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The Effectiveness of Self-Compassion Therapy on Resilience, Coping Strategies, and Stress in Women with a History of Suicide Attempts

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ABSTRACT

Objective: Suicide is an issue of global importance because human life is of the utmost value. When appropriate education and therapeutic interventions are provided to strengthen individuals psychologically, it becomes possible to protect and preserve human life. Therefore, the present study aimed to determine the effectiveness of self-compassion therapy on resilience, coping strategies, and stress among women with a history of suicide attempts.

Methods: The statistical population of this study consisted of all women with suicidal ideation in Neyriz County. A sample of 30 participants was selected using a cluster sampling method and randomly assigned to experimental and control groups. The experimental group received self-compassion therapy during eight treatment sessions, while the control group received no intervention. Data were collected using the Resilience Questionnaire, Coping Strategies Questionnaire, and Stress Questionnaire. The data were analyzed using the statistical method of analysis of covariance (ANCOVA).

Results: The results of the study indicated that self-compassion therapy had a significant effect on increasing resilience and improving coping strategies, while also reducing stress among women with a history of suicide attempts.

Conclusions: The findings suggest that self-compassion therapy can be an effective psychological intervention for improving psychological functioning in women with a history of suicide attempts. The use of this therapeutic approach may help many individuals and contribute to improving their overall quality of life.

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Introduction

Suicidal behavior is one of the most serious psychological and social problems worldwide, representing a growing public health challenge across all societies. It accounts for approximately

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1.4% of all deaths globally (Wang et al., 2022). In its literal sense, suicide refers to a conscious self-harming behavior aimed at destroying oneself (Sanderson et al., 2020). The phenomenon of suicide attempt is undoubtedly the result of a complex and interconnected web of sociological, psychological, and other contributing factors. These causes often evolve over the course of an individual's life, culminating at a specific point in time — sometimes planned but often sudden and unpredictable — in the form of a suicide attempt.

A suicide attempt is considered a self-harming but non-lethal act, intentionally performed by an individual as a reaction to internal distress (Fossi et al., 2022). Importantly, a prior suicide attempt is the strongest risk factor for subsequent suicide death; the risk among individuals who have previously attempted suicide is estimated to be up to 25 times higher than in others (Jentz et al., 2022). In recent years, rates of suicide attempts and suicide deaths have increased across societies. According to the World Health Organization (2021), around 703,000 people die from suicide each year, approximating one death every 40 seconds worldwide. Furthermore, for every completed suicide, there are an estimated 20 to 30 non-fatal attempts, and the risk of suicide completion among previous attempters is 40–100% higher than in the general population.

Globally, suicide attempts tend to be more frequent among women, while suicide deaths are more prevalent among men. However, this pattern reverses in many Asian and Middle Eastern countries, where fatal suicide attempts among women are more common (Van et al., 2021). Given that numerous personal and social factors contribute to suicidal behavior, strengthening individuals in these areas can substantially reduce suicide risk. This is particularly critical among women, who are often more vulnerable to anxiety, worry, and stress. Managing and reducing stress among women, therefore, is essential, as stress acts as a pervasive factor influencing almost every aspect of their lives.

Stress is a reaction to environmental demands or events that disturb personal equilibrium and exceed an individual's adaptive capacity, generating psychological pressure (Ahmadnezhad & Talebzadeh Shoushtari, 2022). Stress is commonly found accompanying most psychological disorders, especially among women, and contributes to both psychological and physiological damage. When stress escalates, individuals may lose control and attempt any means of relief, including self-harming behaviors.

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Coping with stress requires adaptive coping skills and psychological flexibility. Effective coping strategies can mitigate stress's harmful impact on mental health and promote resilience. Folkman and Moskowitz (2004) defined coping as a set of cognitive and behavioral efforts to manage, reduce, or tolerate stress. According to Lazarus and Folkman (1984), coping strategies can be divided into problem-focused and emotion-focused approaches. Problem-focused coping involves addressing the stressor itself—attempting to change or avoid it—while emotion-focused coping emphasizes regulating the negative emotions elicited by stress (Emami, 2015).

Resilience is especially important among women experiencing depression, as greater resilience can lower the likelihood of suicide attempts and reduce other psychological disorders. Resilience can be understood as positive adaptation or growth following periods of imbalance and hardship (Shah Beik et al., 2023). Individuals with higher resilience are more likely to regain their normal level of functioning after adversity, and sometimes even perform better than before. High-resilience individuals demonstrate greater resistance to inevitable stressors and are more capable of finding positive meaning in the challenges they face (Gonzalez, 2018).

In recent years, therapists have increasingly focused on compassion-based therapy, particularly self-compassion therapy. Neff (2003) conceptualized self-compassion as a three-component construct involving: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification with distress.

Self-compassion emphasizes accepting oneself and one's experiences within the framework of kindness and mindfulness. Gilbert (2005, 2009) later developed Compassion-Focused Therapy (CFT), based on the principle that soothing external stimuli should become internalized mental resources, allowing the mind to respond with calmness and self-soothing when faced with stressors.

Individuals with greater self-compassion tend to possess stronger emotional coping skills, show enhanced ability in differentiating and managing their emotions, and exhibit higher emotional resilience. Moreover, high self-compassion is linked to fewer negative thoughts (Neff et al., 2005) and lower levels of cognitive distortions (Akin, 2005). Numerous studies have confirmed the positive psychological effects of self-compassion therapy across various contexts. Based on these findings, the central research question of the present study is: Does self-compassion therapy

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influence levels of resilience, coping strategies, and perceived stress among women with a history of suicide attempts?

Material and Methods

The present study employed a quasi-experimental pretest–posttest design with two groups, consisting of an experimental group and a control group. The statistical population included all women with a history of suicide attempts in the city of Neyriz. A sample of 30 participants was selected through cluster random sampling and randomly assigned to the experimental group (n = 15) and the control group (n = 15). First, the city of Neyriz was divided into three clusters: urban center, suburban areas, and remaining peripheral zones. Clinics and hospitals in each cluster were identified and visited. From institutions willing to collaborate, the researchers obtained the names of women with recorded suicide attempts. Women aged 23 and older were then contacted and invited to participate. Among those who provided informed consent, 30 individuals were selected and randomly assigned to the two study groups.

Instruments

Billings and Moos Coping Strategies Questionnaire: Billings and Moos originally developed this questionnaire to provide a valid and practical measure of coping responses. Respondents were asked to recall a recent personal crisis or stressful event and complete the 19-item yes/no questionnaire based on their coping responses. Items were classified into active behavioral, active cognitive, and social coping strategies, with internal consistency coefficients ranging from 0.22 to 0.80.

In 1984, the authors revised the scale to 32 items, replacing the yes/no format with a 4-point Likert scale (0–3). The revised version includes five categories:

- 5 items: Cognitive appraisal-focused coping
- 3 items: Problem-solving coping
- 11 items: Emotion-focused coping
- 4 items: Social support-seeking coping
- 9 items: Physical or somatic-focused coping

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The current study used the 32-item version. Reliability has been reported as 0.79 (test–retest), and subscale reliabilities range from 0.65 to 0.90 (Hosseini Ghodamgani, 1997). Internal consistency coefficients range from 0.41 to 0.66.

Perceived Stress Scale (PSS): The PSS was developed by Cohen et al. (1983) and contains 14 items measuring perceived stress over the past month. It assesses thoughts and feelings related to uncontrollable or unpredictable events, coping capacity, and perceived overload. The items are easy to understand and not specific to any demographic group. Shorter 4-item and 10-item versions are also available. The scale is brief, easy to administer, and sensitive to a wide range of current life stressors.

Connor–Davidson Resilience Scale (CD-RISC): Developed by Connor and Davidson (2003), the CD-RISC consists of 25 items scored on a 5-point Likert scale ranging from 0 (not true at all) to 4 (true nearly all the time). Total scores range from 0 to 100, with higher scores indicating greater resilience. A cut-off point of 50 is typically used to differentiate resilient from non-resilient individuals.

Factor analysis supports five dimensions:

1. Personal competence
2. Trust in one's instincts and tolerance of negative affect
3. Positive acceptance of change and secure relationships
4. Control
5. Spiritual influences

The authors reported a Cronbach's alpha of 0.89 and a test–retest reliability of 0.87 over four weeks. In Iran, the scale was standardized by Mohammadi (2005), who also reported a reliability coefficient of 0.89.

Intervention: Compassion-Focused Therapy (8 Sessions)

The therapeutic approach used in this study was Self-Compassion / Compassion-Focused Therapy (CFT). This multidimensional intervention is grounded in cognitive-behavioral principles and emphasizes enhancing the individual's psychological relationship with thoughts and emotions rather than modifying their content. The primary goal is to increase psychological flexibility and promote a more meaningful and satisfying life.

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The intervention consisted of eight structured sessions, summarized below:

Session 1:

• Group introductions and establishing therapeutic rapport

• Administration of pretest questionnaires

• Introduction to self-compassion and present-moment awareness

• Reading the "self-kindness prayer"

• Homework: Identify significant acts of unkindness from self, others, and toward others

Session 2:

• Review of previous session and homework

• Compassion imagery exercises (color, voice, and compassionate letter writing)

• Homework: Compassionate letter writing

Session 3:

• Review of homework

• Identifying compassionate self vs. critical selves

• Introducing components of compassion and personal strengths

• Homework: Identify personal abilities and resources

Session 4:

• Review of homework

• Introducing soothing components of compassion

• Homework: Identify major acts of unkindness toward self or others during the week

Session 5:

• Compassion imagery exercises

• Teaching emotional self-regulation and self-control

• Homework: Apply compassion components in real-life stressors

Session 6:

• Introducing resilience within the compassion framework

• Applying self-compassion to repetitive negative thoughts

• Homework: Use compassionate strategies with repetitive thoughts

Session 7:

• Introducing coping skills

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• Linking coping strategies to self-compassion practices

• Homework: Apply coping skills and compassionate self-talk during stressful events

Session 8:

• Review of homework

• General discussion and integration of therapeutic skills

• Positive affirmations and closing reflections

• Administration of posttest questionnaires

Data Analysis

To examine the study hypotheses, the Kolmogorov–Smirnov test and Levene's test were used to check assumptions of normality and homogeneity of variance. Data were analyzed using repeated-measures ANOVA. All analyses were conducted using SPSS version 23.

Ethical Considerations

This study was conducted in accordance with ethical research standards. The following points were observed:

Informed Consent: Participants were fully informed about the study's objectives, procedures, voluntary nature, and confidentiality, and written consent was obtained.

Right to Withdraw: Participants were allowed to withdraw at any stage without any negative consequences.

Confidentiality: Personal information and responses were kept strictly confidential and used solely for research purposes.

Protection of Participants: Given the sensitivity of suicide-related topics, participants were monitored for distress. When necessary, referrals to mental health services were provided.

Post-Study Support: To ensure fairness, participants in the control group were offered access to therapeutic materials or referrals after the study's completion.

Ethics Approval: The study protocol was reviewed and approved by the relevant institutional or regional ethics committee.

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Results

Descriptive indices for the variables of resilience, coping strategies, and stress, separated by experimental and control groups at pretest and posttest, are presented in Table 1.

Table 1. Descriptive Statistics for Research Variables in Experimental and Control Groups at Pretest and Posttest

Variable	Group	Stage	Mean	SD	Group	Stage	Mean	SD
Resilience	Control	Pretest	26.6	1.48	Experimental	Pretest	26.6	1.79
		Posttest	27.33	1.63		Posttest	36.26	2.05
Stress	Control	Pretest	66.3	7.33	Experimental	Pretest	63.6	10.26
		Posttest	64.13	1.11		Posttest	56.53	0.82
Coping Strategies	Control	Pretest	46.49	4.13	Experimental	Pretest	48.06	5.26
		Posttest	47.26	1.27		Posttest	69.86	4.06

As can be seen, in the pretest stage, the mean scores of resilience, coping strategies, and stress in both experimental and control groups fall within low-to-moderate ranges. However, in the posttest, the experimental group shows substantial improvement, reflected in higher resilience and coping strategy scores and lower stress levels.

Testing Assumptions of ANCOVA

Since the hypotheses were analyzed using one-way ANCOVA and multivariate ANCOVA (MANCOVA), several preliminary tests were conducted to ensure that statistical assumptions were not violated.

Normality Assumption: The Kolmogorov–Smirnov test was used to assess normality. Non-significant p-values ($p > 0.05$) indicate the distribution of scores does not deviate from normality. Results appear in Table 2.

Table 2. Kolmogorov–Smirnov Test Results

Variable	Stage	Statistic	P
Resilience	Pretest	0.59	0.86
	Posttest	0.95	0.51
Stress	Pretest	0.87	0.42
	Posttest	0.65	0.78
Coping Strategies	Pretest	0.80	0.54
	Posttest	0.86	0.75

All p-values exceed 0.05, confirming normal distribution.

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Homogeneity of Regression Slopes

To establish linearity and ensure equal regression slopes across groups, the interaction between group × pretest was examined. Non-significant interaction terms indicate that the assumption is met.

Table 3. Test of Homogeneity of Regression Slopes

Variable	Source	F value	P
Resilience	Pretest * Group	1.74	0.198
Stress	Pretest * Group	1.13	0.202
Coping Strategies	Pretest * Group	2.002	0.169

All results are non-significant; therefore, the assumption is satisfied.

Homogeneity of Variances: Levene's Test was used to examine equality of variances. Non-significant p-values indicate no violation of this assumption.

Table 4. Levene's Test for Homogeneity of Variances

Variable	DF1	DF2	F value	P
Resilience	1	28	0.95	0.33
Stress	1	28	0.26	0.61
Coping Strategies	1	28	0.016	0.90

Since all p-values (except one borderline case) are above 0.05, the assumption is considered acceptable.

Hypothesis Testing

Hypothesis 1: Self-compassion therapy affects resilience in women with a history of suicide attempts. Before performing MANCOVA, Box's M test was used to confirm equality of covariance matrices.

Table 5. Box's M Test for Equality of Covariance Matrices

Box's M	F value	DF1	DF2	P
3.6	1.11	3	141120	0.34

Since $p > 0.001$, the assumption is satisfied.

Table 6. MANCOVA Results for Resilience

Test	Value	F	Hypothesis DF	Error DF	P	Eta square	Power
Pillai's Trace	0.94	199.11	2	25	0.001	0.74	1
Wilks' Lambda	0.059	199.11	2	25	0.001	0.74	1
Hotelling's Trace	15.92	199.11	2	25	0.001	0.74	1
Roy's Largest Root	15.92	199.11	2	25	0.001	0.74	1

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These results indicate a significant difference between experimental and control groups in resilience. The effect size (Partial Eta² = 0.74) shows that 74% of the variance in resilience is explained by the intervention.

Hypothesis 2: Self-compassion therapy affects coping strategies in women with a history of suicide attempts.

One-way ANCOVA was used.

Table 7. ANCOVA Results for Coping Strategies

Variable	Source	SS	DF	MS	F	P	Eta square
Coping Strategies	Pretest	455.003	1	455.003	213.04	0.001	0.88
	Group	2365.25	1	2365.25	1107.48	0.001	0.73
	Error	57.66	27	2.13			

The results show a significant effect of the intervention ($p < 0.05$). The effect size indicates that 73% of the variance in coping strategies is attributable to the therapy.

Hypothesis 3. Self-compassion therapy affects stress levels in women with a history of suicide attempts.

Table 8. ANCOVA Results for Stress

Variable	Source	SS	DF	MS	F	P	Eta square
Stress	Pretest	652.14	1	652.14	166.76	0.001	0.86
	Group	561.46	1	561.46	143.57	0.001	0.74
	Error	105.58	27	3.91			

After controlling for pretest scores, the results indicate a significant decrease in stress in the experimental group ($p < 0.05$). A partial eta squared of 0.74 shows that 74% of variance reduction in stress is due to the intervention.

Discussion

The findings of the study demonstrated that Compassion Therapy, or self-compassion, was effective in influencing the level of resilience, coping skills, and stress in women with a history of suicide attempts. Specifically, it led to an improvement in resilience and coping skills while simultaneously decreasing stress levels in this population. These results align with the findings of

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previous research by Salimi et al. (2018), Sa'adati et al. (2016), Zemtani et al. (2016), Manzari Tavakoli (2016), as well as studies by Esmaeili et al. (2016), Mostafavian et al. (2015), Morley et al. (2015), Angus & Andrew (2012), and Neff et al. (2007).

One significant factor to consider in women with a history of suicide attempts is the pressure from their current circumstances. The influx of external pressures, and sometimes even minor daily hassles, can make decision-making difficult for them. These continuous problems often lead to successive failures, which reinforces feelings of helplessness, anxiety, paralysis, confusion, and self-directed anger. Since Compassion Therapy teaches participants to adopt a kinder perspective toward themselves and helps them realize that all human beings face difficulties in life—the only difference being how they address these problems—they begin to accept their difficulties with greater patience (s'eeh-e-sadr). Consequently, the Compassion Therapy intervention resulted in an increased utilization of emotion-focused coping strategies, specifically cognitive appraisal-based coping, among these women.

Furthermore, it can be argued that women with a history of suicide attempts find it difficult to maintain composure when problems arise. They may resort to emotional behaviors such as distraction through other activities, aggression, withdrawal, isolating themselves, or projecting their issues onto others, sometimes masking their struggles with feigned indifference. The consequences of this type of problem-solving approach further intensify feelings of loneliness and frustration, thereby reinforcing an individual's sense of inadequacy. In the Compassion Therapy approach, the individual, through the use of compassionate techniques and strengthening self-kindness, realizes that problem-centered methods can be more successful in resolving their issues. The individual uses self-compassion techniques to push away negative emotions and addresses problems using self-kind management and appropriate methods. Therefore, Compassion Therapy had a demonstrable impact on the stress levels of these women. It can also be suggested that one method that can be utilized alongside problem-focused approaches is seeking support from experienced and trusted individuals.

In Compassion Therapy, the individual learns to adopt a compassionate attitude toward themselves and their life challenges. Compassion Therapy involves a type of compassionate relationship with the self. Rather than focusing on resolving internal conflicts, this treatment aids in personal change

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by fostering new care and attention toward the self and introducing compassionate inner processes. In essence, the individual learns to view themselves and their surroundings with compassion, recognizing that supportive figures such as parents and close relatives can be a source of support during difficult times. This helps them repair fractured bonds with these loved ones. In fact, by establishing a compassionate connection between the self and compassionate others, a secure base is created to which they can turn when needed.

It is worth noting that given the level of occupational pressure and stress encountered in their environment, as well as subsequent decision-making, these women may experience psychosomatic complaints such as tension headaches, respiratory disorders, pain in the chest and heart region, as well as changes in appetite and sleep patterns. Compassion Therapy leads to increased resilience, encouraging greater self-care and self-support. It enhances the capacity to accept discomforts and reduces emotional turmoil. This therapeutic method enables the individual to soothe and manage themselves more effectively.

The findings of this study carry significant theoretical and practical implications. Theoretically, they reinforce the notion that self-compassion is a crucial protective factor against psychological distress, particularly within vulnerable groups such as women with a history of suicide attempts, by facilitating a shift towards more adaptive coping strategies like cognitive appraisal. Practically, the research advocates for the systematic integration of Compassion Therapy into clinical practice for individuals at risk of self-harm, suggesting that interventions should not only focus on internal change but also on rebuilding or establishing secure social support networks. Furthermore, the identified benefits indicate a potential for psychoeducational programs on self-compassion as a preventative measure against stress-related psychosomatic symptoms, emphasizing the cultivation of self-kindness as a pathway to improved well-being and resilience.

Despite its valuable contributions, this study is subject to certain limitations that warrant consideration. The findings' generalizability may be restricted due to the focus on a specific demographic—women with a history of suicide attempts—necessitating caution when applying these results to other populations, such as men or adolescents. The precise duration and intensity of the Compassion Therapy intervention were not fully elaborated, leaving room for further investigation into optimal treatment "doses." Additionally, if the study relied heavily on self-report measures, potential biases such as social desirability could influence the reported outcomes.

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Finally, while the study indicates a move towards cognitive appraisal, further detailed analyses, possibly using mediation models, are needed to pinpoint the specific components of self-compassion that most powerfully drive improvements in resilience and stress reduction.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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