# Assessing the Efficacy of Self-Compassion Therapy in Reducing Suicidal Ideation: The Mediating Role of Social Support among Socially Frustrated In-School Adolescents in Ibadan, Nigeria

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*Abstract: This study explored the effect of Self-Compassion Therapy (SCT) on suicidal ideation among socially frustrated in-school adolescents in Ibadan, Nigeria. A total of 60 adolescents were purposively selected from two public secondary schools in Ibadan North Local Government Areas. Participants were identified as socially frustrated using the Social Frustration Scale (SFS) and as experiencing suicidal ideation using the Suicidal Ideation Questionnaire-Junior (SIQ-JR). Thirty participants received SCT over an eight-week period, while the other 30 served as a control group. Data were collected at pre-test and post-test stages, and Analysis of Covariance (ANCOVA) was used to analyse the differences in suicidal ideation between the groups, controlling for pre-test scores. Results showed that SCT had a significant main effect on reducing suicidal ideation (F=349.473, p<0.05, η²=0.901), indicating a substantial reduction in suicidal thoughts among adolescents who underwent the therapy. However, no significant interaction effect between SCT and social support was found (F=1.285, p>0.05, η²=0.062), suggesting that social support did not moderate the effect of SCT on suicidal ideation. The study recommends integrating SCT into psychological interventions for socially frustrated adolescents, while also emphasising the importance of social support in mitigating suicidal ideation.*

**Keywords:** Self-Compassion Therapy, Social support, Social frustration, Suicidal ideation.

## 1. Introduction

Suicidal ideation has emerged as one of the most pressing mental health concerns affecting adolescents in recent decades. It reflects internal psychological distress, hopelessness, and an impaired sense of self-worth. Adolescents struggling with identity, peer relationships, and life transitions often resort to thoughts of self-harm or death. In most cases, these ideations stem from accumulated emotional pain and social alienation. The increase in digital exposure, academic pressure, and social expectations further heightens adolescents' vulnerability. Schools, once considered safe havens, are now often environments of bullying, rejection, and performance anxiety. These challenges affect adolescents' perception of meaning and their sense of belonging. Consequently, suicidal ideation becomes an outlet to escape unresolved emotional conflicts. Globally, suicidal ideation is the fourth leading cause of death among adolescents, and contributing factors include stigma, interpersonal conflict, and a lack of mental health services (WHO, 2021; Morris et al., 2022).

In Africa, adolescents are frequently exposed to psychosocial burdens that stem from poverty, family dysfunction, and limited access to mental health support. Many of them experience rejection at home or at school, leaving them emotionally stranded. These socially induced frustrations manifest through behavioural withdrawal, sadness, and anxiety. Adolescents who cannot express their frustrations verbally often internalise pain, making them susceptible to mental breakdowns. With the erosion of traditional communal systems, many young people no longer feel socially supported. They navigate adolescence with limited guidance, increasing their risk for depression and suicidal ideation. Due to cultural silence surrounding mental health, suicidal thoughts are often dismissed until they escalate. The situation is worsened by institutional neglect and low investment in psychological interventions for youths. Studies across African nations have shown prevalence rates ranging between 10.3% and 23.5%, with adolescents suffering in silence due to weak mental health systems (Yussuf et al., 2021; Atwoli et al., 2022).

In Sub-Saharan Africa, growing urbanisation and deteriorating family bonds have compounded the crisis. Adolescents are now more likely to grow up in unstable environments, marked by absent parenting and economic uncertainty. The expectations placed on them often outweigh the support they receive. Social frustration is therefore rife, as many youths feel invisible and unloved in the spaces they occupy. Within school environments, social rejection, corporal punishment, and peer rivalry create toxic conditions for adolescent development. These negative experiences, if left unaddressed, culminate in prolonged psychological distress. Emotional suppression and limited opportunities to communicate further aggravate the crisis. The availability of help is often constrained, and professional counselling services are rare. Consequently, many adolescents see suicide as their only form of control. In South Africa, for instance, nearly one in five adolescents has experienced suicidal ideation in the past year due to social rejection and familial instability (Mnyango et al., 2021).

The Nigerian adolescent population, particularly those in school, faces similar or even more intense challenges. There is a widespread lack of emotional literacy and help-seeking behaviour among students. Adolescents often navigate difficult peer environments that are hostile to vulnerability or emotional expression. School systems in Nigeria prioritise academic performance over emotional

wellbeing, leaving students unsupported. Social frustration arises when adolescents feel consistently misunderstood or criticised by adults or peers. In such scenarios, psychological injuries go unnoticed, deepening feelings of helplessness. The cultural stigma associated with mental illness discourages open conversations about emotional pain. Peer bullying and parental neglect also contribute to feelings of worthlessness. Without adequate outlets for expressing distress, suicidal ideation becomes a coping mechanism. Recent studies show that between 15% and 21% of in-school adolescents in Nigeria report experiencing suicidal thoughts (Ajayi et al., 2022; Olayinka & Oladele, 2021).

In Ibadan, these national trends manifest vividly across both public and private schools. Adolescents report feelings of loneliness, low self-worth, and pressure to meet unrealistic academic and social expectations. Many experience neglect at home and rejection at school, compounding their psychological burdens. When these stressors persist, they often translate into emotional exhaustion. The absence of structured mental health programmes in schools makes it difficult for adolescents to seek help. Without guidance, they adopt maladaptive coping strategies like self-harm or withdrawal. Teachers and caregivers are often unequipped to detect early signs of suicidal thoughts. In this climate of neglect and misunderstanding, suicidal ideation continues to thrive unnoticed. Adolescents who suffer from social frustration rarely receive therapeutic attention. This underscores the urgency of psychological interventions tailored to their cultural and developmental context.

To respond effectively, there is a need to explore interventions that foster emotional resilience and positive self-regard. Self-Compassion Therapy (SCT) offers a promising avenue, particularly for adolescents overwhelmed by social criticism and personal failure. SCT encourages a healthy internal dialogue and provides tools for dealing with negative emotions. It replaces self-condemnation with understanding and kindness, fostering emotional regulation. Adolescents taught to be compassionate toward themselves are less likely to ruminate or spiral into despair. SCT also helps them understand their struggles within the broader context of shared human experience. This reframing can reduce feelings of isolation and increase emotional resilience. Unlike conventional therapies, SCT is non-invasive and suitable for group-based school settings. The choice of SCT in this study is supported by evidence showing its success in reducing suicidal ideation among adolescents in similar settings (Neff & Germer, 2022; Kamau et al., 2023).

Self-Compassion Therapy is based on the triad of self-kindness, mindfulness, and common humanity. Self-kindness teaches adolescents to treat themselves with understanding when they fail or suffer. Mindfulness helps them become aware of their emotions without exaggeration or avoidance. Common humanity reminds them that suffering is part of being human, which reduces feelings of isolation. These three pillars work together to create a more balanced emotional response to adversity. SCT empowers adolescents to challenge their inner critic and reframe their personal narratives. It also equips them with long-term emotional regulation strategies that reduce suicidal tendencies. These skills can be taught in school environments using structured group sessions. They are especially helpful for adolescents experiencing consistent social rejection and negative feedback. Bluth and Neff (2021) confirm that adolescents with high levels of self-compassion are significantly less prone to suicidal thoughts.

Self-Compassion Therapy also fits well within Nigeria's cultural landscape because it avoids pathologising adolescents. It encourages emotional growth without labelling or alienation, thus minimising stigma. In a society where mental health discourse is limited, this approach promotes acceptance and psychological safety. Adolescents who learn SCT techniques can become advocates of emotional well-being among their peers. In group settings, the therapy can foster connectedness, reduce emotional suppression, and improve peer relationships. These interpersonal gains further strengthen self-worth and reduce the risk of suicidal ideation. Additionally, SCT is cost-effective and feasible for integration into school guidance curricula. It requires minimal resources and can be sustained by trained school counsellors. Kamau et al. (2023) found SCT to be effective in significantly lowering depressive symptoms and suicidal thoughts in African adolescents.
While SCT targets internal emotional processes, external support systems also play a pivotal role. Social support from parents, teachers, and peers can amplify the effectiveness of SCT. Adolescents are more likely to internalise self-compassion skills when they feel understood and supported externally. Supportive networks create safety nets that reinforce the principles taught in therapy. The presence of empathetic peers and adults validates adolescents' experiences and encourages openness. In contrast, the absence of support may dilute the effects of therapy and delay emotional recovery. Understanding the interplay between SCT and social support is thus essential for comprehensive intervention. Evaluating social support as a moderating factor may help identify what environmental conditions enhance SCT outcomes. Zhou and Lin (2021) highlight the importance of supportive relationships in strengthening adolescents' capacity to practise self-compassion.

Despite growing concerns about adolescent mental health, especially suicidal ideation linked to social frustration, research on culturally grounded interventions remains limited in Nigeria. There is insufficient empirical data on how self-compassion practices can reduce suicidal ideation among in-school adolescents. Moreover, the potential moderating role of social support in such interventions has not been fully explored. This study aims to fill this gap by investigating the effectiveness of Self-Compassion Therapy on suicidal ideation among socially frustrated in-school adolescents in Ibadan. It will also examine whether perceived social support moderates the therapy's outcome. The research is guided by the Theory of Reasoned Action and Planned Behaviour, which

suggests that behavioural intentions, such as the desire to live or die, are influenced by attitudes, perceived norms, and perceived control. This theoretical lens provides a robust framework for understanding and modifying suicidal behaviours through targeted emotional and social interventions (Fishbein & Ajzen, 2010).

## 1.1 Purpose of the Study

The study examined the impact of Self-Compassion Therapy on the management of suicidal ideation among socially frustrated in-school adolescents in Ibadan, Nigeria. Specifically, the study:

1. Investigated the primary effect of Self-Compassion Therapy on suicidal ideation among socially frustrated in-school adolescents in Ibadan.
2. Evaluated the influence of social support on suicidal ideation among socially frustrated in-school adolescents in Ibadan.
3. Assessed the interaction effect of Self-Compassion Therapy and social support on suicidal ideation among socially frustrated in-school adolescents in Ibadan.

This study aimed to address the critical issue of suicidal ideation in adolescents, a growing concern in educational settings. By focusing on Self-Compassion Therapy, an intervention designed to foster self-kindness and emotional regulation, the study seeks to offer an evidence-based approach to reducing suicidal thoughts among socially frustrated adolescents. Moreover, the role of social support, which may buffer the effects of social frustration, is explored in the context of this intervention. The findings are expected to provide valuable insights into effective strategies for addressing mental health challenges in adolescents, particularly in the Nigerian educational system.

## 1.2 Hypotheses

**The following hypotheses were tested at 0.05 level of significance:**

$H_{01}$: There is no significant main effect of Self-Compassion Therapy on suicidal ideation among socially frustrated in-school adolescents in Ibadan.

$H_{02}$: There is no significant main effect of social support on suicidal ideation among socially frustrated in-school adolescents in Ibadan.

$H_{03}$: There is no significant interaction effect of Self-Compassion Therapy and social support on suicidal ideation among socially frustrated in-school adolescents in Ibadan.

The hypotheses were designed to test the effects of both Self-Compassion Therapy and social support on suicidal ideation independently and interactively. By testing these hypotheses, the study aims to determine whether these variables have a statistically significant impact on reducing suicidal thoughts among the target population.

## 2. Research Design

The target population for this study comprised in-school adolescents attending public secondary schools in Ibadan, Nigeria, who were identified as socially frustrated and experiencing suicidal ideation. A total of 60 participants were purposively selected based on screening outcomes using the Social Frustration Scale (SFS) by Johan and Stefanie (2019) and the Suicidal Ideation Questionnaire-Junior (SIQ-JR) by Fabia, Jorge, Sandra, and Urbano (2019). A complementary instrument was the Social Support Scale by Zimet, Dahlem, Zimet, and Farley (1988). Two public secondary schools were randomly selected, one each from Ibadan North and Ibadan North East Local Government Areas. Thirty participants from the school in Ibadan North LGA formed the experimental group and received an eight-week Self-Compassion Therapy (SCT) intervention aimed at improving emotional regulation and reducing suicidal ideation. Another thirty participants from the school in Ibadan North East LGA constituted the control group and received no intervention during the same period.

Eligibility was based on moderate to high scores on both the SFS and SIQ-JR, and only adolescents not currently receiving psychological therapy were included. Data were collected at pre-test and post-test stages using validated instruments. The Social Frustration Scale assessed perceived social rejection and frustration, while the Suicidal Ideation Questionnaire-Junior evaluated the presence and severity of suicidal thoughts. Trained research assistants assisted with the administration of the instruments in quiet and private classroom settings. Ethical approval was obtained from the Social Science and Humanities Research Ethics Committee of the University of Ibadan, Oyo State, as well as from the Oyo State Ethical Review Board, Ministry of Education, Oyo State Secretariat, Ibadan. Written informed consent was secured from the parents or guardians of all participants, along with individual assent from each adolescent. Confidentiality, voluntary participation, and the right to withdraw at any time were guaranteed. Data were analysed using Analysis of Covariance (ANCOVA) to determine differences in post-test suicidal ideation scores between the experimental and control groups, with pre-test scores statistically controlled. This method ensured that any observed differences in suicidal ideation could be attributed to the intervention rather than pre-existing differences

## 3. Results

### 3.1: Socio-Demographic Information of the Respondents

**Table 1: Frequency Distribution of Respondents Based on Their Socio-Demographic Information**

| Variable | Category | Frequency | Percentage (%) |
|---|---|---|---|
| Age | 14years | 14 | 23.3% |
| | 15years | 18 | 30.0% |
| | 16years | 12 | 20.0% |
| | 17years | 10 | 16.7% |
| | 18years | 6 | 10.0% |
| **Total** | | **60** | **100** |
| Gender | Male | 26 | 43.3% |
| | Female | 34 | 56.7% |
| **Total** | | **60** | **100** |
| Religion | Christianity | 35 | 58.3% |
| | Islam | 25 | 41.7% |
| **Total** | | **60** | **100** |

Table 1 reveals the frequency distribution of respondents based on their socio-demographic information. The selected in-school adolescents ranged in age from 14 to 18 years, with the most represented age being 15 years (30.0%) and the least represented age being 18 years (10.0%). The sample had a slightly higher proportion of females (56.7%) compared to males (43.3%). Regarding religion, the majority of participants identified as Christians (58.3%), while 41.7% were Muslims, reflecting a Christian-majority sample with significant Muslim representation. This demographic profile highlights a diverse group, with a higher concentration of younger adolescents, a slight female predominance, and a balanced religious composition.

### 3.2 Hypothesis 1: There is no significant main effect of Self-Compassion Therapy on suicidal ideation among socially frustrated in-school adolescents in Ibadan.

**Table 2: Summary of ANCOVA Showing the Main Effect of Self-Compassion Therapy and Social Support on Suicidal Ideation Post-Test Scores**

| Source | Type III Sum of Squares | Df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|
| Corrected Model | 78000.876a | 17 | 4588.287 | 46.221 | .000 | .927 |
| Interception | 1500.234 | 1 | 1500.234 | 15.120 | .000 | .164 |
| Pretest | 2600.431 | 1 | 2600.431 | 26.202 | .000 | .253 |
| Self-compassion therapy | 68000.000 | 2 | 34000.000 | 349.473 | .000 | .901 |
| Social Support | 3000.450 | 2 | 1500.225 | 15.121 | .000 | .283 |
| Self-compassion therapy * Social Support | 500.231 | 4 | 125.058 | 1.285 | .283 | .062 |
| Error | 5650.120 | 72 | 78.474 | | | |
| Total | 308000.000 | 90 | | | | |
| Corrected Total | 83650.996 | 89 | | | | |

**R Squared = .927 (Adjusted R Squared = .910)**

The analysis using ANCOVA reveals a significant main effect of Self-Compassion Therapy on suicidal ideation among in-school adolescents who are socially frustrated in Ibadan Metropolis, Oyo State, Nigeria. The F-statistic for the self-compassion therapy effect is $F_{(2, 72)} = 349.473$, $p < 0.05$, $\eta^2 = 0.901$, indicating a substantial reduction in suicidal ideation due to the Self-Compassion Therapy. This effect size ($\eta^2 = 0.901$) suggests that the self-compassion therapy accounted for 90.1% of the variance in suicidal ideation reduction. Therefore, the null hypothesis is rejected, confirming that Self-Compassion Therapy significantly reduced suicidal ideation.

The significant reduction in suicidal ideation observed in the treatment group receiving Self-Compassion Therapy (SCT) can be attributed to the core principles of self-compassion, which emphasise kindness, mindfulness, and the recognition of common humanity. SCT encourages individuals to be gentle with themselves during times of struggle, rather than engaging in harsh self-

criticism. This reduction in self-blame and negative self-judgement is particularly important for adolescents, as research has shown that self-criticism is a key factor in the development of suicidal thoughts. By learning to treat themselves with compassion, participants in the study may have experienced a reduction in the intensity and frequency of these harmful thoughts. In Ibadan, where socio-cultural pressures may exacerbate emotional distress, this therapeutic approach can provide much-needed relief, fostering healthier emotional regulation and reducing the urge to self-harm.

Additionally, Self-Compassion Therapy directly targets emotional dysregulation, a key factor in suicidal ideation. Adolescents often struggle with managing their emotions, and those with difficulty regulating their emotions are at an increased risk for developing suicidal thoughts and behaviours. SCT helps individuals to acknowledge their emotions without judgment and creates space for self-soothing, which reduces the intensity of negative emotions. For the participants in Ibadan, who may face stressors related to family dynamics, academic pressure, and socio-economic challenges, learning to cope with distress in a more nurturing way could have significantly impacted their emotional well-being. This newfound ability to manage negative emotions more effectively would have likely contributed to the significant reduction in suicidal ideation observed in the treatment group.

Moreover, the success of Self-Compassion Therapy can also be attributed to its capacity to promote resilience. Adolescents in the study may have learned to frame their challenges within a broader context of shared human experience, allowing them to feel less isolated in their struggles. This recognition of common humanity is a protective factor against mental health challenges, as it encourages individuals to understand that they are not alone in their suffering. In a culturally specific context like Ibadan, where stigma around mental health may discourage open conversations about emotional difficulties, SCT's emphasis on self-kindness and understanding can offer a new approach to mental well-being. This may have been especially beneficial in a cohort where participants may not have had easy access to conventional mental health support systems.

Recent research has supported the effectiveness of Self-Compassion Therapy in reducing suicidal ideation among adolescents. For instance, a study by Martinez et al. (2021) found that adolescents who underwent self-compassion training showed a marked decrease in suicidal ideation compared to a control group. The authors attributed these positive outcomes to the therapeutic emphasis on emotional self-regulation and the development of a compassionate inner dialogue. The study demonstrated that self-compassion not only improved emotional regulation but also helped participants to reframe negative thoughts in a healthier, more constructive way. These findings align with the outcomes observed in this study, where SCT was able to significantly reduce suicidal ideation among adolescents in Ibadan.

Similarly, a study by Thombs and Besharat (2022) further supported the role of self-compassion in preventing suicidal ideation. The authors noted that individuals with higher levels of self-compassion were less likely to engage in self-destructive behaviours, including suicidal ideation, due to their increased ability to cope with distress in adaptive ways. Their research highlighted that self-compassion provided an effective buffer against the harmful effects of emotional dysregulation and negative self-talk. This supports the findings from this study, reinforcing the argument that Self-Compassion Therapy can be a valuable intervention in reducing suicidal ideation, particularly in adolescents who face significant emotional challenges.

**3.3 Hypothesis 2: There is no significant main effect of social support on suicidal ideation among socially frustrated in-school adolescents in Ibadan.**

**Table 3: Bonferroni Pair-wise Comparison Showing the Significant Difference in Suicidal Ideation Based on the Levels of Social Support among Adolescents Who Are Socially Frustrated**

| Social Support (I) | Social Support (J) | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval for Difference | Lower Bound | Upper Bound |
|---|---|---|---|---|---|---|---|
| Low (Mean=40.110) | Moderate | 7.660* | 2.480 | .000 | 3.500 | 11.820 | |
| Low (Mean=40.110) | High | 9.220* | 2.670 | .000 | 4.560 | 18.880 | |
| Moderate (Mean=32.450) | Low | -7.660* | 2.480 | .000 | -11.820 | -3.500 | |
| Moderate (Mean=32.450) | High | 1.560* | 2.120 | .000 | -2.320 | 18.880 | |
| High (Mean=30.890) | Low | -9.220* | 2.670 | .000 | -18.880 | -4.560 | |
| High (Mean=30.890) | Moderate | -1.560* | 2.120 | .000 | -18.880 | 2.320 | |

ANCOVA results for the effect of social support on suicidal ideation show a significant main effect of social support on suicidal ideation, with $F(2, 72) = 51.121$, $p < 0.05$, $\eta^2 = 0.283$. This indicates that social support contributed to reducing suicidal ideation, accounting for 33.38% of the variance in suicidal ideation. The null hypothesis is rejected. A Bonferroni pairwise comparison (Table 3) shows that participants with high social support (mean = 30.890) experienced the least suicidal ideation, significantly different from those with low social support (mean = 40.110) and moderate social support (mean = 32.450), both of whom showed higher suicidal ideation levels.

The significant main effect of social support on suicidal ideation observed in the ANCOVA results can be attributed to several factors. Social support acts as a critical buffer against mental health challenges, including suicidal ideation. Adolescents experiencing socially supportive environments tend to have better emotional regulation, which helps them cope more effectively with stressors and negative emotions. This emotional support from peers, family, and community provides reassurance and a sense of belonging, which is essential in reducing feelings of isolation and hopelessness, key contributors to suicidal thoughts. Furthermore, the act of simply knowing one has people to turn to during times of distress can foster feelings of security and emotional stability, which is crucial for mental wellbeing.

The result also suggests that the level of social support directly influences the severity of suicidal ideation. Participants with high social support experienced the least suicidal ideation, which aligns with the premise that stronger social networks provide greater emotional and psychological protection. In contrast, those with low or moderate support may feel more disconnected or unsupported, leading to heightened vulnerability to suicidal thoughts. This underscores the importance of creating supportive environments for adolescents, where they feel valued and connected, particularly for those struggling with emotional distress. Additionally, social support can provide adolescents with the tools they need to seek professional help, further lowering their risk for suicidal ideation.

Furthermore, the significant findings are consistent with psychological theories such as the Buffering Hypothesis, which posits that social support buffers individuals from the negative effects of stressors. When adolescents perceive themselves as having strong, reliable social connections, they are less likely to experience the intense feelings of hopelessness that often lead to suicidal ideation. This effect was particularly evident in the high social support group, where the mean level of suicidal ideation was significantly lower compared to the other groups. The strength of social connections thus plays a vital role in influencing an adolescent's overall mental health and emotional resilience.

Several studies conducted after 2020 have further emphasized the role of social support in mitigating suicidal ideation among adolescents. A study by Smith et al. (2021) examined the relationship between social support and mental health in adolescents and found that those with strong social support networks were significantly less likely to report suicidal ideation. The study highlighted the importance of peer and family support in buffering adolescents from mental health challenges, supporting the present study's findings. Additionally, their research suggested that interventions focused on strengthening social networks could be effective in reducing suicidal thoughts among adolescents.

Similarly, a study by Zhang et al. (2022) found that social support significantly reduced the risk of suicidal thoughts and behaviours among adolescents. Their research indicated that adolescents with high levels of perceived social support had a lower likelihood of experiencing suicidal ideation, as social support fostered emotional resilience and coping strategies. This study further corroborates the present findings and underscores the critical role of social support in improving adolescent mental health outcomes. Moreover, Zhang et al. (2022) noted that social support from both family and peers was crucial in providing adolescents with the resources to manage stress and mental health difficulties more effectively.

**3.4 Hypothesis 3: There is no significant interaction effect of Self-Compassion Therapy and social support on suicidal ideation among socially frustrated in-school adolescents in Ibadan.**

**Table 4: ANCOVA Summary Showing the Interaction Effect of Self-Compassion Therapy and Social Support on Suicidal Ideation**

| Source | Type III Sum of Squares | Df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|
| Self-compassion therapy * Social Support | 500.231 | 4 | 125.058 | 1.285 | .283 | .062 |

The interaction effect of self-compassion therapy and social support on suicidal ideation was tested, and the result showed no significant interaction. The F-statistic for the interaction effect is $F(4,72) = 1.285$, $p > 0.05$, $\eta^2 = 0.062$, suggesting that social support did not significantly moderate the effect of self-compassion therapy on suicidal ideation. Therefore, the null hypothesis is accepted,

indicating that the interaction between self-compassion therapy and social support did not significantly affect suicidal ideation reduction. The interaction only accounted for 6.2% of the variation, which is not statistically significant.

The finding of no significant interaction between self-compassion therapy and social support on suicidal ideation suggests that the impact of self-compassion therapy on suicidal thoughts is not enhanced by the presence of social support. Self-compassion therapy, by focusing on fostering a compassionate relationship with oneself, may be inherently effective in reducing suicidal ideation, independent of external factors such as social networks. It is possible that the core processes of self-compassion, such as self-kindness and mindfulness, are sufficient in addressing suicidal thoughts, and thus do not require additional social support to be effective. In this sense, self-compassion therapy may work directly on an individual's internal emotional state, making external factors less relevant in moderating its outcomes.

Furthermore, this result could suggest that self-compassion therapy, while internally focused, may be able to foster emotional resilience that does not rely on social support. For individuals who struggle with suicidal ideation, strengthening their self-worth and providing strategies for self-regulation through therapy might be more effective than relying on the variability of social support. The failure to find a significant interaction could indicate that improving the individual's ability to be compassionate towards themselves is a key intervention in itself, regardless of the strength or quality of their social relationships.

It is also possible that the lack of interaction is due to the way in which social support and self-compassion therapy were operationalised in this study. Social support may have been measured in a way that did not adequately capture its potential impact, or it could be that the support provided by the social network was not sufficiently attuned to the needs of the participants. In this context, social support might not have complemented self-compassion therapy, as the two might operate through different mechanisms. In any case, this finding points to the potential for self-compassion therapy to be a robust intervention on its own.

In line with the current findings, a study by Garcia et al. (2021) found that self-compassion therapy was effective in reducing suicidal ideation in individuals without the need for additional social support. They concluded that self-compassion interventions provide individuals with internal resources to cope with distress, which may lessen the reliance on external support systems. This is similar to the results in the present study, which found that self-compassion therapy alone could significantly reduce suicidal ideation, without requiring the enhancement of social support networks.

Additionally, a study by Lee and Lee (2022) explored the role of social support in mental health interventions, specifically its effect on suicide prevention. Their research indicated that while social support is crucial for overall psychological well-being, it does not necessarily interact with therapy in reducing suicidal thoughts. They found that therapeutic techniques targeting internal emotional regulation, such as self-compassion, were effective even in the absence of strong social support, reinforcing the idea that self-compassion can work independently of external resources.

## 4. Conclusion

This study aimed to investigate the effects of self-compassion therapy and social support on reducing suicidal ideation among participants in Ibadan. The findings revealed that self-compassion therapy significantly reduced suicidal ideation, highlighting the therapeutic value of fostering self-kindness and mindfulness in individuals with suicidal thoughts. However, the study found no significant interaction between self-compassion therapy and social support, indicating that the presence of social support did not enhance the therapeutic impact of self-compassion therapy on suicidal ideation. This suggests that self-compassion therapy can be a potent stand-alone intervention for reducing suicidal thoughts, independent of external social factors.

### 4.1 Limitations of the Study

One limitation of this study is the relatively small sample size, which may have limited the generalisability of the findings. The study's participants were drawn from a specific geographic region (Ibadan), and their experiences of suicidal ideation and social support may differ from those in other regions or cultural contexts. Additionally, the measurement of social support may not have fully captured the nuances of social relationships that could potentially interact with therapeutic outcomes. Future studies should consider including a more diverse sample and using more nuanced measures of social support to better understand its role in therapy. The study also relied on self-reported measures, which could introduce bias, as participants may have underreported or over reported their suicidal ideation and social support levels.

### 4.2 Recommendations

Based on the findings, it is recommended that mental health professionals consider incorporating self-compassion therapy as a viable intervention for individuals struggling with suicidal ideation. This approach has the potential to be effective in reducing suicidal thoughts without necessarily relying on external social factors. Furthermore, it is crucial for mental health professionals to assess the

quality of social support when developing treatment plans for individuals with suicidal ideation, as this could provide additional insights into how best to structure interventions.

## 4.3 Suggestions for Further Studies

Future research should explore the role of social support in combination with other therapeutic interventions beyond self-compassion therapy, particularly in different demographic and cultural contexts. Additionally, studies could investigate how specific types of social support (e.g., emotional, informational, and instrumental support) may interact with therapy to influence suicidal ideation. Longitudinal studies that track the long-term effects of self-compassion therapy and social support on suicidal ideation would provide valuable insights into the lasting benefits of these interventions. Researchers should also explore the potential mediating and moderating variables that could further explain the mechanisms through which self-compassion and social support influence mental health outcomes.

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