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

Sabine .Kraus[1], Jennifer .Torres[2*]

[1] Department of Psychology, University of Nevada, Las Vegas, NV, USA
[2] Department of Educational Psychology, University of California, Berkeley, USA

* Corresponding author email address: jtorres@berkeley.edu

Editor	Reviewers
Abolfazl Karami Associate Professor, Department of Psychology, Allameh Tabataba'i University, Tehran, Iran abolfazlkarami1@gmail.com	**Reviewer 1:** Hooman Namvar Assisstant Professor, Department of Psychology, Saveh Branch, Islamic Azad University, Saveh, Iran. Email: hnamvar@iau-saveh.ac.ir **Reviewer 2:** Mohammad Hassan Ghanifar Assistant Professor, Department of Psychology, Birjand Branch, Islamic Azad University, Birjand, Iran. Email: ghanifar@iaubir.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence "Trauma exposure can result in long-lasting emotional dysregulation…" is well-founded, but lacks reference to neurobiological evidence supporting this claim. Please consider integrating findings from neuroimaging or neuroendocrine research that highlight the impact of trauma on the brain (e.g., amygdala hyperactivation, HPA axis dysregulation).

The description of the Self-Compassion Scale includes its subscales, but no mention is made of whether a total score or subscale scores were used in the SEM model. Please specify the scoring approach used and justify the choice.

The description of multivariate assumption testing is thorough, but lacks citations for the statistical thresholds applied (e.g., VIF < 2, skewness between −1 and +1). Including such references would improve transparency and scientific rigor.

The paragraph gives a comprehensive demographic overview, but omits the recruitment timeframe. Indicating the exact months or year during which data were collected would enhance replicability.

The sentence "suggesting that self-compassion may serve as a protective factor" is speculative in the context of correlational data. Please revise to reflect correlation language, such as "is associated with" rather than implying causality.

The indirect effect from trauma exposure to suicidal ideation is labeled as "b = −0.20," but the "Total" effect is "b = 0.07," which is confusing given the signs. Please verify these coefficients and explain the apparent numerical discrepancy between the direct, indirect, and total effects.

Authors uploaded the revised manuscript.

1.2.   Reviewer 2

Reviewer:

The explanation of self-compassion would benefit from clarification. The phrase "recognizing one's shared humanity" should be briefly elaborated to distinguish it from general prosociality or empathy, as this nuance is central to Neff's model.

The last sentence ends abruptly with "By focusing on self-compassion as a mediating mechanism." Please revise this incomplete sentence for clarity and grammatical completeness.

The sentence "Participants were recruited through online survey platforms…" would be strengthened by specifying which platforms were used (e.g., MTurk, Prolific) and discussing potential sampling bias or digital literacy barriers associated with online recruitment.

While the description of the LEC-5 is accurate, the absence of a scoring approach creates ambiguity. Since you report a trauma exposure mean (M = 12.47), clarify how responses were quantified (e.g., total number of experienced events, weighted severity?).

The sentence "These findings offer valuable insight…" should acknowledge the cross-sectional nature of the design, which limits causal inferences about mediation. Consider rephrasing to: "These findings suggest a potential psychological mechanism that may buffer...".

This paragraph discusses the "positive correlation between trauma exposure and suicidal ideation," yet earlier results reported a path coefficient of only $\beta = 0.32$. Please qualify the strength of the correlation to avoid overstating its magnitude (e.g., "moderate association").

The discussion refers to studies on ADHD and cancer patients to support the role of self-compassion. However, these populations differ significantly from the current sample. Please briefly comment on the generalizability of such findings to a non-clinical U.S. adult sample.

Authors uploaded the revised manuscript.

2.   Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.