

Understanding the Association Between Negative Life Events and Suicidal Risk in College Students: Examining Self-Compassion as a Potential Mediator

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Objective: We tested a hypothesized model consistent with the notion that self-compassion mediates the association between negative life events and suicidal risk (viz., depressive symptoms and suicidal behaviors) in college students. **Method:** The sample was comprised of 331 college students. Self-compassion facets (viz., self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification) were used in testing for multiple mediation, controlling for sex. **Results:** Common humanity, mindfulness, and overidentification were found to mediate the association between negative life events (NLE) and depressive symptoms. However, common humanity was found to be the only mediator of the association between NLE and suicidal behaviors. **Conclusion:** These findings suggest that there are specific facets of self-compassion that account for the association between NLE and suicidal risk in college students and that (loss of) common humanity plays a central role in this process. © 2016 Wiley Periodicals, Inc. *J. Clin. Psychol.* 73:745–755, 2017.

As studies have indicated, mental health concerns are a serious and growing problem in college student populations (e.g., Castillo & Schwartz, 2013; Zivin, Eisenberg, Gollust, & Golberstein, 2009). Indeed, one of the most serious concerns faced by college students has been, and continues to be, that of suicide (Drum, Brownson, Denmark, & Smith, 2009; Kisch, Leino, & Silverman, 2005; Raphael, Power, & Berridge, 1937; Schwartz & Friedman, 2009; Westefeld et al., 2006). Among college-aged adults, suicide has been found to be the second leading cause of death behind unintentional injury (e.g., fatal traffic accidents, accidental poisoning; Centers for Disease Control & Prevention, 2014). Noteworthy, in a large-scale study involving students from 70 colleges and universities, Drum et al. (2009) found that 44% of college students reported serious suicide ideation that lasted between many days to many months.

According to the model proposed by Bonner and Rich (1987), both distal (viz., depressive symptoms) and proximal (viz., suicidal behaviors) variables are believed to increase the risk of attempting or completing suicide in college students. Indeed, consistent with their framework, findings from numerous studies over the past three decades have consistently implicated depression and suicidal behaviors (e.g., suicide ideation) as important risk factors associated with suicide in college student populations (Chang & Chang, 2016; Farabaugh et al., 2012;

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Furr, Westefeld, McConnell, & Jenkins, 2001; Smith et al., 2015; Westefeld & Furr, 1987). Given the seriousness of suicide and its prevalence in college student populations (Drum et al., 2009; Schwartz & Friedman, 2009; Westefeld et al., 2006), it is not surprising that researchers have focused on identifying important predictors of suicidal risk in college student populations.

Consistent with this view, findings from numerous studies over the past four decades have shown that accumulated negative life events (NLE) is one of the most reliable correlates of greater suicidal risk in college students (e.g., Bonner & Rich, 1987; Chang et al., 2015; Dixon, Heppner, & Anderson, 1991; Heisel, Flett, & Hewitt, 2003). For example, in a sample of 439 college students, Rowe, Walker, Britton, and Hirsch (2013) found that NLE was positively associated with both depressive symptoms and suicidal behaviors. Yet despite these consistent and convergent findings, what remains unclear is what might account for the positive association between the experience of NLE and suicidal risk in college students.

That said, although several studies have tested for a number of different variables as potential mediators of the link between NLE and suicidal risk (e.g., poor problem-solving ability, reasons for living, loneliness, purpose in life, rumination, hopelessness, and thwarted belongingness; Bonner & Rich, 1987; Chan, Miranda, & Surrence, 2009; Chang, D'Zurilla, & Sanna, 2009; Chang, Kahle, & Hirsch, 2015; Konick & Gutierrez, 2005; Wang, Lightsey, Pietruszka, Uruk, & Wells, 2007), most of these studies have focused on negative psychological mechanisms (e.g., rumination, loneliness, thwarted belongingness, and hopelessness). In contrast, few studies have examined for the possibility that NLE might be associated with reducing or decreasing positive psychological processes, which in turn is associated with increasing suicidal risk. Thus, in the present study, we focus on one particularly important positive psychological variable that is of growing theoretical and clinical importance (Germer & Neff, 2013; Neff & Germer, 2013), namely, self-compassion.

According to Neff (2003b), *self-compassion*, as measured by the Self-Compassion Scale (SCS; Neff, 2003a), represents an important positive psychological construct that is defined by a healthy self-acceptance of one's failures in life, self, and decisions. Although earlier findings from factor analytic studies of the SCS have supported a general higher-order self-compassion factor (e.g., Neff, 2003a), more recent factor-analytic findings have supported the notion that self-compassion is made up of six distinguishable facets (Castilho, Pinto-Gouveia, & Duarte, 2015; Neff, 2016): *self-kindness*, being positive and accepting of oneself; *self-judgment*, being negative and critical of oneself; *common humanity*, seeing oneself as similar to others; *isolation*, feeling different and inadequate compared to others; *mindfulness*, trying to be open and balanced; and *overidentification*, focusing excessively on one's weaknesses.

In general, self-kindness, common humanity, and mindfulness represent adaptive facets of self-compassion, whereas self-judgment, isolation, and overidentification represent maladaptive facets of self-compassion (Muris & Petrocchi, in press; Neff, 2003b). Collectively, the presence of adaptive and absence of maladaptive facets are believed to contribute to one's overall ability to be self-compassionate (Neff, 2016). Noteworthy, recent studies examining interventions aimed at fostering self-compassion have found promising evidence supporting their efficacy in reducing depressive symptoms in adult populations (Neff & Germer, 2013).

Consistent with the general notion that self-compassion represents a positive individual differences variable (Neff, 2003b, 2016), findings from studies on college students have indicated that self-compassion is positively associated with a host of positive psychological outcomes (e.g., greater life satisfaction, self-esteem, and happiness; Hope, Koestner, and Milyavskaya, 2014; Neff, 2003a; Neff, Pisitsungkagarn, & Hsieh, 2008). Importantly, self-compassion also has been found to be negatively associated with negative psychological outcomes (e.g., negative affect, anxious symptoms, and dissatisfaction in life; Hope et al., 2014; Neff, 2003a), including depressive symptoms (Neff, 2003a; Raes, 2011).

Moreover, although we are not aware of any study that has examined for the association between self-compassion and suicidal behaviors, per se, numerous studies have implicated the role of variables similar to the self-compassion facets of self-judgment, isolation, and overidentification across different models of suicidal behaviors (e.g., burdensomeness, thwarted belongingness,

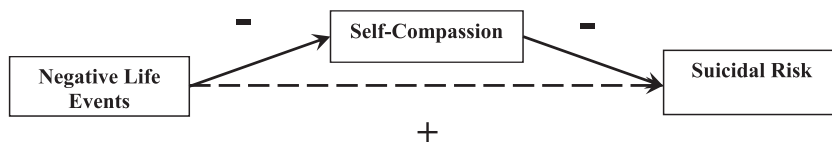


Figure 1. A hypothesized model of how loss of self-compassion might mediate the association between negative life events and suicidal risk.

perfectionism, loneliness, and psychache; Bonner & Rich, 1987; Joiner et al., 2009; O'Connor, 2007; Shneidman, 1988). Taken together, because self-compassion is believed to involve an ability to appreciate life experiences more “objectively” (Neff, 2003b), we contend that the accumulated experience of NLE over time is likely to have a deteriorating effect on one’s ability to maintain self-compassion (e.g., Abramson, Seligman, & Teasdale, 1978; Miller & Norman, 1979). In turn, deterioration in self-compassion is likely to result in greater suicidal risk (e.g., depressive symptoms). Yet despite this possibility, a mediation model in which self-compassion is hypothesized to account for the positive association between NLE and suicidal risk in college students (see Figure 1) has yet to be examined.

Purpose of the Present Study

Given these possibilities, we conducted the present study of college students to (a) examine the relations between NLE, self-compassion, and suicidal risk (viz., depressive symptoms and suicidal behaviors); and (b) determine if there is any preliminary evidence consistent with the hypothesis that specific self-compassion processes might mediate the positive association between NLE and suicidal risk.

Consistent with past research, we expected to find NLE to be positively associated with both depressive symptoms and suicidal behaviors (e.g., Bonner & Rich, 1987; Rowe et al., 2013). Also, as a multifaceted psychological construct (Muris & Petrocchi, in press; Neff, 2003a, 2003b), we expected positive facets of self-compassion (viz., self-kindness, common humanity, and mindfulness) to be negatively associated with both indices of suicidal risk. In contrast, we expected negative facets of self-compassion (viz., self-judgment, isolation, and overidentification) to be positively associated with both indices of suicidal risk. Although no study has examined the association between self-compassion facets and NLE, we expected the associations involving positive facets to be negative and those involving negative facets to be positive. We made this prediction based on our contention that an individual’s objective appreciation (compared to subjective reappraisal; Neff, 2003b) of experiencing NLE would likely result in decreasing an individual’s ability to remain resilient, and/or increasing an individual’s vulnerability, in the face of chronic and overwhelming adversity (Abramson et al., 1978).

Moreover, consistent with this view, and the importance of self-compassion in maintaining healthy self-regulation (Neff, 2003b, 2016), we further expected to find support consistent with our hypothesized mediation model in which the positive association between NLE and suicidal risk in college students is accounted for by changes in self-compassion, namely, decreases in positive self-compassion processes, increases in negative self-compassion processes, or both.

Participants

This study was comprised of 331 students from a university in the Southeast United States. Among the participants, 225 were female, 103 were male, one indicated “transgender,” and two did not report gender. The ages of participants ranged from 18–58 years, with a mean of 21.52 years (standard deviation = 4.91). The majority of the participants were European American (88.8%), followed by African American (6.0%), Asian American (3.3%), and Latino (1.8%).

Measures

NLE. To assess for NLE, we used the Life Events Scale (LES; Tomoda, 1997). The LES is a 43-item self-report measure comprising two subscales: NLE and positive life events. In the present study, we focused only on the 23-item negative LES (LES-N). Respondents indicated whether or not they have experienced the life event over the past 12 months (1 = *yes*, 0 = *no*). We used the sum of the responses for NLE, which included items assessing for a wide range of stressors (e.g., “I failed an exam”) and potentially traumatic events (e.g., “I experienced a fire or natural disaster”). Evidence for the construct validity of the LES has been reported in Tomoda (1997). In the present study, internal reliability for the LES-N was .75. Higher scores on the LES-N indicate the experience of a greater number of NLE.

Self-compassion. To assess for self-compassion processes, we used the SCS (Neff, 2003a). The SCS is a 26-item self-report measure of self-compassion comprising six subscales: Self-Kindness (SCS-SK; e.g., “I try to be loving towards myself when I’m feeling emotional pain”); Self-Judgment (SCS-SJ; e.g., “I’m disapproving and judgmental about my own flaws and inadequacies”); Common Humanity (SCS-CH; e.g., “When things are going badly for me, I see the difficulties as part of life that everyone goes through”); Isolation (SCS-I; e.g., “When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world”); Mindfulness (SCS-M; e.g., “When something painful happens, I try to take a balanced view of the situation”); and Over-Identification (SCS-OI; e.g., “When I am feeling down, I tend to obsess and fixate on everything that’s wrong”).

Respondents rated the extent to which they typically engage in self-compassionate processes during difficult times using a 5-point Likert-type scale, ranging from 1 (*almost never*) to 5 (*almost always*). Evidence for the construct validity of the SCS has been reported in Neff (2003a). In the present study, internal reliabilities for the SCS-SK, SCS-SJ, SCS-CH, SCS-I, SCS-M, and SCS-OI subscales were .85, .82, .78, .83, .78, and .80, respectively. Higher scores on the SCS subscales indicate greater presence of that facet of self-compassion.

Suicidal risk. To assess for suicidal risk, we assessed for both depressive symptoms and suicidal behaviors. To assess for depressive symptoms, we used the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II is a 21-item self-report measure of depressive symptoms. Respondents indicated the extent to which they have experienced specific depressive symptoms in the past 2 weeks (e.g., “I am sad all the time”) across a 4-point Likert-type scale, ranging from 0 (*absence*) to 3 (*severe presence*). Evidence for the construct validity of the BDI-II has been reported in Beck et al. (1996). In the present study, internal reliability for the BDI-II was .95. Higher scores on the BDI-II indicate greater depressive symptoms.

To assess for suicidal behaviors, we used the Suicidal Behaviors Questionnaire-Revised (SBQ-R; Osman et al., 2001). The SBQ-R is a 4-item self-report measure developed to directly tap key aspects of suicidal behaviors, namely, lifetime ideation and/or suicide attempt (“Have you ever thought about or attempted to kill yourself?”), frequency of suicidal ideation over the past 12 months (“How often have you thought about killing yourself in the past year?”), threat of suicide attempt (“Have you ever told someone that you were going to commit suicide or that you might do it?”), and likelihood of suicidal behavior in the future (“How likely is it that you will attempt suicide someday?”).

The responses for each item are given total points and are measured across a 5- to 7-point Likert-type scale, for example, ranging from 0 or 1 (*never*) to 5 (*very often*) or 6 (*very likely*). Evidence for the construct validity of the SBQ-R has been reported in Osman et al. (2001). In the present study, internal reliability for the SBQ-R was .81. Higher scores on the SBQ-R indicate greater suicidal behaviors.

Procedure

Approval for the study was obtained from the institutional review board prior to data collection. Participants were recruited from various psychology courses and received either course-required

Table 1
Correlations Between Measures of Negative Life Events, Self-Compassion, and Suicidal Risk Among College Students

Measures	1	2	3	4	5	6	7	8	9
1. Negative life events	–								
2. Self-kindness	-.15**	–							
3. Self-judgment	.07	-.37***	–						
4. Common humanity	-.10†	.56***	-.03	–					
5. Isolation	.06	-.37***	.78***	-.09†	–				
6. Mindfulness	-.11*	.70***	-.19***	.62***	-.23***	–			
7. Overidentification	.10†	-.29***	.77***	-.05	.79***	-.20***	–		
8. Depressive symptoms	.14**	-.33***	.36***	-.32***	.40***	-.34***	.39***	–	
9. Suicidal behaviors	.12*	-.26***	.28***	-.20***	.27***	-.22***	.26***	.51***	–
<i>M</i>	10.11	14.36	15.76	12.56	12.30	12.65	12.29	10.61	2.23
<i>SD</i>	3.13	3.91	4.07	3.27	3.57	2.96	3.51	11.41	3.30

Note. *M* = mean; *SD* = standard deviation. *N* = 331.

†*p* < .10. **p* < .05. ***p* < .01. ****p* < .001.

credit or extra credit upon completion of the survey. All participants provided written informed consent.

Results

Correlations, means, and standard deviations for all study measures are presented in Table 1. All of the measures were significantly correlated in the expected manner. As predicted, NLE was positively correlated with both depressive symptoms ($r = .14, p < .01$) and suicidal behaviors ($r = .12, p < .05$). Self-compassion facets, specifically, self-kindness, common humanity, mindfulness, and overidentification, also were found to be correlated in the expected manner with NLE ($r_s = .10$ to $.15, p < .10$). Furthermore, all six self-compassion facets were found to be correlated in the expected manner with both depressive symptoms ($r_s = .32$ to $.40, p < .001$) and suicidal behaviors ($r_s = .20$ to $.28, p < .001$).

Which Facets of Self-Compassion Account for the Association Between NLE and Suicidal Risk?

Next, we tested two multiple mediation models involving all six facets of self-compassion to determine which specific facets might account for the association between NLE and our two measures of suicidal risk. By testing a multiple mediation model, rather than a series of single mediation models, we are able to identify the unique indirect effect of each self-compassion facet while controlling for the effects of the other facets. We used Preacher and Hayes' (2008) bootstrapping methods for detecting total indirect effects and specific indirect effects when multiple mediators are involved in the prediction model. Bootstrapping with 10,000 resamples was used to obtain parameter estimates for both total and specific indirect effects. Given the small effect size of the correlations found between NLE and suicidal risk ($r_s = .12$ to $.14$), we used the 90% bias-corrected confidence interval. If the interval does not contain a zero, then the indirect effect is considered statistically significant ($p < .10$) and mediation is demonstrated (Preacher & Hayes, 2008). In all of these analyses, we controlled for sex, given past findings pointing to sex differences in both self-compassion (Neff, 2003a) and suicidal risk (Brownson, Drum, Smith, & Denmark, 2011).

Results of computing parameter estimates for detecting total and specific indirect effects on the relation between NLE and depressive symptoms as mediated by facets of self-compassion are presented in Table 2. As the table shows, both the total indirect effect and specific indirect effects of common humanity, mindfulness, and overidentification were found to be significant

Table 2
Indirect Effects of Negative Life Events on Depressive Symptoms Through Self-Compassion Facets, Controlling for Sex

Mediators	Parameter estimate	SE	90% BC CI	
			Lower	Upper
Depressive symptoms				
Total	.24	.12	.06	.45 [†]
Self-kindness	-.01	.04	-.09	.05
Self-judgment	.02	.03	-.00	.10
Common humanity	.09	.06	.02	.21 [†]
Isolation	.03	.04	-.01	.12
Mindfulness	.05	.04	.00	.15 [†]
Overidentification	.06	.05	.01	.17 [†]

Note. SE = standard error; BC CI = bias-corrected confidence interval. *N* = 331.

[†]*p* < .10.

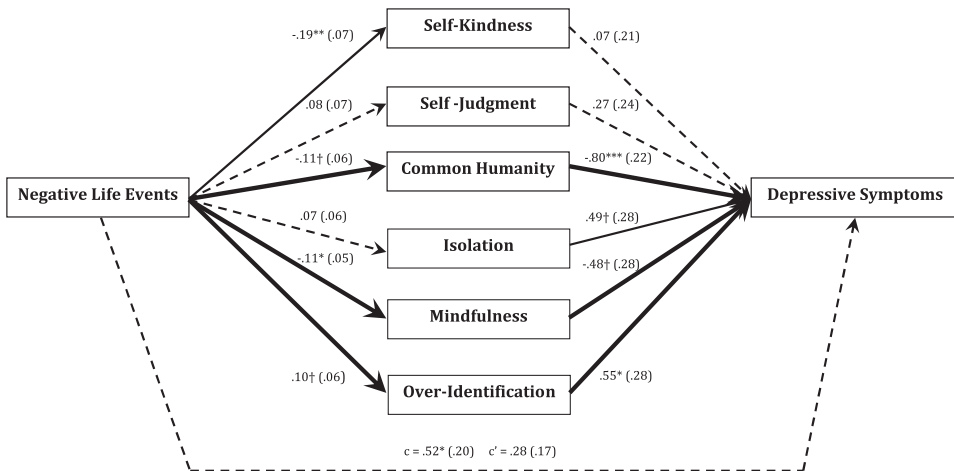


Figure 2. Results of analysis testing for self-compassion facets as potential mediators of the association between negative life events and depressive symptoms in college students, controlling for sex.

Note. All numbers represent non-standardized regression coefficients and their standard errors. *N* = 331.

[†]*p* < .10. **p* < .05. ***p* < .01. ****p* < .001.

(*p* < .10). Thus, as shown in Figure 2, common humanity was a significant mediator such that NLE was negatively related to common humanity ($B = -.11$), which in turn was negatively related to depressive symptoms ($B = -.80$). Similarly, mindfulness was a significant mediator such that NLE was negatively related to mindfulness ($B = -.11$), which in turn was negatively related to depressive symptoms ($B = -.48$). Finally, overidentification was a significant mediator such that NLE was positively related to overidentification ($B = .10$), which in turn was positively related to depressive symptoms ($B = .55$). The full model involving NLE and self-compassion facets, controlling for sex, accounted for a medium ($f^2 = .38$) 27.7% of the variance in depressive symptoms, $F(7, 323) = 17.23, p < .001$.

Although our interest in the present study was to predict the full spectrum of depressive symptoms as measured by the BDI-II, Whisman, Perez, and Ramel (2000) have found that the BDI-II can be used to assess for two distinguishable dimensions, one that is largely somatic (e.g., loss of energy, changes in appetite) and one that is largely cognitive-affective (e.g., sadness, indecisiveness). Accordingly, we were curious to see if a different pattern of results might emerge

Table 3
Indirect Effects of Negative Life Events on Suicidal Behaviors Through Self-Compassion Facets, Controlling for Sex

Mediators	Parameter estimate	SE	90% BC CI	
			Lower	Upper
Suicidal Behaviors				
Total	.05	.02	.01	.09 [†]
Self-kindness	.01	.01	-.01	.04
Self-judgment	.01	.01	-.00	.04
Common humanity	.01	.01	.00	.04 [†]
Isolation	.00	.01	-.00	.03
Mindfulness	.01	.01	-.01	.03
Overidentification	.01	.01	-.00	.04

Note. SE = standard error; BC CI = bias-corrected confidence interval. *N* = 331.

[†]*p* < .10.

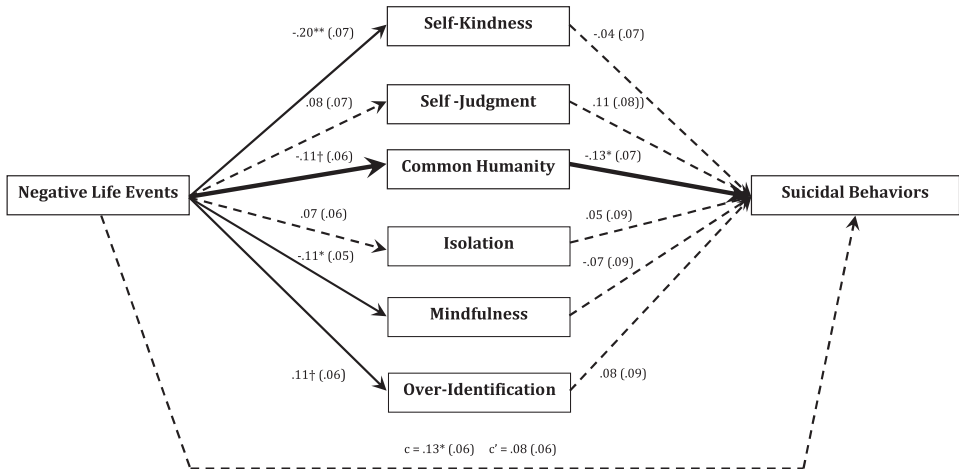


Figure 3. Results of analysis testing for self-compassion facets as potential mediators of the association between negative life events and suicidal behaviors in college students, controlling for sex.

Note. All numbers represent non-standardized regression coefficients and their standard errors. *N* = 331.

[†]*p* < .10. **p* < .05. ***p* < .01.

in predicting these two distinct depressive symptoms sets. Noteworthy, results of these additional analyses for the two depressive symptoms sets revealed findings that were not only virtually identical to each other but also virtually identical to those found using the total BDI-II score.

Next, results of computing parameter estimates for detecting total and specific indirect effects on the relation between NLE and suicidal behaviors as mediated by facets of self-compassion are presented in Table 3. As the table shows, both the total indirect effect and specific indirect effect of common humanity were found to be significant (*p* < .10). Thus, as shown in Figure 3, common humanity was a significant mediator such that NLE was negatively related to common humanity (*B* = $-.11$), which in turn was negatively related to suicidal behaviors (*B* = $-.13$). The full model involving NLE and self-compassion facets, controlling for sex, accounted for a small ($f^2 = .16$) but significant 13.7% of the variance in suicidal behaviors, $F(7, 323) = 7.18, p < .001$.

Overall, the results of our multiple mediation analyses provide evidence consistent with the notion that self-compassion processes, especially the loss of common humanity, mediate the positive association between NLE and suicidal risk in college students.

Discussion

Consistent with expectations and past research findings (e.g., Chang et al., 2015; Rowe et al., 2013), we were able to identify a positive association between NLE and suicidal risk in college students. Specifically, we found that experience of NLE was associated with both greater depressive symptoms and greater suicidal behaviors. Moreover, we found that NLE was positively associated with one specific negative facet of self-compassion, namely, overidentification, but it was negatively associated with all three positive facets of self-compassion, namely, self-kindness, common humanity, and mindfulness. Thus, interestingly, our findings suggest that experience of NLE might be more broadly and strongly involved in decreasing positive self-compassion processes rather than in increasing negative self-compassion processes.

Given these associations, a major goal of the present study was to examine the potential value of a prediction model in which self-compassion processes were hypothesized to account for the positive association between NLE and suicidal risk in college students. Building on prior theoretical frameworks that have pointed to the potential damaging effects of negative life experiences accumulated over time (e.g., Abramson et al., 1978), we hypothesized that the accumulation of NLE in college students would likely result in a growing inability to remain self-compassionate, which would in turn place students at greater suicidal risk. Consistent with our hypothesized model, we found that the previously significant association between NLE and depressive symptoms became nonsignificant once we included self-compassion processes as potential mediators. We found the same pattern in predicting suicidal behaviors. Thus, across both distal and proximal indices of suicidal risk in college students, we found that self-compassion processes could account for the positive association between NLE and suicidal risk.

Importantly, however, our specific mediation findings varied in part by the suicidal risk outcome assessed, thus providing not only support for understanding self-compassion as a multifaceted construct (Neff, 2003a, 2003b, 2016), but also some context for considering differential strategies to reduce suicidal risk. Specifically, in accounting for the association between NLE and depressive symptoms, (loss of) common humanity, (loss of) mindfulness, and overidentification were found to emerge as significant mediators. Thus, these findings are consistent with the notion that NLE indirectly results in greater depressive symptoms in college students by decreasing their ability to see themselves as similar to others, decreasing their ability to be open and balanced with their emotions, and increasing their tendency to exaggerate or focus excessively on personal weaknesses.

In turn, one might take these findings to help guide treatment strategies. For example, Neff and Germer (2013) recently developed and found support for an 8-week mindful self-compassion (MSC) training program that helped reduce depressive symptoms in adults. Although MSC training focuses on a variety of activities (e.g., meditation practices, interpersonal exercises, affectionate breathing) that involve fostering and maintaining all aspects of healthy self-compassion (e.g., greater self-kindness, less self-judgment; Germer & Neff, 2013; Neff & Germer, 2013), our findings specifically point to the potential value of assessing for and targeting deficits in common humanity and mindfulness, and excesses in overidentification to reduce depressive symptoms among college students who have experienced NLE.

In contrast, in accounting for the association between NLE and suicidal behaviors, only (loss of) common humanity was found to emerge as a significant mediator. Thus, this finding is consistent with the notion that NLE indirectly results in greater suicidal behaviors in college students by largely decreasing their ability to see themselves as similar to others. Accordingly, this finding points to the value of using self-compassion-based interventions that specifically assess for and target deficits in common humanity as a potential means for reducing suicidal risk in students.

Indeed, given the central role of (loss of) common humanity in mediating the association between NLE and measures of *both* distal and proximal suicidal risk, there is some reason for counselors to have a vital interest in understanding a student's sense of being like other peers who experience both joy and pain in life. However, given that the vast majority of college students who complete suicide do not seek professional mental health services (Kisch et al., 2005), it

may be important for colleges and universities to use proactive strategies that leverage support from other important social resources (e.g., friends, parents, teachers, and coworkers) to help identify students who may feel increasingly less connected to others around them when bad things happen to them.

Finally, it is worth noting that our convergent finding underscoring the centrality of (loss of) common humanity is consistent with not only Durkheim's (1897/1951) classic notion of *anomie*, in which the mutual and meaning-generating relationship between an individual and society is broken or fragmented, but also modern theories of suicide that have posited the role of variables like loneliness and thwarted belongingness in predicting suicidal risk in adults (e.g., Bonner & Rich, 1987; Joiner et al., 2009). For example, Chang et al. (2015) found that loss of belongingness significantly mediated the association between interpersonal violence and depressive symptoms in adult female primary care patients. Nonetheless, it would be important in future studies to examine the extent to which common humanity and constructs like belongingness represent distinguishable processes.

Limitations

Despite the importance of the present findings, some limitations are worth noting. First, our sample was predominantly European American. Accordingly, it would be important to examine the generalizability of the present findings in more diverse ethnic/cultural groups. For example, Neff, Pisitsungkagarn, and Hsieh (2008) found that self-compassion levels were significantly different across college students from Thailand, the United States, and Taiwan, with students from Thailand reporting the lowest level of self-compassion compared to those from the other two countries. Second, and relatedly, it would be useful to examine the generalizability of the present findings in a high-risk group of students. For example, only 47 students in the present sample met the clinical cutoff for being "suicidal" based on the total SBQ-R score (Osman et al., 2001).

Third, although the focus of the present study was on the prediction of risk factors associated with suicide, it would be interesting to determine the utility of the present model for predicting protective factors (e.g., reasons for living, flourishing; Chang & Chang, 2016; Westefeld et al., 2006), as well as other important outcomes (e.g., eating disturbances; Breines, Toole, Tu, & Chen, 2014). Fourth, although our findings point to the value of conceptualizing loss of self-compassion as a potential mediator of the association between NLE and suicidal risk in college students, it would be important to determine if self-compassion represents a unique mediator relative to other conceptually related constructs (e.g., forgiveness of self, self-pity, mindfulness; Neff, 2003b). Last, given the cross-sectional nature of the present study, it would be important to build on the present findings to clarify directionality. For example, a longitudinal study can help determine if NLE leads to increases in suicidal risk as a function of decreases in one's ability to be self-compassionate over time.

Conclusion

In the present study, we examined the role of self-compassion as a potential mediator of the association between NLE and suicidal risk (viz., depressive symptoms and suicidal behaviors) in college students. Consistent with our proposed model, we found that the association between NLE and suicidal risk can be accounted for by self-compassion processes, especially (loss of) common humanity. Although more research is needed that examines the role of self-compassion processes in predicting adjustment in adults, our findings do point to the promising value of studying the different facets of self-compassion as important transactional variables involved in the link between NLE and suicidal risk in students.

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