

The Mediating Role of Self-Compassion in the Relationship between Psychological Flexibility and Depression

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Abstract

The study explored the mediating role of self-compassion in the relationship between psychological flexibility and depression. The participants consisted of 307 people, 183 women and 124 men, aged between 18- 59. The study employed the correlational research design, one of the quantitative research methods. The data were collected using the Demographic Information Form, the Beck Depression Inventory, the Acceptance and Action Questionnaire-II, and the Self-Compassion Scale. In data analysis, the independent samples t-test and mediation analysis methods were used. According to the mediation analysis, self-compassion had a partial mediating role in the relationship between psychological flexibility and depression. The findings were discussed in the context of previous studies and recommendations were given.

Keywords: Psychological flexibility, depression, self-compassion, mediation analysis

Introduction

One of the most common mental disorders, depression is covered under mood disorders in the literature. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (2013) diagnostic criteria, individuals with depression experience various symptoms such as sad mood, lack of enjoyment in activities, changes in food appetite, sleep problems, low energy, and difficulty in focusing. Depression is a condition that manifests itself with a deep sadness and depressed mood, accompanied by a decrease in cognitive, speech, movement, and physiological functions (Öztürk&Uluşahin, 2015). Depression causes decrease in individuals' life quality. It affects the individual's life in physical, psychological and social aspects. Increase in depression severity also leads to an increase in the individual's negative perceptions over time (Aydemir et al., 2009). With the increase in the individual's maladaptive cognitive emotion regulation strategies, negative thought processes such as self-blame or blaming others and catastrophizing are witnessed. This leads to a decrease in adaptive strategies such as positive refocusing and perspective taking (Lei et al., 2014). Attention to positive information is important in mental health repair. Depressed individuals show an increase in their attention to negative stimuli. Processing positive stimuli less causes depression symptoms to worsen (Duque & Vazquez,

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2015). Therefore, developing functional coping methods with depression, which can be considered both a cause and a result, saves the individual from a vicious cycle.

Acceptance and Commitment Therapy utilizes acceptance and conscious awareness processes to develop psychological flexibility (Hayes & Lillis, 2021). It aims to create psychological flexibility in a person by changing the relationship with their internal experiences in order to create a life in line with their values. The main goal is to see the difference between the thought and the "I" that owns the thought, rather than changing the thought. This process of awareness brings about being in the present moment and acceptance (Bilgen, 2021). The psychological flexibility model introduces psychopathology and human limitations and emphasizes six interrelated processes: Cognitive fusion versus defusion; acceptance versus experiential avoidance; self as context versus conceptualized self; contact with the present moment versus inflexible attention to the past and future; chosen values versus deficient, adaptive, avoidant, or fused values; inertia, impulsivity, committed action versus avoiding difficulty (Bilgen, 2021; Hayes & Lillis, 2021).

Acceptance and Commitment Therapy suggests that avoiding challenging or unwanted mental experiences leads to psychological inflexibility. Psychological inflexibility has the potential to lead to symptoms of depression (White et al., 2013). In this case, as we move away from psychological flexibility, which is at the other end of psychological inflexibility, we begin to merge with life stories that cause pain. The evaluations we make about ourselves and the external world that surrounds us merge with our direct experiences and become intertwined over time. The mind uses these experiences as a trump card and distances them from being elements that emerge in the moment (Zettle, 2022). In order for psychological flexibility to occur, it is necessary to weaken the extremes of evaluations and judgments. This forms the basis of cognitive defusion (Hayes & Lillis, 2021).

A person comes into the world with a sense of awareness and compassion. The concept of self-compassion involves being kind to oneself when facing personal shortcomings or situational challenges, framing the imperfections of life in terms of common humanity, and recognizing negative emotions (Neff, 2013). Self-compassion also fosters positive attitudes of mind, such as optimism and happiness. When a person shows compassion to themselves, the knots of negative prejudice begin to untangle (Neff, 2021). Mindfulness, on the other hand, is a type of consciousness that protects a person when things are not going well. Instead of running away from pain, it involves experiencing it with awareness of the present moment. In this way, it provides a sense of freedom by preventing the person from judging themselves, developing their perspective and sense of commitment. The common healing feature of self-compassion and mindfulness is to provide change by making friends with emotional pain. Accepting and relating to emotional pain leads to a decrease in avoidance and an increase in compassion and awareness (Germer, 2022).

There are three basic components of self-compassion. These are; self-kindness, recognition of common humanity, and mindfulness. Self-kindness refers to stopping constant self-judgment and preventing derogatory internal comments. It allows us to be emotionally not affected by our own pain and to care for ourselves. It calms and soothes our restless minds (Neff, 2021). Another element that is at the core of self-compassion is common humanity. With the recognition of the common human condition, the person becomes aware that all people are developing, can experience failures, and encounter difficulties. According to self-compassion, everyone in life has experienced suffering. Although the conditions and

levels of suffering are different, the basic experience of suffering is the same. Being aware of this helps a person not feel alone. The last element of self-compassion is mindfulness, in other words, being in the moment. Mindfulness is being open to the reality of the present moment, as well as allowing all emotions, thoughts, and sensations to be at our level of awareness without avoiding them. Contrary to avoiding painful emotions and thoughts, being mindful allows us to confront the reality of our experiences. This prevents us from over-identifying with our emotions and thoughts, allowing us to look at ourselves and our lives from a more objective perspective (Neff et al., 2018).

Psychological flexibility, a central concept in Acceptance and Commitment Therapy, fits into the current conceptualization of self-compassion. Acceptance, one of the six components of psychological flexibility, explains this connection well (Sarıkoç & Uğur, 2024). Instead of over-evaluating painful experiences as bad and wrong, a person's acceptance of them supports the development of self-compassion. Self-compassion facilitates a person's understanding of themselves and open contact with painful experiences. On the other hand, self-compassionate behavior also includes the person's ability to remain present in the face of difficult experiences (Yadavia et al., 2014).

In the literature, there are studies addressing the relationship between psychological flexibility and depression. In their study, Fonseca et al. (2020) suggested that there is a negative and strong relationship between psychological flexibility and depression symptoms. Another study revealed that emotional abuse, psychological inflexibility and psychological flexibility significantly predict depression (Meşe, 2021). In addition, depression is among the concepts discussed in relation to self-compassion. The supportive attitudes of individuals with self-compassion towards themselves are associated with various positive psychological outcomes. These individuals have less depression, anxiety, neurotic perfectionism and more life satisfaction (Neff, 2003a). Another study determined that individuals with low and moderate levels of self-compassion show more symptoms of depression, anxiety and stress than those with high levels of self-compassion (Sümer, 2008).

Positive attitudes appear to have an effect on reducing a person's depression level. The literature stated that showing psychological flexibility reduces the level of depression. It is believed that having a self-compassionate attitude in life will also contribute positively to this relationship. The literature review put forth no studies on the mediating role of self-compassion in the relationship between the study variables. In this context, the present study aimed to examine the mediating role of self-compassion in the relationship between psychological flexibility and depression and to examine the demographic data obtained for the variables. The study questions for this purpose are as follows:

- Is there a mediating role of self-compassion in the relationship between psychological flexibility and depression?
- Do psychological flexibility, depression and self-compassion scores differ significantly according to sex?

Method

Research Model

The study employed the relational research design (Büyüköztürk, 2022) in order to explore the mediating role of self-compassion in the relationship between psychological flexibility and depression.

Study Group

While determining the study group from which the data would be collected, the convenience sampling method, one of the non-random sampling methods, was used. The convenience sampling method is a sampling method in which the researcher creates the sample starting from the most accessible respondents until the group of the required size is reached, and also prevents the loss of time, money, and labor (Büyüköztürk, 2018). A total of 307 people, 183 females and 124 males between the ages of 18-59 (\bar{x} = 33.59; S = 13.88), participated in the study.

Instruments

Participants' personal information was determined using the Demographic Information Form, which includes age, sex and education status, their depression level using the Beck Depression Inventory (Hisli, 1989), their psychological flexibility level using the Acceptance and Action Questionnaire-II (Yavuz et al., 2016) and the self-compassion level using the Self-Compassion Scale (Akın et al., 2007).

Beck Depression Inventory

The adaptation of the Beck Depression Inventory, developed by Beck et al. (1961), to Turkish was conducted by Hisli (1989). Each item of the 21-item inventory includes four response options, rated between 0 and 3, to determine the behavioral structure of depression. The scores from these inventory items range from 0 to 63. The scores reveal the depression level according to their ranges. In the reliability study of the inventory, the Cronbach's alpha internal consistency coefficient was calculated as 0.80 and the reliability coefficient as 0.74. In the current study, the Cronbach's alpha internal consistency coefficient was .91.

Acceptance and Action Questionnaire-II

The Acceptance and Action Questionnaire-II was developed by Bond and colleagues (2011) to measure the psychological inflexibility levels of individuals. The adaptation studies to Turkish were conducted by Yavuz et al. (2016). The single-factor questionnaire has seven items on a 7-point Likert-type scale. The response options were rated between 1 (Never true) and 7 (Always true). The lowest score to be taken from this questionnaire with no sub-dimension is 7 and the highest is 49. The Cronbach's alpha coefficient of the scale was 0.85. In the present study, the Cronbach's alpha internal consistency coefficient was calculated as .90. While high scores indicate high psychological inflexibility level, low scores indicate low psychological inflexibility and therefore a high level of psychological flexibility. Since the level of psychological flexibility was measured within the scope of the present study, the scale items were reverse scored.

Self-Compassion Scale

The Self-Compassion Scale was developed by Neff (2003b). The scale has 26 items and six sub-dimensions that constitute the self-compassion structure. These sub-dimensions are named Self-

Kindness(Items 2, 13, 6, 21, 17), Common Humanity (Items 8, 1, 12, 22), Mindfulness(Items 23, 14, 18, 9), Self-Judgment (Items 4, 7, 20, 15, 26), Isolation (Items 5, 11, 25, 19) and Over-Identification (Items 3, 16, 10, 24). The sub-dimensions interpreted as negative are the Self-Judgment, Isolation and Over-Identification dimensions are coded in reverse. The response options of the five-point Likert type scale are rated as 1 “Almost Never”, 2 “Rarely”, 3 “Sometimes”, 4 “Often”, and 5 “Almost Always”. The reliability coefficient of the original form of the scale is 0.93 (Akin et al., 2007; Neff, 2003b). The adaptation studies of the scale to Turkish were conducted by Akin et al. (2007). The internal consistency coefficients of the scale are between 0.72 and 0.80. The internal consistency coefficients of the sub-dimensions are 0.72 for Self-Kindness, 0.72 for Common Awareness, 0.72 for Self-Judgment, 0.74 for Mindfulness, 0.74 for Over-Identification, and 0.80 for Isolation (Akin et al., 2007). Cronbach's alpha coefficient for the reliability of the scale is .93. In this study, Cronbach's alpha internal consistency coefficient was calculated as .92.

Data Analysis

Participants were first informed with the Informed Consent Form and afterwards they received approval for participation. SPSS 26.0 package program was used in data analysis. Independent samples t-test was performed to reveal the difference in participants’ depression, psychological flexibility and self-compassion levels according to sex. Independent samples t-test refers to the analysis method used to determine whether there is a significant difference in the means of two unrelated samples (Büyüköztürk, 2017). Mediating role analysis was employed to determine the mediating role of self-compassion regarding psychological flexibility and depression variables.

Findings

Table 1

Descriptive Statistics

Variables	Mean	SS	Min	Max	Skewness	Kurtosis
Depression	12.71	10.33	.00	63.00	1.63	3.74
Psychological flexibility	35.04	10.50	7.00	49.00	-.65	-.20
Self-compassion	80.98	17.37	33.00	121.00	-.37	-.00

Table 1 presents the arithmetic mean, standard deviation, minimum and maximum values, and skewness and kurtosis coefficients of the variables. In terms of the skewness values, all values were within the reference ranges accepted for normal distribution. The results supported that the data set was normally distributed. According to West, Finch, and Curran (1995), normal distribution is generally assumed if skewness values are within the range of -2 to +2 and kurtosis values fall between -7 and +7. The skewness value of the depression scores was 1.63, and the kurtosis was 3.74. The skewness value of the psychological flexibility variable was -.65, and the kurtosis was -.20. The skewness value of the self-compassion variable was -.37, and the kurtosis value was -.00.

Table 2

Independent Samples t-Test Results Regarding the Differences in Participants' Depression, Psychological Flexibility and Self-Compassion Levels According to Sex

Variables	Groups	<i>n</i>	\bar{x}	<i>sd</i>	<i>df</i>	<i>t</i>	<i>p</i>
Depression	Female	183	14.14	10.24	305	2.979	.003
	Male	124	10.61	10.14			
Psychological Flexibility	Female	183	32.28	10.21	305	-5.874	<.001
	Male	124	39.10	9.60			
Self-Compassion	Female	183	77.15	17.57	305	-4.869	<.001
	Male	124	86.64	15.47			

According to Table 2, there was a significant difference in depression scores according to participants' sex ($t_{(305)} = 2.97$; $p = .003$). Females' depression score mean ($\bar{X} = 14.14$) was statistically significantly higher than males' depression score mean ($\bar{X} = 10.61$). There was a significant difference in participants' psychological flexibility levels between the groups ($t_{(305)} = -5.87$; $p = <.001$). This difference stemmed from the fact that males' psychological flexibility score mean ($\bar{X} = 39.10$) was higher than females' psychological flexibility score mean ($\bar{X} = 32.28$). Finally, there was a significant difference in self-compassion scores between the groups ($t_{(305)} = -4.869$; $p = <.001$). This difference stemmed from the fact that males' self-compassion levels ($\bar{X} = 86.64$) were significantly higher than those of females ($\bar{X} = 77.15$).

Table 3

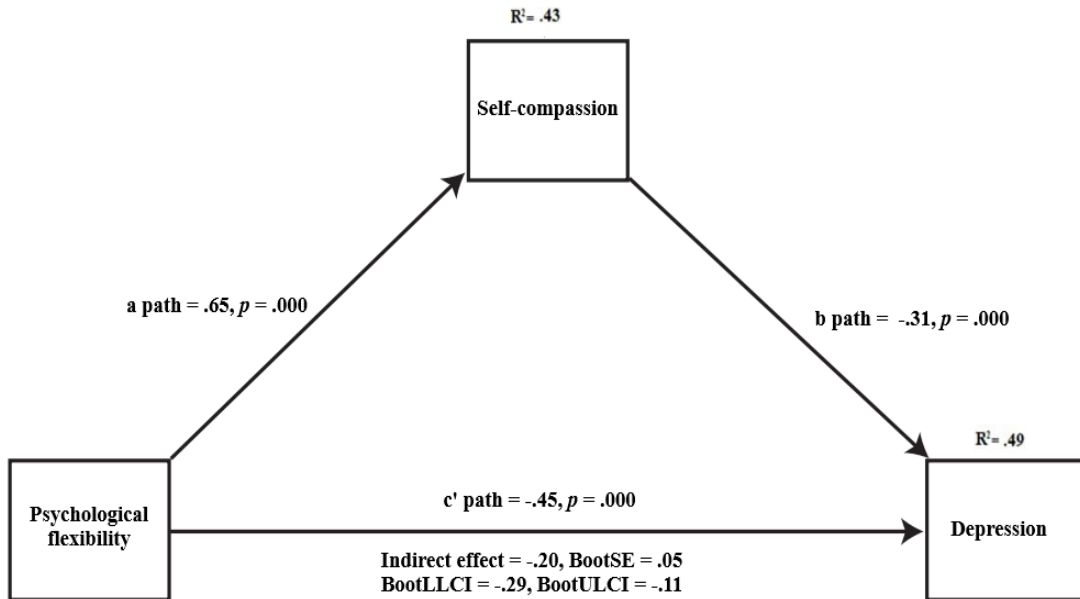
Pearson Correlations for the Relationships Between Psychological Flexibility, Depression, and Self-Compassion

	Flexibility	Depression	Self-Compassion
Flexibility	1		
Depression	-.656**	1	
Self-Compassion	.652**	-.607**	1

As seen in Table 3, there was a negative and statistically significant relationship between psychological flexibility and depression ($r = -.656$, $p = .000$). As psychological flexibility increased, depression level decreased. There was a positive and statistically significant relationship between psychological flexibility and self-compassion ($r = .652$, $p = .000$). As psychological flexibility increased, self-compassion level decreased. Moreover, there was a negative and statistically significant relationship between self-compassion and depression ($r = -.607$, $p = .000$). As self-compassion increased, depression level decreased.

Figure 1

Findings on the Mediating Role of Self-Compassion in the Relationship between Psychological Flexibility and Depression



As seen in Figure 1, the path a showing the predictive effect of psychological flexibility on self-compassion was statistically significant ($b = .65, t = 15.02, p = .000, \text{LLCI} = .94, \text{ULCI} = 1.22$). Psychological flexibility explained 43% of the variance in the self-compassion level. The path b showing the predictive effect of self-compassion, which was the mediator variable in the model, on depression, which was the dependent variable, was statistically significant ($b = -.31, t = -5.74, p = .000, \text{LLCI} = -.25, \text{ULCI} = -.12$). Psychological flexibility and self-compassion together explained 49% of the variance in the depression level. The path c' showing the predictive effect of psychological flexibility on depression in a model without the mediator variable was statistically significant ($b = -.45, t = -8.36, p = .000, \text{LLCI} = -.55, \text{ULCI} = -.34$). The indirect effect showing the mediating role of the model was statistically significant ($b = -.20, \text{BootSE} = .05, \text{BootLLCI} = -.29, \text{BootULCI} = -.11$). According to this finding, the relationship coefficient between psychological flexibility and depression, which was $-.45$ in the absence of the mediator variable, decreased to $-.20$ with the inclusion of the mediator variable self-compassion in the model and maintained its statistical significance. In this case, it can be said that self-compassion played a partial mediating role in the relationship between psychological flexibility and depression.

Discussion

The study examined the mediating role of self-compassion in the relationship between psychological flexibility and depression and the findings concluded that self-compassion partially mediated the relationship between psychological flexibility and depression. There was a negative significant relationship between psychological flexibility and the dependent variable depression. According to the review of the relevant literature, the findings of the current study are supported. The study conducted

by Fonseca et al. (2020) suggests that there is a negative and strong relationship between psychological flexibility and depression symptoms. The study revealed that psychological flexibility contributes to reducing the increase in important life events and their perceived negative impact on depression symptoms. It is believed that being in touch with the present moment with an accepting and non-judgmental attitude towards internal experiences and being able to take value-oriented actions will protect individuals against the negative effects of important life events in terms of depression. In another study conducted by Leahy et al. (2012), three theoretical models underlying depression were examined. These were risk aversion, emotional schemas and psychological flexibility. The study put forth that individuals with psychological flexibility have more positive emotional schemas. In addition, the study concluded that depression is best predicted by risk avoidance and psychological flexibility, and that there is a negative significant relationship between depression and psychological flexibility. Masuda and Tully (2012) conducted a study with university students of various ethnic origins and examined the effects of mindfulness and psychological flexibility on psychological distress (somatization, depression, anxiety, and general psychological distress). The results revealed that mindfulness and psychological flexibility are related but not repetitive structures, and both are important structures for understanding the onset and maintenance of somatization, depression, anxiety, and general distress. Based on the studies, it can be stated that moving away from psychological inflexibility, which negatively affects one's emotions, thoughts and behaviors, and having a flexible structure contributes to preventing the rigid attitude that leads to depression, which is among the mood disorders.

In terms of the relationship between self-compassion and depression, the present study concluded that there is a negative significant relationship. According to the studies, individuals with high self-compassion levels have less depression, anxiety, neurotic perfectionism, and more life satisfaction (Neff, 2003a). Aiming to explore the differences between self-compassion levels in depression and anxiety disorders and the relationship of self-compassion with self-esteem and well-being, another study conducted with individuals diagnosed with depression and anxiety determined that self-compassion was lower in both anxiety disorder patients and depressed patients compared to healthy individuals (Kurtset et al., 2023). In addition, other studies in the literature also support the findings of the present study (Krieger et al., 2013; Körner et al., 2015; Neff et al., 2008). It was believed that the relationship between self-compassion and depression would contribute to the relationship between psychological flexibility and depression as a mediator variable. In this case, the fact that psychological flexibility and self-compassion have similar conceptual components contributed to this purpose.

There was a positive and significant relationship between psychological flexibility and self-compassion. In the literature, the study conducted by Yadavia et al. (2014) started out on the conceptual overlaps between psychological flexibility model and self-compassion. The mediating role of psychological flexibility was emphasized in order to increase self-compassion. The study results revealed that psychological flexibility is an important mediator of changes in self-compassion, general psychological distress, depression, anxiety, and stress. Another study focused on psychological inflexibility, which is a related structure in examining self-compassion, post-traumatic stress disorder symptoms, and general psychological health in individuals with a history of trauma. According to the study findings, there is a negative significant relationship between self-compassion and psychological inflexibility. The results show that accepting oneself without judgment is as important as being in touch with internal

experiences such as emotions and thoughts (Seligowski et al., 2014). A study conducted with university students in Turkey determined that psychological inflexibility significantly predicted self-compassion. There was a high negative relationship between psychological inflexibility and self-compassion (Deniz & Gündüz, 2021).

When looking at the depression variable, females' depression score averages were significantly higher than men. There are studies in the literature supporting this finding (Ghaedi & MohdKosnin, 2014; Noble, 2005; Nyberg et al., 2018). Risk factors such as gender, stressful life events, disappointments, inadequate parental care, early negative experiences, insecure attachment style, and lack of social support cause major depression and affect the outcome of the disease. A study conducted with depressed individuals found that the number of women who go to a doctor is significantly higher than men (Ünal et al., 2002). When psychological flexibility and self-compassion were examined, there was a significant difference according to sex. This is due to the fact that the average of men is higher than the average of women. Contrary to the finding, it can be said that psychological inflexibility is also higher in women (Stapleton et al., 2022). Whether self-compassion and its relationships with emotional well-being (perceived stress, distress intolerance, life satisfaction, depressive symptoms, and anxiety) in adolescents differ by age and sex was also examined. Self-compassion was associated with all measures of emotional well-being, and gender and/or age moderated the relationships with anxiety and depressive symptoms. In older adolescents, self-compassion was found to have a greater protective effect on anxiety in boys than in girls. Furthermore, individuals with low and average self-compassion were found to have higher levels of depressive symptoms than those with high self-compassion (Bluth et al., 2017). The study conducted by Neff (2003a) suggested that the fact that women have less self-compassion than men is due to the fact that women are more self-judgmental than men, are more likely to isolate themselves when faced with painful situations, are more aware of their negative emotions, and are more likely to show a tendency to identify. With regard to these findings, women's more rigid attitudes towards negative experiences may lead to an increase in experiential avoidance over time. Based on the findings, it was concluded that depression, psychological flexibility and self-compassion levels differed according to gender. It was also concluded that self-compassion partially mediated the relationship between psychological flexibility and depression.

The findings should be interpreted in terms of the limitations of the present study. Data were collected using the convenience sampling method in the study. For this reason, it may be useful to the study with individuals diagnosed with depression in future studies. In addition, since the study has a wide age range, a limited number of people from different age groups were reached. Studies to be conducted with people from different developmental periods will provide more generalizable results for the relevant group. The study was evaluated using the quantitative research method.

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