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Original Article

The Relationship Between Self-Criticism and Depressive Symptoms in Individuals with Suicide Attempts in Baghdad: The Mediating Role of Self-Compassion

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Abstract

Introduction: Suicide is a serious and complex mental health concern that poses a substantial threat to individuals' lives and psychological well-being. From a nursing and caring science perspective, understanding the psychological processes associated with suicide attempts is essential for the development of effective, compassionate, and person-centered care. In particular, self-criticism and depressive symptoms are key factors influencing individuals' vulnerability following a suicide attempt. Therefore, the present study aimed to examine the mediating role of self-compassion in the relationship between self-criticism and depressive symptoms among individuals with recent suicide attempts in Baghdad.

Methods: This cross-sectional study was conducted among individuals with recent suicide attempts in Baghdad who had medical records in hospitals and clinics during 2023. A total of 210 participants were recruited using convenience sampling. Data were collected using the Beck Depression Inventory (BDI-II), Thompson & Zuroff level of scale self-criticism (LOSC) and Neff's self-compassion scale (SCS). For data analysis, Structural Equation Model (SEM) was used with AMOS software. All statistical analyses were conducted at a significance level of $P<0.05$.

Results: Structural equation modeling indicated that self-criticism was positively associated with depressive symptoms ($\beta=0.47$, $P<0.001$). Self-compassion significantly mediated this relationship, with a positive indirect effect ($\beta=0.18$; Sobel $t=2.246$, $P<0.05$). The proposed model demonstrated acceptable fit to the data ($P<0.05$).

Conclusion: The findings indicate that self-compassion serves as a mediating factor in the relationship between self-criticism and depressive symptoms among individuals with a history of suicide attempts in Baghdad. This mediating role underscores the importance of addressing self-critical tendencies and fostering self-compassion in supportive and preventive care for this vulnerable population.

Introduction

The frequency of suicide attempts in Baghdad has increased in recent years, highlighting the need for a deeper understanding of the factors that contribute to suicidal thoughts and behaviors.[1] However, comparatively limited attention has been given to the phenomenon of suicide attempts, despite their significant clinical and public health importance. A suicide attempt refers to a self-directed act intended to end one's life that does not result in death but may nonetheless lead to serious psychological and physical consequences.[2] The public health implications of non-fatal suicide attempts are substantial, particularly in settings where healthcare systems face persistent challenges. Such attempts may result in long-term disability, increased utilization of health services, and considerable caregiving demands, thereby placing additional strain on healthcare providers and support systems. Previous research has demonstrated that comorbid depression and anxiety are strongly associated with an increased risk of non-fatal suicide attempts in this population.[2]

Suicide is a serious and complex issue within psychology and mental health that poses a significant threat to individuals' lives and psychological well-being.[2] Suicide is defined as a deliberate act of self-injury carried out with the intent to cause one's own death. This phenomenon has profound consequences not only for individuals, but also for their families, friends, and society as a whole.[3] Individuals who survive suicide attempts often experience persistent mental health difficulties, with depressive

Research Highlights

What is the current knowledge?

- Self-criticism and self-compassion are important psychological factors associated with depressive symptoms.
- Higher levels of self-compassion were associated with lower levels of depressive symptoms.

What is new here?

- This study examines the mediating role of self-compassion in the association between self-criticism and depressive symptoms among suicide attempts in Baghdad.
- This study focuses on suicide attempts in Baghdad, a population that has been underrepresented in previous research.
- The findings suggest a potential mediating role of self-compassion in the relationship between self-criticism and depressive symptoms.

symptoms being particularly prevalent. Research findings indicate that depression is strongly associated with suicide attempts and may manifest through persistent low mood, loss of interest, feelings of worthlessness, excessive self-blame, and thoughts of self-harm.[3,4] Beyond its association with suicidal behavior, depression is linked to adverse health outcomes, impaired daily functioning, disrupted social relationships, and reduced quality of life, further emphasizing its relevance to caring and supportive approaches.[5]

Self-criticism is recognized as a major vulnerability factor for depression, whereas self-compassion plays a protective role in mental health and supports coping with depressive symptoms.[6] Self-criticism involves persistent negative self-evaluation and self-blame and is prevalent across various mental disorders.[7] Elevated self-criticism has been associated with reduced self-esteem and an increased risk of depression and anxiety.[6] Research suggests that self-criticism is shaped by adverse early experiences, including emotional neglect and parental criticism, as well as later social rejection and cultural values that emphasize self-evaluation.[8,9] Additionally, evidence suggests that cultivating self-compassion may mitigate the adverse effects of self-criticism on depressive symptoms.[10,11]

Self-compassion involves responding to personal suffering or failure with kindness, understanding, and acceptance and is considered a constructive alternative to self-criticism.[12] It has been associated with improved mental health and psychological well-being. Research has identified effective approaches to cultivating self-compassion, including self-compassion meditation, which emphasizes non-judgmental awareness and compassionate self-response.[13] Cultural factors also appear to influence self-compassion; individuals from collectivist cultures may experience greater difficulty practicing self-compassion due to higher levels of shame and self-criticism.[14]

In Baghdad, increasing rates of suicide attempts have highlighted the need to understand psychological factors contributing to post-attempt distress. Individuals with suicide attempts often experience intense guilt, shame, and self-blame, which may exacerbate depressive symptoms.[15] Previous studies have shown that self-criticism is associated with lower self-compassion and increased depression risk, whereas self-compassion can buffer the negative effects of self-criticism on mental health.[10,11] Understanding these relationships is essential for guiding caring, preventive, and supportive approaches for this vulnerable population.

Based on the existing literature on the mediating role of self-compassion in the relationship between self-criticism and depressive symptoms, the present study conceptualizes self-compassion as a key mechanism through which self-criticism may influence depressive symptoms among individuals with a history of suicide attempts. Higher levels of self-criticism are theorized to heighten depressive symptoms both directly and indirectly by diminishing self-compassion. Within this framework, reduced self-compassion serves as a pathway through which self-criticism may exacerbate depressive symptoms. This conceptual model informed the development of the study's hypotheses and analytic approach.

Examining self-compassion as a mediating factor may provide valuable insight into the mechanisms linking self-criticism and depressive symptoms. Understanding these mechanisms can help inform approaches that reduce self-criticism and promote self-compassion, thereby lowering the risk of depression among individuals with suicide attempts. Furthermore, investigating this mediating role in Baghdad is particularly important given the limited existing research and the potential influence of cultural factors on the expression of self-criticism, depression, and self-compassion in this population.

Therefore, this study aimed to determine the mediating role of self-compassion in the association between self-criticism and depressive symptoms in recent suicide attempts in Baghdad.

Materials and Methods

This study employed a cross-sectional design using a convenience sampling method. The study population consisted of Iraqi adults with recent suicide attempts who were receiving care in Baghdad at a public hospital providing medical and mental health services to low-income individuals. Eligible participants were adults who had attempted suicide in 2023 and were identified through the hospital's emergency department, inpatient units, or outpatient clinics. Participants were recruited through direct, in-person contact at the study sites. All potential participants received a standardized explanation of the study objectives, procedures, and ethical considerations, and those who met the inclusion criteria and agreed to participate provided written informed consent prior to enrollment. The sample size for this study (N = 210) was evaluated based on

contemporary recommendations for structural equation modeling (SEM). Recent simulation research suggests that SEM models of moderate complexity generally require samples of approximately 200 participants to achieve adequate statistical power (≥0.80) for detecting small-to-medium standardized path coefficients (β≈ 0.20–0.30), assuming well-defined latent constructs and acceptable model fit. [16] The present model included two latent variables self-compassion and self-criticism each represented by their observed indicators, and examined the mediating role of self-compassion in the relationship between self-criticism and depressive symptoms. Given this relatively simple model structure and the limited number of structural paths, a sample of 210 participants meets current methodological recommendations and is considered sufficient for reliable parameter estimation, stable model convergence, and the assessment of indirect (mediated) effects in SEM.[16]

The inclusion criteria were a history of at least one suicide attempt, willingness to participate, and provision of written informed consent. Exclusion criteria included questionnaires with substantial missing or incomplete responses; inability to independently comprehend or complete the questionnaires due to cognitive, linguistic, or functional limitations; and participants deemed by the treating clinical team to be medically or psychologically unable to participate at the time of recruitment following a recent suicide attempt.

Prior to questionnaire administration, participants were informed about the study purpose, questionnaire content, and confidentiality principles, and written informed consent was obtained. The study protocol was approved by the Ethics Committee for International Students, Department of Psychology, South Tehran Branch, Islamic Azad University (Approval Code: 162642643). Data were collected using self-administered questionnaires completed in a supervised setting. Participants received standardized instructions from the research team and completed the instruments independently. Anonymity and confidentiality were assured, and participation was voluntary.

Instruments

Beck Depression Inventory BDI (1961)

The Beck Depression Inventory (BDI) developed in 1961, is a widely used self-report measure for assessing the presence and severity of depressive symptoms. It consists of 21 items evaluating cognitive, behavioral, and physical aspects of depression.[17] The second edition of the inventory (BDI-II) which was used in the present study, was revised to better reflect contemporary diagnostic criteria and to assess depression severity.[17] Previous research has demonstrated strong psychometric properties for the (BDI-II). Beck (1996) reported a test–retest reliability coefficient of 0.93.[17] Meta-analytic findings indicate that the internal consistency of the BDI-II ranges from 0.73 to 0.93, with a mean of 0.86, while test–retest reliability coefficients vary from 0.45 to 0.86 depending on the assessment interval and study population.[17] The BDI-II has shown good validity and reliability and is considered an appropriate alternative to the original version. In an Iraqi validation study conducted among university students, the BDI-II demonstrated acceptable internal consistency, with a Cronbach's alpha of 0.74.[18] In the present study, the internal consistency of the BDI-II was assessed using Cronbach's alpha coefficient and yielded a value of 0.77, indicating acceptable reliability.

Levels of Self-Criticism Scale (LOSC) (2004)

The Levels of Self-Criticism Scale (LOSC), developed by Thompson and Zuroff (2004), is a 22-item self-report measure assessing two dimensions of self-criticism: internalized self-criticism (ISC) and comparative self-criticism (CSC). Items are rated on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree), with total scores ranging from 22 to 154; higher scores indicate greater self-criticism.[19] Thompson and Zuroff reported internal consistency values of 0.78 for CSC and 0.84 for ISC, as well as correlations of −0.66 and −0.52 with their respective value scales in a sample of 144 participants.[19] Other studies have found Cronbach's alpha coefficients of 0.70 (CSC), 0.82 (ISC), and 0.90 (total scale), and have demonstrated convergent validity with the Interpersonal Problems Questionnaire.[20,21] Additional reliability estimates have been reported as 0.88 for CSC and 0.89 for ISC, supporting the internal consistency of the instrument.[21] In the present study, the internal consistency of the LOSC was evaluated using Cronbach's alpha and yielded a value of 0.74, indicating acceptable reliability.

Self-Compassion Scale (SCS) (2003)

The Self-Compassion Scale (SCS), developed by Neff,[22] is a 26-item self-report instrument assessing six components of self-compassion: 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), yielding total scores between 26 and 130, with higher scores indicating greater self-compassion. The original validation study reported excellent internal consistency for the total scale (α = 0.92), with subscale Cronbach's alpha coefficients ranging from 0.75 to 0.81,[22] as well as acceptable convergent validity with life satisfaction (r = 0.45),[23] Subsequent research has confirmed the content validity and reliability of the SCS, reporting an overall Cronbach's alpha of 0.86 and subscale coefficients ranging from 0.76 to 0.85.[24] In the present study, the internal consistency of the SCS was acceptable, with a Cronbach's alpha of 0.81.

Statistical Analysis

Data were analyzed using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics, including structural equation modeling (SEM). Statistical analyses were performed using SPSS software (version 26) and AMOS software

(version 24). The assumptions of this method include normality of data (using skewness and kurtosis results), correlation between variables (using Pearson correlation), linearity of the relationship between independent and dependent variables (by checking the scatter diagram), and noncollinearity between independent variables. It was confirmed by examining the variance inflation index (VIF). Two latent variables of self-Compassion and self-Criticism and their markers were examined in the measurement model of the present study. The measurement model was evaluated using multiple goodness-of-fit indices, including the chi-square statistic (χ^2), the chi-square to degrees of freedom ratio (χ^2/df), Tucker–Lewis Index (TLI), Comparative Fit Index (CFI), Normed Fit Index (NFI), and Root Mean Square Error of Approximation (RMSEA). Values of CFI, TLI, and NFI ≥ 0.90 were considered indicative of acceptable model fit, with values ≥ 0.95 indicating excellent fit. An RMSEA value ≤ 0.08 and a χ^2/df ratio ≤ 3 were considered to reflect acceptable fit of the measurement model.[16] Mediation is tested by estimating direct, indirect, and total effects within the SEM framework, with modern practice favoring bootstrapped confidence intervals for the indirect effect. To check the path coefficients, we used the bootstrap test (with 5000 sampling times) with a confidence interval of 95%. All statistical analyses were performed at a significance level at $P < 0.05$.

SEM was conducted using AMOS. A theoretically specified model defining latent variables and their observed indicators was tested. Prior to estimation, data were screened for normality, outliers, and missing values, and model identification was confirmed. The model was estimated using the Maximum Likelihood (ML) method. Model fit was evaluated using the Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR). Model modifications were performed only when theoretically justified.

Results

A higher proportion of participants were women. Most participants were aged 25–32 years, and the largest proportion had a diploma-level education. Detailed demographic characteristics of the study sample are presented in Table 1.

Descriptive statistics of the study variables are presented in Table 2. All variables demonstrated acceptable normality based on skewness and kurtosis values.

The results indicated that self-criticism has a positive significant association with depression symptoms in suicide attempts ($P < 0.01$, r = 0.50). Also, the results indicated that self-criticism has a negative significant association with self-compassion ($P < 0.01$, r = -0.62). In addition, the results showed that self-compassion has a negative significant association with depression symptoms in suicide attempts ($P < 0.01$, r = - 0.63).

SEM was employed to examine whether self-compassion mediates the relationship between self-criticism and depressive symptoms. Prior to conducting Structural Equation Modeling (SEM) using AMOS, the data were screened for normality, outliers, and multicollinearity. The sample size (N = 210) was considered adequate given the complexity of the specified model and commonly recommended guidelines for SEM. These preliminary assessments supported the suitability of the data for SEM analysis.[16]

Table 1. Description of demographic characteristics (n = 210)

Variable	N (%)
Sex	
Male	81(38.6)
Female	129(61.4)
Age range	
18-25	80(38.1)
25-32	61(29)
32-39	30(14.3)
39-46	22(10.5)
46-53	17(8.1)
Education	
High school	69(32.9)
Diploma	98(46.7)
Associate degree	17(8.1)
Bachelor	26(12.4)

Multicollinearity was assessed using tolerance and VIF statistics, with all tolerance values > 0.10 and VIF values < 10, indicating no multicollinearity. After confirming model assumptions, SEM was conducted using the Maximum Likelihood method to examine the mediating role of self-compassion in the relationship between self-criticism and depressive symptoms among individuals with recent suicide attempts in Baghdad. As shown in Figure 1, all standardized path coefficients were significant ($P < 0.05$). Model fit indices indicated an acceptable fit of the proposed model, including χ^2, CFI, NFI, and RMSEA. The structural equation model demonstrated acceptable fit (χ^2/df = 3.503; TLI = 0.969; NFI = 0.900; CFI = 0.928; RMSEA = 0.075). These results support the adequacy of the model for hypothesis testing.

Comparison of the modeled paths indicated that self-criticism had the largest total effect on depressive symptoms (Figure 1).

Table 3 reports the standardized and unstandardized coefficients for the associations between self-criticism and depressive symptoms, with self-compassion as a mediating variable.

Table 4 presents the standardized direct, indirect, and total effects of self-criticism on depressive symptoms, with self-compassion as a mediating variable among individuals with suicide attempts. Self-criticism showed a significant direct effect on depressive symptoms (β = 0.472, t = 5.542) and a significant indirect effect through self-compassion (β = 0.182). The Sobel test confirmed the significance of the indirect effect (t = 2.246 > 1.96). Overall, higher self-criticism was associated with lower self-compassion

Table 2. Description and examination of the main research variables

Variables /Subscales	Minimum	Maximum	Mean (SD)	Skewness	kurtosis
Symptoms of depression					
Emotional signs	3	19	12.80(3.73)	-0.297	-0.286
Cognitive symptoms	5	19	11.40(3.55)	0.328	-0.736
Physical symptoms	0	15	9.83(3.48)	-0.763	0.381
Total score of depressive symptoms	11	51	33.41(3.71)	-0.095	0.146
Self-compassion					
Self-kindness	7	24	14.28(3.61)	0.131	0.422
Self-judgment	7	25	14.37(3.23)	0.601	1.843
Common humanity	5	19	10.66(3.55)	0.237	-0.370
Isolation	2	19	10.44(3.34)	-0.283	-0.063
Mindfulness	5	18	11.76(2.71)	0.088	0.030
Over-Identification	1	20	10.86(3.80)	-0.319	0.255
Total self-compassion score	45	110	72.39(13.91)	-0.124	0.039
self-criticism					
Internalized	20	65	42.14(9.01)	0.376	0.522
Comparative	26	71	49.80(8.36)	0.110	0.864
Total score of self-criticisms	46	136	91.95(15.78)	0.286	1.738

Table 3. Direct path coefficients of research variables

Research variables	Unstandardized Parameter(b)	Standardized parameter(β)	Standard error (SE)	Significance test (t)	*P*
self-criticism to Self-compassion	-0.004	-0.531	0.041	-9.758	<0.001
Self-compassion to Symptoms of depression	-0.643	-0.344	0.104	-6.183	<0.001
self-criticism to Symptoms of depression	0.004	0.472	0.050	5.542	<0.001

P<0.5.

Table 4. Examining the direct, indirect and total effects of research variables

Research variables	Direct effects	Significance of direst effect (t)	Indirect effects	Significance of indirect effect (t)	Total effects
self-criticism to Self-compassion	-0.531	-9.758	-	-	-0.531
Self-compassion to Symptoms of depression	-0.344	-6.183	-	-	-0.344
self-criticism to Symptoms of depression	0.472	5.542	0.182	2.246	0.654

P<0.5.

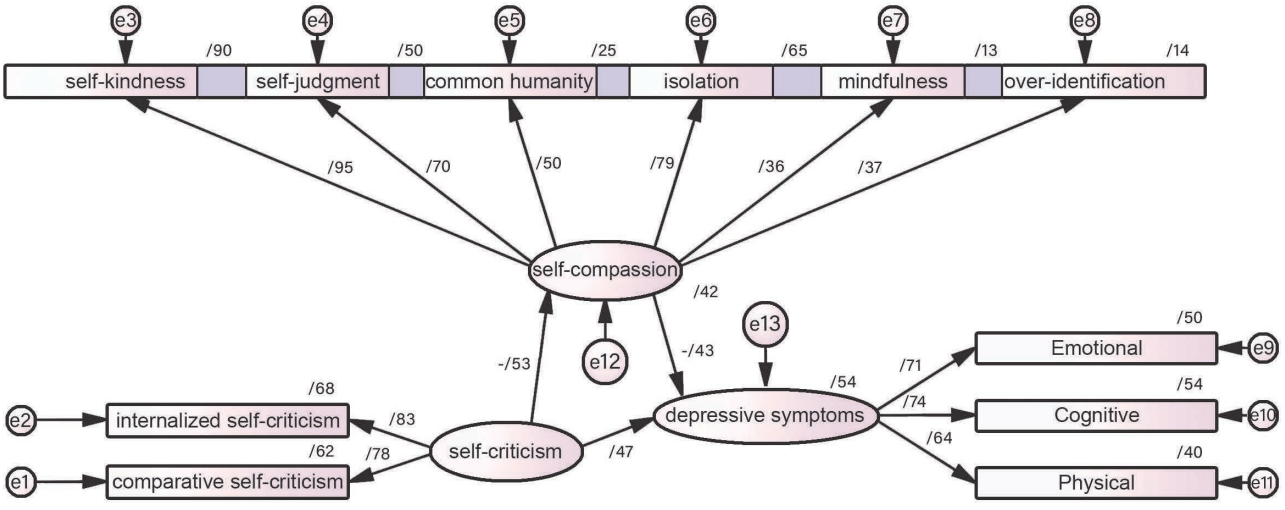

Figure 1. Structural equation modeling of the association between self-criticism and depressive symptoms: the mediating role of self-compassion

and increased depressive symptoms. The coefficient of determination indicated that self-criticism explained 42.2% of the variance in self-compassion ($R^2 = 0.422$), while self-criticism and self-compassion together explained 54.1% of the variance in depressive symptoms ($R^2 = 0.541$).

Discussion

The present study examined the mediating role of self-compassion in the association between self-criticism and depressive symptoms among individuals with recent suicide attempts in Baghdad. The findings indicated a significant positive association between self-criticism and depressive symptoms, such that higher levels of self-criticism were associated with greater severity of depressive symptoms. This pattern of findings is consistent with previous research documenting a positive relationship between self-criticism and depression.[25-27]

In line with the observed pattern of associations, the positive relationship between self-criticism and depressive symptoms is consistent with Beck's cognitive model of depression, which highlights maladaptive self-schemas and negative automatic thoughts as key correlates of depressive symptomatology.[28] Within this framework, self-compassion may be conceptualized as an adaptive self-relational process inversely associated with these maladaptive cognitions,[7] providing a theoretical context for its mediating association observed in the present study.

The findings indicated a significant negative association between self-criticism and self-compassion among individuals with suicide attempts in Baghdad, such that higher levels of self-criticism were associated with lower levels of self-compassion. From a caring science perspective, this association highlights the role of individuals' internal emotional experiences in shaping psychological vulnerability following a suicide attempt. Consistent with previous research, elevated self-criticism appears to coexist with reduced self-kindness and emotional understanding, which are central elements of compassionate self-care. Given the cross-sectional design of the present study, these associations should be interpreted descriptively, without inferring causality.[29-31]

The significant negative association between self-criticism and self-compassion observed among individuals with suicide attempts is consistent with emotion-regulation frameworks that conceptualize these constructs as opposing emotional response styles. Within these frameworks, self-criticism is typically associated with harsh self-evaluation and heightened emotional reactivity, whereas self-compassion is characterized by emotional awareness, acceptance, and a more balanced engagement with distressing experiences. Importantly, this interpretation reflects theoretical consistency with existing models rather than implying a directional or causal relationship between the constructs.[19]

From a theoretical perspective, self-compassion has been conceptualized as an emotion-regulatory orientation involving openness to distressing emotions and a non-judgmental stance toward personal suffering.[12] In compassion-focused models, compassion is further described as an evolved capacity linked to affiliative and attachment-related behavioral systems that support feelings of safety and soothing.[32] These models suggest that experiences of security and affiliation are conceptually related to the capacity for self-compassion, although such developmental pathways were not directly examined in the present study.[12]

From an attachment-theory perspective, differences in self-regulatory orientations, including tendencies toward self-compassion and self-criticism, have been discussed in relation to broader relational and emotional frameworks. Within this literature, self-criticism is conceptualized as a pattern of harsh self-evaluation, whereas self-compassion reflects a more supportive and non-judgmental stance toward personal distress. These constructs are often described as theoretically opposing emotional orientations, providing a conceptual context for the negative association observed between self-criticism and self-compassion in the present sample of individuals with suicide attempts.[14]

In addition, the findings indicated a significant negative association between self-compassion and depressive symptoms among individuals with suicide attempts. This pattern is consistent with prior research reporting inverse associations between self-compassion and depression-related outcomes.[33-37] To contextualize this finding, Neff[12] conceptualized self-compassion as a balanced orientation toward personal suffering that involves self-kindness rather than self-judgment, recognition of shared human experiences in the face of difficulty, and the capacity to hold distress in mindful awareness rather than becoming over-identified with it. Within this conceptual framework, higher levels of self-compassion may be theoretically associated with lower depressive symptom severity, without implying causal or directional effects.

From a cognitive–behavioral perspective, maladaptive cognitive patterns, including persistent negative self-evaluation, are central features associated with depressive symptomatology and its maintenance.[28] Within this framework, cognitive restructuring is described as a strategy for examining and modifying such thought patterns. Conceptually, self-compassion has been discussed as an orientation that may align with these cognitive processes by fostering a more balanced and non-judgmental stance toward personal difficulties, thereby countering harsh self-criticism. Individuals with higher levels of self-compassion are theorized to be less likely to engage in pervasive self-blame and more likely to view personal shortcomings as part of shared human experience, which may be associated with lower levels of depressive symptoms.[12]

The present findings position self-compassion as a central psychological construct within the constellation of factors associated with depressive symptoms among

individuals with suicide attempts in Baghdad. Rather than functioning as an isolated correlate, self-compassion appears to organize the relationship between self-critical tendencies and depression, suggesting that variations in how individuals relate to themselves may meaningfully shape the co-occurrence of these experiences. Although the cross-sectional design precludes causal inference, the observed pattern highlights self-compassion as a salient dimension for understanding vulnerability to depressive symptoms in highly distressed populations. From a clinical and research perspective, these results underscore the importance of systematically assessing self-compassion alongside self-criticism in individuals with suicide attempts and support its inclusion as a key construct in theoretical models and future longitudinal or experimental investigations aimed at clarifying temporal dynamics and underlying psychological mechanisms. The results are consistent with the results of previous studies.[6, 9, 11, 18, 23, 25, 29, 33, 34,36,37]

The associations observed among self-criticism, self-compassion, and depressive symptoms should be interpreted within the context of the cross-sectional design and the structural equation modeling approach used in this study. Self-compassion, conceptualized as a kind and accepting orientation toward personal difficulties, was inversely associated with self-criticism, which reflects negative self-evaluation and harsh self-judgment. Lower levels of self-compassion were also associated with greater depressive symptom severity. Although the SEM mediation model indicated that self-compassion functioned as a significant intervening variable in the association between self-criticism and depressive symptoms, this pattern reflects statistical associations rather than causal or temporal processes. Overall, these findings are consistent with theoretical perspectives on self-relating styles and emotional distress and contribute to the literature by clarifying how self-criticism and self-compassion are associated with depressive symptoms among individuals with suicide attempts, while highlighting the need for longitudinal research to examine temporal ordering and underlying mechanisms.[34]

Several limitations of this study should be acknowledged. First, the cross-sectional design and correlational structural equation modeling approach preclude conclusions regarding causality or temporal ordering among self-criticism, self-compassion, and depressive symptoms. Second, the sample consisted of individuals with suicide attempts who were receiving care in hospitals and clinics in Baghdad, which may limit the generalizability of the findings to individuals from other age groups, regions, or cultural contexts, as well as to those not engaged in clinical services. Third, the reliance on self-report measures may be subject to response biases, including social desirability and recall bias. Finally, although demographic variables were recorded, the present study did not examine potential moderating effects of factors such as gender or socio-economic status. Future research using longitudinal or experimental designs, more diverse samples, and culturally sensitive approaches is warranted to clarify temporal relationships and contextual influences underlying the observed associations.

Conclusion

Clarifying the role of self-relating processes in depressive symptomatology is central to advancing contemporary psychological models, particularly among individuals with suicide attempts who face elevated emotional strain. Using a cross-sectional structural equation modeling approach, this study examined the associations among self-criticism, self-compassion, and depressive symptoms in individuals with suicide attempts in Baghdad. The findings indicated that self-criticism was positively associated with depressive symptoms, whereas self-compassion was inversely associated with both self-criticism and depressive symptoms and functioned as a mediating variable within the proposed model. This pattern of associations contributes to the literature by highlighting self-compassion as a key intermediary construct linking self-critical tendencies to depressive symptom severity in an underrepresented cultural context. Although causal inferences cannot be drawn, these results provide a theoretically informed foundation for future longitudinal and experimental research aimed at examining temporal ordering and contextual influences among these variables.

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Authors' Contribution

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Writing–Review & Editing: Somaieh Salehi.

Competing Interests

The authors hereby declare that there is no conflict of interest regarding the current research.

Data Availibility Statement

The datasets are available from the corresponding author on reasonable request.

Ethical Approval

This article was taken from a Master dissertation of Saja Basem Jalil, approved by Department of Psychology, South Tehran Branch, Islamic Azad University (Code: 162642643). All participants filled out written informed consent forms.

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