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Examination of Childhood Traumas and Self-Compassion Levels of Patients Diagnosed with Depressive Disorder

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ABSTRACT
Objective: This study was conducted to examine the relationship between childhood traumas, depression and self-compassion in patients diagnosed with depression. **Materials and Methods:** This descriptive and correlational research was conducted in two state hospitals. The sample consisted of 150 participants diagnosed with depression who agreed to participate in the study. The data were analyzed using the descriptive statistics, independent student's t-test, one-way ANOVA, Mann-Whitney U test, Kruskal-Walli's test, Post Hoc tests. **Results:** The participants had a mean score of 48.2±16.9 on the Childhood Trauma Questionnaire (CTQ), 2.84±0.3 on the Self-Compassion Scale (SCS). The CTQ scale score had a weak positive correlation with self-judgment and isolation subscale scores (r=0.166; r=0.169, respectively), a moderate positive correlation with sexual abuse subscale score and Beck Depression Inventory (BDI) score (r=0.422; r=0.397, respectively) and a strong positive correlation with emotional abuse, physical abuse, physical neglect and emotional neglect subscale scores (r=0.881; r=0.818; r=0.807; r=0.797, respectively). The BDI score had a moderate negative correlation with self-kindness, common humanity and mindfulness subscale scores (r=-0.427; r=-0.354; r=-0.389, respectively) **Conclusion:** The depression levels of participants diagnosed with depression increase as their childhood traumatic experiences increase.
Keywords: Depression, Childhood traumas, Self-compassion, Abuse, Neglect.

Depresif Bozukluk Tanılı Hastaların Çocukluk Çağı Travmaları ve Öz Şefkat Düzeylerinin İncelenmesi

ÖZ
Amaç: Bu çalışma, depresyon tanısı alan hastalarda çocukluk çağı travmaları, depresyon ve öz-şefkat arasındaki ilişkiyi incelemek amacıyla yapılmıştır. **Gereç ve Yöntem:** Tanımlayıcı ve ilişki arayıcı tipteki bu araştırma iki devlet hastanesinde yürütülmüştür Örneklem, araştırmaya katılmayı kabul eden, depresyon tanısı almış 150 katılımcıdan oluşmuştur. Veriler tanımlayıcı istatistikler, independent student's t-test, one-way ANOVA, Mann-Whitney U test, Kruskal-Walli's test, Post Hoc testleri kullanılarak analiz edilmiştir. **Bulgular:** Katılımcıların Çocukluk Çağı Travma Ölçeği'nden (ÇÇTÖ) 48,2±16,9, Öz Şefkat Ölçeği'nden (ÖŞÖ) ise 2,84±0,3 puan aldıkları görüldü. ÇÇTÖ ölçek puanı ile kendini yargılama ve izolasyon alt ölçek puanları arasında zayıf pozitif korelasyon (sırasıyla r=0,166; r=0,169), cinsel istismar alt ölçek puanı ve Beck Depresyon Ölçeği (BDÖ) puanı ile orta pozitif korelasyon (r=0,422; r=0,397, sırasıyla) ve duygusal istismar, fiziksel istismar, fiziksel ihmal ve duygusal ihmal alt ölçek puanları ile pozitif yönde güçlü bir korelasyon (r=0,881; r=0,818; r=0,807; r=0,797, sırasıyla). BDÖ puanı ile kendine nezaket, ortak insanlık ve farkındalık alt ölçek puanları arasında orta düzeyde negatif korelasyon bulundu (sırasıyla r=-0,427; r=-0,354; r=-0,389) **Sonuç:** Depresyon tanısı alan katılımcıların çocukluk çağı travmatik deneyimleri arttıkça depresyon düzeyleri de artmaktadır.
Anahtar Kelimeler: Depresyon, Çocukluk çağı travmaları, Öz şefkat, İstismar, İhmal.

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INTRODUCTION

Childhood traumas (CTs) are negative experiences encountered by individuals before the age of 18. These traumas can manifest as abuse (emotional, physical, and sexual) or neglect (emotional and physical). They can also be associated with experiences such as parental death, parental separation, domestic abuse, witnessing domestic violence, natural disasters, accidents, or wars (Mechmet & Gürsoy, 2023).

According to the WHO (World Health Organization) Europe 2018 report, the statistics of children under the age of 15 who are exposed to abuse in Europe in one year is thought to result in more than 700 preventable losses of life. This is not exclusively a European problem, with over one billion children reported to have been abused worldwide in 2017 (Sethi et al., 2018). In a study conducted in 23 states in the U.S. of the 214 157 participants included in the sample (51.51% female), 61.55% reported at least 1 and 24.64% reported 3 or more childhood traumas. Among the individual childhood traumas types, emotional abuse was the most commonly reported (Merrick et al., 2018).

Converging evidence from neurobiology, psychiatry, and epidemiology has shown that the experience of childhood trauma such as physical and sexual abuse, emotional neglect, social fragmentation, and poverty leads to an increased risk of psychopathology (Allen, et al., 2023). It is stated that exposure to childhood traumas causes serious mental problems such as depression, psychotic experiences and psychosis (McKay et al., 2021). Childhood traumas, which are considered a serious risk factor in the emergence of depression, increase the likelihood of early onset, relapse and persistence of the disease (Nelson et al., 2017; Tao et al., 2021). De Bellis et al. (2019) suggest that individuals exposed to traumatic experiences in childhood suffer from depression at an earlier age compared to those who are not exposed to traumatic experiences in childhood.

The presence of childhood traumas may cause a decrease in the individual's self-esteem and a judgmental attitude towards the self, thus preventing the development of self-compassion (Joss et al., 2019; Reffi et al.,2019). Furthermore, childhood traumas were found to decrease self-compassion levels (İme & Taş, 2018). Self-compassion is defined as an individual's willingness to approach his or her suffering with compassion (Chahar Mahali et al, 2020). Self-compassion refers to the individual's ability to accept negative experiences as a natural part of human life, to have an understanding and patient attitude towards one's own feelings of inadequacy, and to sincerely deal with feelings of pain and distress (Neff & McGehee, 2010). Self-compassion refers to how we relate to ourselves in instances of perceived failure, inadequacy, or personal suffering. It has three elements: self-kindness, common humanity and mindfulness (Neff, 2023). This concept, developed by Neff, entails not seeing negative emotions and experiences as individual, accepting them as common to all humanity, understanding that every human being is worthy of love and compassion, and being able to look at one's own experiences from a broader perspective (Neff, 2003). Individuals with high levels of self-compassion recognize their strengths and weaknesses and choose to accept themselves with compassion rather than judging themselves. A systematic review on the subject suggests that childhood traumas negatively affect self-compassion (Zhang et al., 2021). Self-compassion is negatively associated with depressive disorders, maladaptive perfectionism, and judgmental attitudes towards the self, while it is positively associated with mental well-being, enjoyment of life and self-esteem (İme & Taş, 2018).

This study was conducted to examine the relationship between childhood traumas, depression and self-compassion in patients diagnosed with depression.

MATERIALS AND METHODS

Study type

This study involved a descriptive and correlational research design to examine the relationship between childhood traumas, depression and self-compassion in patients diagnosed with depression.

Study group

The study population consisted of individuals diagnosed with depression who were receiving outpatient treatment in outpatient services in two state hospitals in Gaziantep. Referencing Arslan (2021) and investigating 'the Relationship Between Childhood Traumas and Self-compassion of Patients Diagnosed with Depression,' a sample size of 114 participants was calculated. This calculation utilized an alpha significance level of 0.05 and 80% GPower, based on an assumed moderate effect size (effect size = 0.235). The sample consisted of 150 participants diagnosed with depression who agreed to participate in the study. Inclusion criteria were (1) being able to read and write, (2) receiving outpatient treatment with a diagnosis of depression, (3) being willing to participate in the study, (4) being in the 18-65 age group and (5) not being diagnosed with an additional mental illness other than depression. Exclusion criteria were (1) not agreeing to participate in the study, (2) having a physical or cognitive disability that would prevent continuing the interview and completing the questionnaires and (3) having an existing diagnosis of an additional mental illness other than depression.

Data collection

Data were collected via face-to-face interviews conducted by the researcher between September 1, 2021, and April 1, 2022. Data were collected with data collection tools. Each interview, conducted in a private room within the psychiatry outpatient clinic, lasted approximately 30 minutes.

Procedures

The personal information form, Beck Depression Inventory (BDI), Self-Compassion Scale (SCS) and Childhood Trauma Questionnaire (CTQ) were used to collect data. The BDI is a scale developed by Beck et al. (1961). It was adapted for use in Turkish by Hisli (1989). Also, Dikmen (2020) examined its reliability and validity and found Cronbach's alpha coefficient as 0.78. The purpose of the scale is to objectively measure the severity

of depression. The highest score that can be obtained from the scale is 63. A high total score indicates the severity of depression (Dikmen, 2020). In the present study, Cronbach's alpha coefficient was found to be 0.90. The SCS developed by Neff (2003), the scale was adapted for use in Turkish by Akın et al. (2007). Confirmatory factor analysis for the Self-Compassion Scale confirmed the existence of six subscales that make up the self-compassion construct: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. The test-retest reliability coefficients were 88, 88, 80, 85, 85, 85 and 88, respectively. The high scores of the individual in each subscale means that he or she possesses the features of the relevant subscale. The scale also provides a total self-compassion score. For the interpretation of the total self-compassion score, scores between 1-2.5 indicate low self-compassion, scores between 2.5-3.5 indicate moderate self-compassion and scores between 3.5-5 indicate high self-compassion (Akın et al., 2007). In this study, Cronbach's alpha coefficient was found to be 0.91. The CTQ developed by Bernstein et al. (1994), the scale was adapted for use in Turkish by Şar et al. (2012). The scale gives five sub-scores including childhood physical abuse, emotional abuse, sexual abuse, emotional neglect, physical neglect, and a total score consisting of the combination of these scores. The average subscale scores that can be obtained from the scale are between 5 and 25. The total score is between 25-125 points. Higher scores obtained from the test indicate more severe levels of trauma (Şar et al., 2012). In this study, Cronbach's alpha coefficient was found to be 0.92.

Statistical analysis

SPSS (Statistical Package for the Social Sciences) version 23.0 was used for statistical analysis of the data. Categorical measurements were summarized as number and percentage, and continuous measurements were summarized as mean and standard deviation. The Kolmogorov-Smirnov test was utilized to determine whether the parameters in the study were normally distributed. For the parameters with normal distribution, independent Student's t-test was used in two-group analyses and one-way ANOVA test was used in more than two-group analyses. For the non-normally distributed parameters, the Mann-Whitney U test was used in two-group analyses and the Kruskal-Walli's test was used in more than two-group analyses. Tukey's test and Tamhane's T2 tests, which are Post Hoc tests, were used to determine the source of the difference between the groups when there were more than two groups among the variables. A correlation analysis was conducted to analyze the relationship between the variables. A reliability analysis was conducted to test the reliability of the questionnaire.

Ethical approval

Prior to the study initiation, Ethics Committee permission to conduct the study was obtained from SANKO University Non-Interventional Research Ethics Committee (Date 22.03.2021/No.2021/03) and institutional permission. Participants diagnosed with depression to be included in the study were informed about the purpose and subject of the study, and verbal and written consent was obtained from those who were willing to participate in the study. The research was conducted in accordance with the Declaration of Helsinki.

RESULTS

It was found that 66.0% of the participants were female, 36.7% were in the age group of 26-35 years, 42.7% received secondary school education or less, 65.3% were married, 56.0% were unemployed and 47.3% earned less income than expenses.

The mean scores of the participants on the CTQ, BDI and SCS are presented in Table 1. The participants had a mean score of 48.2±16.9 on the CTQ, 32.3±11.5 on the BDI, and 2.84±0.3 on the SCS (Table 1).

The childhood trauma experience rates of the participants are shown in Table 2. The childhood trauma rates experienced by the participants were CTQ 71.3 %.

The relationship between childhood traumas and depression levels based on the demographic features of the participants is shown in Table 3. The relationship between depression and other demographic characteristics of the participants is given in the table (Table 3).

The relationship between the self-compassion levels of the participants with respect to their demographic features is shown in Table 4. It was found that the self-kindness, common humanity and mindfulness subscale scores of the male participants were higher than those of the female participants ($p=0.002$; $p=0.043$; $p=0.001$, respectively). It was determined that the female participants had higher over-identification subscale scores than the male participants ($p<0.001$). There was a statistically significant difference between the self-kindness and mindfulness subscale scores and the age variables of the participants ($p=0.007$; $p=0.015$, respectively). The relationship between self-compassion and other demographic characteristics of the participants is given in the table (Table 4).

The correlation between CTQ, BDI and SCS total mean scores and subscale mean scores are shown in Table 5.

Table 1. Distrubution of the mean CTQ, BDI and SCS scores.

Scales	x̄± SD	Min–Max values	Median
Total CTQ	48.2 ±16.9	25-99	43
Emotional abuse	10.1±5.3	5-25	8
Physical abuse	7.7±4.2	5-25	5
Physical neglect	9.1±4.0	5-20	8
Emotional neglect	14.2±5.5	5-25	14.5
Sexual abuse	6.7±3.2	5-20	5
BDI	32.3±11.5	8-56	33
Total SCS	2.8± 0.3	0.05-3.45	2.85
Self-kindness	2.05±0.7	1-3.6	2
Self-judgment	3.34±0.9	1-2-5	3.4
Common humanity	2.24±0.8	1-4.75	2.12
İsolation	3.56±0.8	1.25-5	3.75
Mindfulness	2.07±0.8	1-4	2
Over-identification	3.78±0.8	1.75-5	3.75

Table 2. Childhood trauma rates of patients diagnosed with depression (n=150).

	No childhood trauma		With childhood trauma	
Scales	**n**	**%**	**n**	**%**
CTQ	43	28.7	107	71.3
Emotional abuse	62	41.3	88	58.7
Physical abuse	78	52.0	72	48.0
Physical neglect	70	46.7	80	53.3
Emotional neglect	57	38.0	93	62.0
Sexual abuse	104	69.3	46	30.7

The CTQ scale score had a weak positive correlation with self-judgment and isolation subscale scores (r=0.166; r=0.169, respectively), a moderate positive correlation with sexual abuse subscale score and BDI score (r=0.422; r=0.397, respectively) and a strong positive correlation with emotional abuse, physical abuse, physical neglect and emotional neglect subscale scores (r=0.881; r=0.818; r=0.807; r=0.797, respectively). No significant relationship was found between the CTQ and other scale scores (p>0.05). The BDI score had a moderate negative correlation with self-kindness, common humanity and mindfulness subscale scores (r=-0.427; r=-0.354; r=-0.389, respectively) and a weak positive correlation with physical abuse, physical neglect and sexual abuse subscale scores (r=0.269; r=0.261; r=0.247, respectively). There was a moderate positive correlation between the CTQ total scale score and emotional abuse, emotional neglect, self-judgment, isolation and over-identification subscale scores (r=0.397; r=0.367; r=0.337; r=0.458; r=0.406; r=0.453, respectively) (Table 5).

Table 3 The distrubution of the mean of CTQ and BDI scores according to the demographic characteristics of the participants.

Demographic characteristics		CTQ M±SD	Analysis Results	Emotional abuse M±SD	Analysis Results	Physical abuse M±SD	Analysis Results	Physical neglect M±SD	Analysis Results	Emotional neglect M±SD	Analysis Results	Sexual abuse M±SD	Analysis Results	BDI M±SD	Analysis Results
Sex	Male	55.8±18.0	t=-4.142	11.8±5.8	t=-2.879	9.54±5.0	U=-4.218	11.2±4.2	t=-4.880	15.6±4.9	t=-2.332	7.3±3.9	U=-0.406	29.6±11.8	t=2.130
	Female	44.4±14.9	p=0.001	9.24±4.9	p=0.005	6.78±3.4	p=<0.001	8.1±3.5	p=0.001	13.5±5.6	p=0.021	6.4±2.8	p=0.685	33.7±11.1	p=0.035
Age	18-25[a]	50.2±18.6	F=5.654	11.3±5.7	F=7.853	7.7±5.2	KW=11.058	9.0±4.4	F=4.827	15.0±5.9	F=2.906	6.7±2.4	KW=1.615	31.9±10.9	F=5.901
	26-35[b]	47.3±14.2	p=0.001	9.7±4.5	p=0.001	7.9±3.4		8.7±3.4	p=0.003	13.9±4.8	p=0.037	6.9±3.7	p=0.656	29.3±11.7	p=0.001
	36-45[c]	42.1±14.1	d >b; p=0.022	7.8±3.9	a>c; p=0.018	6.4±3.2	p=0.011	8.3±3.6	d>b; p=0.006	12.8±5.7	d>c; p=0.029	6.3±2.8		31.9±10.9	d>a; p=0.028
	>46[d]	58.8±19.5	d >c; p<0.001	13.7±6.6	d>b; p=0.008 d>c; p<0.001	9.7±5.3	d>c; p=0.012 d>a; p=0.046	11.8±4.5	d>c; p=0.003	16.6±5.3		6.8±3.5		40.5±8.9	d>b; p<0.001 d>c; p=0.014
Marital Status	Married	46.5±16.1	t=-1.782	9.6±5.2	t=-1.743	7.3±3.7	U=-1.533	9.1±3.7	t=-0.315	13.8±5.4	t=-1.341	6.4±2.9	U=-1.410	32.6±11.4	t=0.452
	Single	51.6±18.0	p=0.077	11.2±5.5	p=0.083	8.5±4.9	p=0.125	9.3±4.5	p=0.753	15.0±5.5	p=0.182	7.3±3.7	p=0.158	31.7±11.6	p=0.652
Education level	Secondary[a]	47.9±17.1	F=0.320	10.1±5.7	F=0.326	7.8±4.3	KW=0.082	9.8±4.2	F=3.054	14.1±5.6	F=0.147	5.8±2.1	KW=5.938	35.0±11.7	F=6.564
	High[b]	49.9±16.8	p=0.727	10.6±5.4	p=0.722	7.8±4.3	p=0.960	9.4±4.1	p=0.935	14.6±5.7	p=0.050	7.1±3.3	p=0.051	33.2±10.0	p=0.002
	Bachelor[c]	47.0±16.9		9.7±4.7		7.5±4.0		7.9±3.4		14.0±5.1		7.5±4.1		27.2±11.1	a>c; p=0.001 b>c; p=0.035
Working Status	Working	50.9±17.1	t=1.773	10.5±5.1	t=0.712	8.5±4.5	U=-2.568	9.8±3.9	t=1.794	14.8±5.1	t=1.070	7.2±3.8	U=-0.459	29.5±11.7	t=-2.721
	Not working	46.1±16.5	p=0.078	9.8±5.5	p=0.478	7.2±3.9	p=0.010	8.6±3.9	p=0.075	13.8±5.7	p=0.287	6.3±2.6	p=0.646	34.5±10.9	p=0.007
Income Levels	Income less than expenses	50.8±17.5	t=1.740	10.5±5.7	t=0.874	8.1±6.3	U=-1.376	10.1±4.3	t=2.870	14.6±5.5	t=0.880	7.1±3.5	U=-1.056	34.8±11.4	t=2.569
	Income equals expense	45.9±16.1	p=0.084	9.8±4.9	p=0.384	7.4±4.1	p=0.169	8.3±3.6	p=0.005	13.8±5.4	p=0.381	6.4±2.8	p=0.291	30.1±11.1	p=0.011

M: Mean; S.D.: Standart Deviation; F: One Way Analysis of Variance (ANOVA); KW: Kruskal-Wallis test U: Mann-Whitney U test t: independent sample t-test; a, b, c, d: Tukey test

Table 4. The distrubution of the mean of SCS scores according to the demographic characteristics of the participants.

Demographic characteristics		SCS M±SD	Analysis Results	Self-kindness M±SD	Analysis Results	Self-judgment M±SD	Analysis Results	Common humanity M±SD	Analysis Results	İsolation M±SD	Analysis Results	Mindfulness M±SD	Analysis Results	Over-identification M±SD	Analysis Results
Sex	Male	2.84±0.3	t=2.130	2.30±0.8	t=-3.122	3.17±0.8	t=1.791	2.42±0.8	t=-2.044	3.40±0.8	t=1.684	2.38±0.9	t=-3.543	3.39±0.8	t=4.247
	Female	2.84±0.3	p=0.945	1.92±0.7	p=0.002	3.43±0.9	p=0.075	2.15±0.8	p=0.043	3.64±0.9	p=0.094	1.91±0.7	p=0.001	3.97±0.8	p<0.001
Age	18-25[a]	2.84±0.4	F=0.807	2.10±0.7	F=4.204	3.26±1.0	F=1.425	2.23±0.9	F=1.208	3.52±0.9	F=0.341	2.18±0.9	F=3.623	3.75±0.9	F=1.322
	26-35[b]	2.85±0.3	p=0.492	2.22±0.7	p=0.007	3.20±0.8	p=0.238	2.31±0.7	p=0.309	3.49±0.8	p=0.796	2.25±0.8	p=0.015	3.65±0.8	p=0.269
	36-45[c]	2.87±0.3		2.05±0.7	b>d; p=0.003	3.46±0.9		2.32±0.8		3.60±0.9		1.99±0.7	b >d; p=0.011	3.80±0.9	
	>46[d]	2.76±0.3		1.61±0.6		3.57±0.8		1.97±0.7		3.68±0.7		1.66±0.7		4.06±0.7	
Marital Status	Married	2.83±0.3	t =-0.321	1.98±0.7	t=1.690	3.38±0.8	t=0.801	2.23±0.8	t=-0.202	3.61±0.8	t=0.970	1.95±0.7	t=-2.503	3.85±0.8	t=1.486
	Single	2.85±0.3	p=0.749	2.19±0.8	p=0.093	3.26±0.9	p=0.424	2.26±0.8	p=0.840	3.47±0.9	p=0.334	2.29±0.8	p=0.013	3.63±0.9	p=0.139
Education level	Secondary[a]	2.89±0.2	F= 2.151	1.84±0.7	F=5.331	3.63±0.8	F=6.853	2.13±0.8	F=1.641	3.76±0.7	F=4.283	1.85±0.8	F=4.683	4.13±0.7	F=11.399
	High[b]	2.83±0.3	p=0.120	2.25±0.7	p=0.006	3.17±0.9	p=0.001	2.24±0.9	p=0.197	3.53±0.9	p=0.016	2.25±0.8	p=0.011	3.55±0.9	p<0.001
	Bachelor[c]	2.77±0.3		2.18±0.6	b >a; p=0.010 c >a; p=0.042	3.08±0.9	a >b; p=0.015 a >c; p=0.003	2.41±0.7		3.28±0.8	a >c; p=0.011	2.25±0.8	b >a; p=0.023 c >a; p=0.042	3.47±0.9	a >b; p=0.001 a >c; p<0.001
Working status	Working	2.81±0.3	t= -1.090	2.21±0.7	t=2.425	3.20±0.8	t=-1.786	2.39±0.8	t=2.068	3.33±0.8	t=-3.026	2.25±0.8	t=2.550	3.48±0.8	t=-3.907
	Not working	2.86±0.3	p=0.277	1.93±0.7	p=0.016	3.45±0.9	p=0.076	2.13±0.8	p=0.040	3.74±0.8	p=0.003	1.93±0.7	p=0.012	4.00±0.8	p<0.001
Income levels	Income less than expenses	2.84±0.3	t= -0.138	2.01±0.8	t=-0.581	3.36±0.9	t=0.300	2.18±0.8	t=-0.892	3.54±0.8	t=-0.288	2.06±0.9	t=-0.118	3.86±0.8	t=1.134
	Income equals expense	2.84±0.3	p=0.891	2.08±0.7	p=0.562	3.32±0.9	p=0.764	2.30±0.8	p=0.374	3.58±0.9	p=0.774	2.08±0.7	p=0.906	3.7±0.9	p=0.259

M: Mean; SD: Standart Deviation; F: One Way Analysis of Variance (ANOVA); t: independent sample t-test; a, b, c,d:Tukey test

Table 5. Correlation distribution of CTQ, BDI and SCS.

Variables		1.CTQ	Emotional abuse	Physical abuse	Physical neglect	Emotional neglect	Sexual abuse	2.BDI	3.SCS	Self-kindness	Self-judgment	Common humanity	İsolation	Mindfulness	Over-identification
1.CTQ	**r**		0.881	0.818	0.807	0.797	0.422	0.397	-0.042	-0.145	0.166*	-0.149	0.169	-0.063	0.090
	p		**<0.001***	**<0.001***	**<0.001***	**<0.001***	**<0.001***	**<0.001***	0.608	0.076	**0.043***	0.070	**0.039***	0.441	0.274
2.BDI	**r**	0.397	0.367	0.269	0.261	0.337	0.247		0.133	-0.427	0.458	-0.354	0.406	-0.389	0.453
	p	**<0.001***	**<0.001***	**<0.001***	**<0.001***	**<0.001***	**<0.001***		0.104	**<0.001***	**<0.001***	**<0.001***	**<0.001***	**<0.001***	**<0.001***

CTQ:Childhood Trauma Questionnaire; BDI:Beck Depression Inventory SCS:Self-Compassion Scale r: Pearson korelasyon test *p<0.001 was taken as the level of signifcance, signifcance is shown in bold

DISCUSSION

In this study, which was conducted to examine the relationship between childhood traumas, depression and self-compassion of participants diagnosed with depression, it was determined that the depression level of the participants was high and their childhood traumas were moderate. At the same time, approximately three-quarters of the participants had a history of childhood trauma. A previous meta-analysis study showed that about half of patients with depression had experienced traumatic experiences in childhood and one in five had been exposed to multiple traumas (Nelson et al., 2017).

Participants reported that they experienced emotional neglect the most and sexual abuse the least among their childhood trauma experiences. In a meta-analysis on the prevalence of childhood trauma among adult major depression and bipolar disorder patients; It has been stated that the rates of emotional abuse, emotional neglect and physical neglect are high, while the rates of physical and sexual abuse are lower (Zhang et al., 2020).

In this study, it was observed that the self-compassion of the participants was at a moderate level. The participants' levels of self-kindness, common humanity and awareness are low, self-judgment is at a medium level, and isolation and over-identification are at a high level. In this study, factors related to childhood traumas were revealed. Male participants' levels of emotional neglect, emotional abuse, physical neglect and physical abuse are higher than female participants. The level of sexual abuse is similar in both genders. In the meta-analysis of the study in which 22,224 people from different countries participated, it was stated that the overall prevalence of childhood sexual abuse (CSA) was 24%. (Pan et al., 2021). In a cohort study conducted in 34 states in the USA, childhood trauma was reported to be significantly higher in women than in men (Giano et al., 2020). In this study, it was observed that participants aged 46 and over who were diagnosed with depression experienced more childhood trauma than other age groups. In a study conducted in the U.S., it was determined that individuals between the ages of 25-34 were significantly more likely to experience childhood trauma than other age groups (Merrick et al., 2018).

In this study, the most important factors associated with BDI are female gender, older age, not being employed, low education level and low-income level were revealed. Depression is twice as common in women than in men, and the incidence of major depressive disorder in adult women is significantly higher than in men. (Kuehner, 2017; National Institute of Mental Health, 2021). Additionally, it is suggested in the literature that low-income level is an important risk factor for depression (Kempfer et al., 2017; Oh et al., 2018).

In this study, it was determined that the most important factors associated with self-compassion were gender, age, education level and working status. It was determined that male participants' levels of self-kindness, common humanity and awareness were higher than female participants. It was determined that the overidentification level of female participants was higher than male participants. Overidentification is being excessively caught up in negative thoughts and judgments about oneself (Neff, 2003). Neff (2003) argues that women have a higher tendency to blame and judge themselves, that they are more prone to isolation in negative situations. A meta-analysis study has revealed that men exhibit significantly higher levels of self-compassion compared to women (Yarnell et al., 2015).

Self-compassion and awareness levels of participants over the age of 46 are lower than other age groups. This group is also important in that it is the group that experienced the most childhood trauma in our study. The awareness level of single participants is higher than married participants. Participants with low education levels have low levels of self-kindness and awareness, and high levels of self-judgment, isolation and over-identification. Self-compassion, common humanity and awareness levels of working participants are higher than those who are not working, and their levels of isolation and over-identification are lower than those who are not working. According to these results, it can be said that the self-compassion levels of older, less educated and unemployed individuals in our study are generally lower.

In this study, there is a positive, moderately significant relationship between depression and childhood traumas of the participants diagnosed with depression. Depression is one of the disorders that constitute a serious risk factor for older ages due to traumas encountered in childhood. Childhood traumas are believed to increase the susceptibility to depression by making the individual hypersensitive to stress (Zheng et al., 2020). Ay & Kılınçel (2021) found that more than half of patients diagnosed with depression had a history of childhood trauma and that traumatic experiences in childhood were associated with depression. Considering the traumatizing effect of the trauma experienced in childhood due to the fact that coping skills are not yet sufficiently developed, this trauma may pave the way for many mental disorders that may develop in the later years of life. There are various studies in the literature in which traumatic experiences in childhood are found to be associated with psychiatric disorders at older ages (Burke, 2024; Downey & Crummy, 2022). We could therefore suggest that the results from our study are supported by previous research indicating a relationship between depression and childhood traumas.

In the current study, it was observed that there was a negative relationship between the depression level of the participants and self-kindness, common humanity, and awareness, and a positive relationship with self-judgment, isolation, and over-identification. In the light of the findings, it can be concluded that the positive sub-dimensions of self-compassion (kindness towards oneself, common humanity and awareness) reduce the occurrence of depression, while the negative sub-dimensions (such as self-judgment, isolation and awareness) increase the occurrence of depression. Wei et al. (2021) reported a negative relationship between self-compassion and depression.

In this study, it was concluded that the participants' childhood trauma levels increased their self-judgment and isolation levels. Individuals with a history of childhood trauma have been shown to be more sensitive to self-blame than those without (Zhang et al., 2023; Coates and Messman-Moore, 2014). Traumatic experiences in childhood are a significant stressor that weakens the development of self-compassion. (Reffi et al., 2019; Wu et al., 2022). In a study with adults, Wu et al. (2022) noted that more than half of participants experienced more than one type of trauma in childhood and that early life stressors were associated with low self-compassion in adulthood. According to the results of meta-analysis studies, childhood traumas appear to be negatively related to self-compassion (Zhang et al., 2023; Hamrick and Owens, 2019; Joss et al., 2019).

Study Limitations and Strengths

The most important limitation of this study is that the research was conducted in only two different institutions in the same city.

The main strength of this study is that, using previously validated survey instruments to measure study outcomes in patients diagnosed with depression, it revealed a significant relationship between depression, self-compassion, and childhood trauma.

CONCLUSION

Based on the results of this study, we could suggest that depression levels of participants diagnosed with depression increased as their childhood traumatic experiences increased. It appears that childhood traumas are common in society. It is important to diagnose children in the risk group early and implement the necessary legal procedures. Nurses, especially those working in the field of child and adolescent mental health, have the opportunity to intervene early in individuals exposed to childhood trauma. In order to protect children from depression in their adult lives, it is important to include psychosocial interventions that increase self-compassion levels in the therapy program, especially considering the effect of self-compassion on reducing depression. It is recommended to focus on individuals who are at higher risk of developing depression. Individuals at increased risk of depression may benefit significantly from therapeutic approaches that emphasize self-compassion. Additionally, it would be appropriate to make arrangements in the nursing curriculum that emphasize the negative effects of childhood traumas, especially emotional neglect and abuse. Additionally, it may be recommended that self-compassion training be disseminated in undergraduate programs. For future research, conducting descriptive studies with a larger sample and planning studies with a qualitative research model would contribute to the literature both in understanding the issue and in providing solutions.

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Conflict of Interest

The authors have no conflict of interest.

Author Contributions

Plan, design: PF, SPO; **Material, methods and data collection:** PF, SPO; **Data analysis and comments:** PF, SPO; **Writing and corrections:** PF, SPO.

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Ethical Approval

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