that high-school students who practiced greater self-compassion were less emotionally reactive and more resilient to stress, suggesting a direct link between self-compassion and emotional stability (Syafitri et al., 2024). Our results support these findings and extend them by showing that self-compassion not only promotes well-being but also mitigates severe cognitive distortions such as suicidal ideation.

The mediating role of self-compassion is further supported by evidence from clinical populations. Beaton et al. observed that adults with ADHD who possessed higher levels of self-compassion reported lower levels of mental health symptoms, such as anxiety and depression (Beaton et al., 2022). Similarly, Abedini and Joibari found that in cancer patients, self-compassion mediated the relationship between mindfulness and mental toughness, allowing individuals to navigate emotional turmoil with greater clarity and strength (Abedini & Joibari, 2023). These findings suggest that self-compassion functions as a flexible and generalizable protective factor, effective across diverse populations and mental health conditions. In our study, participants with higher self-compassion reported significantly lower suicidal ideation, indicating that this protective factor may prevent the internalization of trauma into self-destructive thought patterns.

In a broader psychosocial context, our findings align with studies that link self-compassion to increased emotional regulation and reduced mental health distress. For example, Vidal et al. showed that individuals who cultivated self-compassion were better able to manage emotional

dysregulation and exhibited fewer depressive symptoms (Vidal et al., 2024). Similarly, Liu et al. emphasized that college students with high self-compassion experienced greater psychological flourishing, mediated by hope and moderated by emotional regulation strategies (Liu et al., 2024). These results underscore that self-compassion is more than just a personality trait; it is an adaptive cognitive-emotional framework that enhances resilience and supports positive mental health outcomes.

Our study also corroborates previous research that situates self-compassion within the broader model of psychological well-being. Kotera et al. identified self-compassion as a key mediator in the relationship between stress and psychopathology among Japanese workers, suggesting that self-compassion reduces the impact of stress on mental health outcomes by promoting self-kindness and reducing rumination (Kotera, Andrzejewski, et al., 2022). In another study, Kotera et al. reported that amotivation mediated the relationship between self-compassion and mental health among Japanese employees, again reinforcing self-compassion's role as an intermediary variable that shields individuals from psychological harm (Kotera, Asano, et al., 2022). In our research, self-compassion demonstrated a similar buffering effect, reducing the severity of suicidal ideation even among individuals reporting high levels of trauma exposure.

Importantly, self-compassion has also been found to facilitate help-seeking behavior, which could further explain its protective role. Min et al. observed that self-compassion was positively linked to proactive mental health help-seeking in postgraduate students, suggesting that individuals with greater self-kindness are more likely to seek support rather than internalize distress (Min et al., 2022). Similarly, John Jamir Benzon et al. found that older counselors high in self-compassion were more willing to seek psychological assistance, indicating a practical behavioral outcome associated with this construct (John Jamir Benzon et al., 2022). In our study, although help-seeking behavior was not measured directly, the inverse association between self-compassion and suicidal ideation suggests that self-compassion may empower individuals to access internal or external coping resources rather than resorting to self-harm.

In educational and occupational domains, the mediating function of self-compassion has also been documented. For instance, Cutajar and Bates highlighted the importance of self-compassion in reducing anxiety and depression in Australian women during the perinatal period, demonstrating its capacity to alleviate stress in critical life

transitions (Cutajar & Bates, 2024, 2025). Garnsey similarly found that health behavior engagement mediated the link between self-compassion and mental health in emerging adults, suggesting that self-compassion enhances well-being by motivating individuals to care for themselves physically and emotionally (Garnsey, 2025). These findings are consistent with our results and suggest that promoting self-compassion could be a viable intervention strategy across age groups and contexts.

The present study's findings also resonate with broader psychological models that conceptualize self-compassion as a multidimensional construct encompassing self-kindness, mindfulness, and a sense of common humanity. Bodok-Mulderij et al. confirmed that self-compassion mediated the relationship between religious/spiritual beliefs and mental health, implying that the benefits of self-compassion can integrate with cultural or spiritual frameworks (Bodok-Mulderij et al., 2023). Zhang and Shen demonstrated that self-compassion reduced mental distress among Chinese college students during lockdown conditions, with gender as a moderating factor, showing that cultural and demographic variables can influence self-compassion's efficacy (Zhang & Shen, 2023). Our study, while based in a U.S. context, contributes to this cross-cultural literature by validating the role of self-compassion in a demographically diverse sample.

Finally, the study by Hong and Wang emphasized that core self-evaluation and resilience predicted compassion fatigue in mental health professionals, with self-compassion playing an essential moderating role (Hong & Wang, 2024). In the same vein, Kim and Jun found that professional values mediated the link between self-leadership and compassion competence, again suggesting that self-compassion is linked to higher functioning and lower emotional burnout in demanding environments (Kim & Jun, 2024). These findings suggest that self-compassion is a core competency for emotional resilience, not only in therapeutic contexts but also in high-stress professions and daily life. This further substantiates our study's conclusions that self-compassion can protect against severe psychological outcomes such as suicidal ideation.

5. Limitations & Suggestions

Despite the strengths of this study, several limitations must be acknowledged. First, the cross-sectional design prevents us from making causal inferences about the relationships among trauma exposure, self-compassion, and

suicidal ideation. Longitudinal research is necessary to establish directionality and test whether increases in self-compassion over time can reduce suicidal ideation in trauma-exposed individuals. Second, data were collected via self-report measures, which may be subject to biases such as social desirability or inaccurate recall. Although validated instruments were used, the reliance on participant self-perceptions limits the objectivity of the findings. Third, while the sample size was adequate, it may not fully represent the diverse cultural, racial, and socioeconomic experiences of trauma and self-compassion across the broader U.S. population. Finally, the study did not control for other psychological variables such as depression, anxiety, or social support, which may interact with trauma and self-compassion to influence suicidal ideation.

Future research should consider employing longitudinal or experimental designs to better establish causal pathways and examine the temporal stability of the observed relationships. Intervention-based studies that aim to enhance self-compassion through structured training or therapy would be valuable in determining whether increasing self-compassion can actively reduce suicidal ideation among trauma-exposed individuals. Additionally, future research should include more diverse populations to explore potential cultural, gender, or age differences in how self-compassion functions as a mediator. It would also be beneficial to examine other relevant variables, such as social support, emotion regulation, and cognitive flexibility, as possible moderators or mediators in the trauma-suicide pathway. Incorporating qualitative methods could also provide a more nuanced understanding of how individuals experience and interpret self-compassion in the aftermath of trauma.

Mental health professionals should consider incorporating self-compassion training into therapeutic interventions, especially for clients with a history of trauma. Techniques such as mindfulness-based self-compassion (MBSC) or compassion-focused therapy (CFT) can be adapted to strengthen emotional resilience and reduce self-critical thinking. Educational programs, community workshops, and digital applications promoting self-compassion may also be effective in preventive mental health initiatives. Practitioners should assess levels of self-compassion as part of routine psychological evaluations and develop strategies to enhance this trait in at-risk individuals. Furthermore, institutions such as schools, universities, and workplaces could implement self-compassion curricula to support mental well-being and reduce psychological vulnerabilities among their populations.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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