Self-compassion involves being kind to oneself when challenged with personal weaknesses or hardship and has been claimed to be associated with resilience in various areas. So far, there are only a handful of studies that investigate self-compassion and its relation to clinical depression. Therefore, the principal goals of the present study were (a) to compare self-compassion in clinically depressed patients and never-depressed subjects, (b) to investigate self-compassion and its relation to cognitive-behavioral avoidance and rumination in depressed outpatients, and (c) to investigate rumination and avoidance as mediators of the relationship between self-compassion and depressive symptoms. One hundred and forty-two depressed outpatients and 120 never-depressed individuals from a community sample completed a self-report measure of self-compassion along with other measures. Results indicate that depressed patients showed lower levels of self-compassion than never-depressed individuals, even when controlled for depressive symptoms. In depressed outpatients, self-compassion was negatively related to depressive symptoms, symptom-focused rumination, as well as cognitive and behavioral avoidance. Additionally, symptom-focused rumination and cognitive and behavioral avoidance mediated the relationship between self-compassion and depressive symptoms. These findings extend previous research on self-compassion, its relation to depression, as well as processes mediating this relationship, and highlight the importance of self-compassion in clinically depressed patients. Since depressed patients seem to have difficulties adopting a self-compassionate attitude, psychotherapists are well advised to explore and address how depressed patients treat themselves.

**Keywords:** self-compassion; rumination; avoidance; depression; outpatients

Self-compassion has recently spurred much interest in social, personality, and clinical psychology research. As self-compassion is “compassion turned inward” (Neff, 2012, p. 79), it describes a kind attitude towards oneself when challenged with personal weaknesses and in the face of mental or physical pain. A self-compassionate attitude includes a balanced view of oneself as well as one’s (negative) emotional experiences (Neff, 2012). Neff (2003b) defined self-compassion in terms of three bipolar components: (a) self-kindness (vs. self-judgment), which refers to the ability of treating oneself with care and understanding as opposed to harsh self-judgment; (b) common humanity (vs. isolation), which refers to the recognition that imperfection is a shared aspect of the human experience, as opposed to feeling isolated and alone by one’s failures and imperfections; and (c) mindfulness (vs.
Avoidance has originally been associated with anxiety disorders, but has recently gained attention in depression research (for review, see Trew, 2011). Research indicates that depressed individuals seem to be more responsive to anticipated aversive stimuli (e.g., Able, Erk, Herwig, & Walter, 2007) and have difficulties disengaging attention from negative material (Gottlieb & Joormann, 2010). Therefore, it can be assumed that avoidance of aversive stimuli or situations may be especially likely in depressed individuals. While in the short term, avoidance may provide relief from distressing experiences, individuals do not get closer to a problem solution. Therefore, avoidance may exacerbate unresolved problems or even create new problems (Jacobson, Martell, & Dimidjian, 2001; Ottenbreit & Dobson, 2008). Thus, avoidance may contribute to a vicious circle, with future aversive conditions evoking avoidance that is maintained by negative reinforcement (Manos, Kanter, & Busch, 2010). Accordingly, several studies have found that avoidance is significantly related to depressive symptoms and highlight the importance of distinguishing social from nonsocial and behavioral from nonbehavioral avoidance (Moulds, Kandris, Starr, & Wong, 2007; Ottenbreit & Dobson, 2004; Roethlin, Grosse Holtforth, Bergomi, Berking, & Caspar, 2010). Overall, these results support further examining the role of avoidance in depression for research and clinical purposes alike.

Rumination has been found to prospectively predict the onset, severity, and, in some studies, the duration of depression (Just & Alloy, 1997; Kuehner & Weber, 1999; Spasovic & Alloy, 2001; for review, see Wisco & Nolen-Hoeksema, 2008). Rumination has originally been defined as persistent and recurring thoughts, unintentionally entering consciousness and focusing one’s attention on one’s depressive symptoms as well as on the implications of these symptoms (Nolen-Hoeksema, 1991). Rather than assuming homogeneity, most authors have suggested that rumination may be best conceptualized as a multifaceted construct, which captures both negative and positive forms of self-focus (for review, see Watkins, 2008). Accordingly, brooding (referring to self-critical moody pondering) has been shown to be associated with higher levels of depression, whereas results are mixed with regard to reflective rumination (capturing emotionally neutral pondering; e.g., Burwell & Shirk, 2007; Rimes & Watkins, 2003; Roelofs, Huibers, Peeters, Amtz, & van Os, 2008; Treynor, Gonzalez, & Nolen-Hoeksema, 2003). These inconclusive findings regarding reflection seem to also depend on the (negative) valence of the thought content and on the abstractness of construal (Watkins, 2008). Other researchers differentiate between
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