Relation between Suicide Probability and Self-Criticism among Patients with Major Depressive Disorder

Amal Younis[1], Islam Gado[2], Souzan Abd El Menem Abd Ghaffar [3], Mervat Hosny Shalaby[4]

[1] Clinical demonstrator of Psychiatric &Mental Health Nursing, Faculty of Nursing, Tanta University.
[2,3] Assistant of Psychiatric &Mental Health Nursing, Faculty of Nursing, Tanta University.
[4] Professor of Psychiatric &Mental Health Nursing, Faculty of Nursing, Tanta University**.**

Corresponding author: aml.younis@nursing.tanta.edu.eg

Abstract

Background: Self-criticism is seen as the main of psychopathology in Major depressive disorder (MDD). It has been demonstrated that higher suicide rates and more severe MDD are linked to self-criticism. Therefore, it is important for psychiatric nurses through their interaction with patients with MDD to assess patients' self-criticism. This assessment would guide them in the early identification of this risk factor to open the possibility of preventing suicide in the context of clinical practice. **Aim:** to determine the relation between suicide probability and self-criticism among patients with MDD. **Methods: Design:** Descriptive correlational design was utilized in this study. **Setting:** outpatient psychiatric department of Tanta University Hospital affiliated to Ministry of Higher Education and Scientific Research. **Subject:** The study subject was composed of a convenient sample of 150 patients diagnosed with MDD per DSM-5. **Tools:** suicide probability questionnaire **(Cull & Gill, 1982)**, and self-criticizing/attacking and self-reassuring scale **(Gilbert et al., 2004). Results**: There was a highly statistically significant positive correlation between suicide probability and self-criticism. **Conclusion:** This study concluded that there was a high level of self-criticism and suicidal probability among patients with MDD. Also, higher levels of self-criticizing scale are associated with higher probability of suicide. **Recommendation:** Psychiatric nurses should assess self-criticism routinely for patients with MDD and develop psycho-educational programs that target self-criticism to decrease suicide probability.

Keywords: Suicide probability, Self-criticism, Major depressive disorder (MDD)

Introduction

Major depressive disorder (MDD) is defined as a major prevalent psychiatric disorder marked by having one or more major depressive episodes without any symptoms of mania or hypomania in a person's life **(Abdel-Wahab et al., 2022).** It is complicated by severe impairment in educational, occupational and social functioning. So, it's one of the leading causes of disability globally, especially if it is untreated, make patients at a high risk of developing overlapping anxiety disorders and substance use disorders, therefore

increases their risk of suicidal probability **(Jiang et al., 2023).**

Suicide is considered one of the end consequences of MDD in which the persons' feeling of powerlessness, despair and inadequacy (**Basha et al., 2021)**. Over 90% of suicidal probability was related to the end consequence of psychiatric disorders especially MDD **(Reutfors et al., 2019).** Worldwide, about 1 million people ending their life by commit suicide annually **(Roca et al., 2019)**, and it's considered the fourth leading cause of mortality among the 15-29-year of adolescence and young age. Globally, every 40 seconds one's commit suicide. World health organization (WHO) report more than half of suicidal probability among the 15-29-year of adolescence and young age than other ages and in Egypt, almost 7881 suicidal cases happened in 2022 and its suicidal rate is about 5.0 per 100 000 persons, while globally the suicide rate is about 9.0 per 100 000 persons **(Farahat et al., 2022)**.

Suicide is a Latin term derived from the association of two words: "sui", which means "oneself", and "caederes", meaning action of killing, therefore, it is the action of killing oneself. Suicide can be defined as an intentional, self-inflicted behavior that results in death **(Hassan et al. (2020).** It is also defined as an aggression carried out by a person against self-consciously and voluntarily, which leads to death **(Lyndon et al., 2021)**. Suicidal process develops along a continuum ranging from less severe forms (suicide intent) to most severe expressions (suicide attempts or completed suicides) **(Sveticic & De Leo, 2012)**.

The continuum of suicide starts with suicidal intent which is defined as the persons have the desire to end their life by making a self-destructive act. Next, suicidal ideation which is defined as having thoughts of harming self (thinking about suicide **(Dendup et al., 2020)**. Then, Suicide plan which is defined as the persons choose a specific method of suicide through which was ending their life. After that, suicide attempt which is defined the persons injure themselves with any intent to end their life, but not fatal as the result of their actions. Finally, completed suicide where the person would finally end his or her own life **(Hong et al., 2021)**.

There are many risk factors can increase risk for suicide among patients with MDD such as inadequacy, inferiority, loneliness, losing job, major financial burdensome, malignant medical disease, psychiatric disorders/suicide runs in family, alcohol/substance abuse, history of previous suicide attempt, un resolved interpersonal conflict and in-effective individual coping **(Schneider et al., 2020)**. Among potential risk factors implicated for suicidal ideation is self-criticism as defined as hardly negative self-appraisal and an excessive focus on achievements to protect oneself against the feeling of inferiority or rejection (**Austin et al., 2021)**.

There are three dimensions of self-criticism namely: **Excessive self-criticism** (psychopathology the situation involves the highly self-critical individuals have high personal standards to evaluate themselves hardly, especially with much focus on their achievements as a result, they experience a feeling of inadequacy, and worthlessness alongside the failures that accompany the stress **(Blatt & Homann, 1992)**. In

contrast, **Lack of self-criticism** (blaming others) the situation involves the individuals blame the others for adverse conditions instead of critic their self (**Lozano & Laurent, 2019**). **Constructive self-criticism** (self-knowledge) marked as the individual is a healthy mature enough and high virtue, and knowing oneself which means where people awareness of their reactions, recognizing and trying to correct their mistakes therefore, the people critic their self positively instead of excessive or lack of self-criticism **(Emily et al., 2023)**.

Self-criticism is a mental impairment associated with feelings of guilt, inferiority, inadequacy, and excessive negative self-evaluation and harsh self-critic which is the strongest predictors of suicidal probability **(Kiaei & Kachooei, 2022)**. Some previous literatures have showed the relationship between self-criticism and suicidal probability which, defined Suicide as "arrested flight" it was influenced by negative self-appraisal and in-effective coping to their stressors **(GILBERT & ALLAN, 1998)**. Moreover, suicide is a way to escape from hated self-related to harsh inner self critic so self-criticism make individuals at higher risk for suicidal probability **(Campos et al., 2018)**.

Significance of the study:

Suicide is considered a huge public health crisis, has negative effects on both individuals and community members **(O'Neill et al., 2021)**. Most suicides are related to psychiatric disorders such as MDD, anxiety and psychosis being the most relevant risk factors **(Bachmann et al., 2018)**. However, the risk of suicidal behavior varies during its course, it is important to identify the relation between suicide probability and self-criticism among patients with MDD **(Roca et al., 2019; Wang et al., 2020)**. Such assessment would guide psychiatric nurses through interaction with the patients with MDD in the early identification of these risk factors to open the possibility of preventing suicide in the context of clinical practice among patients with MDD. Also, in order to prevent suicides among patients with MDD, it was critical to recognize the role of self-criticism to enhance the efficiency of suicide intervention.

Aim of the study:

The current study aims to explore the relation between suicide probability and self-criticism among patients with MDD.

Research question:

What is the relation between suicide probability and self-criticism among patients with major depressive disorder?

Subjects and Method

Research design:

The present study was conducted by using the descriptive correlational design

Setting:

This study was conducted at the outpatient psychiatric clinic of Tanta University Hospital that affiliated to Ministry of Higher Education and Scientific Research which works 4 days/week and served 10-14 patients with MDD /week.

Subjects:

The participants in the present study were a Convenience sampling of 150 patients diagnosed with MDD according to DSM-5 was recruited from the previous setting. Epi-Info software statistical package utilized to calculate the sample size. Based on the following criteria: total population sample size (N) 600, 95% confidence level, and 5% margin of error. Based on the

previously mentioned criteria the sample size should be n =148 to increase reliability of the current results it was increased to 150 patients. The participants selected based on the following criteria:

Inclusion criteria: -

Being 21 years of age or older.

Patients having MDD diagnoses per dsm-5.

Willing to include in the study.

Able to communicate in a clear and relevant manner

Exclusion criteria: -

Acute stage of illness

Those affected with organic brain disorders, mental retardation, substance use disorder and other psychiatric comorbidity.

Tools of the study:

Tool I: Suicide probability questionnaire.

It was consisted of two parts

1-Part 1: socio-demographic data questionnaire.

It was developed by the researcher to collect information regarding to the Socio-demographic data of the study subjects, such as patient age, sex, marital status, educational level, type of the work, place of residence. Clinical characteristics such as age of onset of illness, duration of illness, and number of previous psychiatric hospitalization.

2-Part 2: Suicide Probability Scale.

Suicide Probability Scale was developed by **(Cull & Gill, 1982)**, and was adopted by the researcher. It is a self-report measure that assesses suicide risk in adults and adolescents and helps in gaining a rapid, accurate, and empirically validated measure of suicide risk in the patients. The tool consists of 36 items divided into four clinical subscales namely; Despair subscale: It measured the levels of despair and composed of (12) items, Negative self-evaluation subscale: It measured the negative attributions on ego/self and composed of (9) items, Hostility subscale: It measured hostility toward oneself and composed of (7) items and Suicide ideation subscale: It measured the intensity of suicidal ideation such as (I think of suicide), and composed of (8) items.

Scoring system: -

All items rated on a 4-point Likers scale ranged from (1- 4) none or a little of the time (1) to most or all of the time (4). The total score of this scale ranged from (36 – 144). The higher scores mean high level of suicide probability. The levels of suicide probability were determined by cutoff point as a following:

High suicide probability = More than 70%.

Moderate suicide probability = 50-70%.

Low suicide probability = Less than 50%.

Tool II: Self-Criticizing/Attacking and Self-Reassuring Scale:

Self-Criticizing/Attacking and Self-Reassuring Scale was developed **by (Gilbert et al., 2004)**, and was developed by the researcher. It was developed to measure self-criticism and the ability to self-reassure. The tool consists of 22 items divided into three clinical subscales namely ;Inadequate self: It had (9) items focuses on a sense of personal inadequacy such as (I am easily disappointed with myself), Hated self: It had (5) items measured the desire to hurt or persecute the self-such as (I have become so angry with myself that I want to hurt or injury myself) and Reassure self: It had (8) items such as (I am able to remind myself of positive

things about myself) measured an ability to reassure self.

Scoring system

All items rated on rated on a 5-point Likers scale ranged from (0 - 4) not at all like me (0) to extremely like me (4). The total score of this scale ranged from (0 – 88). The higher scores mean high level of self-criticism. The levels of self-criticism were calculated by cut off points and summing scores as the followings:

High level of self-criticism = more than 70%.

Moderate level of self-criticism = 50-70%.

Low level of self-criticism = less than 50%.

Method

The study was accomplished according to the following steps: -

An official letter clarifying the purpose of the study was addressed to the Dean of Faculty of Nursing to obtain permission for data collection.

Ethical considerations:

- The permission to conduct the study was obtained from the scientific research ethical committee in Faculty of Nursing at Tanta University and informed consent was obtained from subjects or their relatives after explaining to them purpose of the current study.
- Anonymity was used instead of person's name on questionnaire sheets, and respecting the right of the participants to withdraw at any time during the data collection period. So, the study caused no harm for subjects.
- Privacy and confidentiality were guaranteed.
- The fact that the information was acquired was private and would only be used for the study's objectives was reassuring to the subjects.

3. The researcher was translated the study tools into Arabic and tested for internal validity by a jury composed of five experts in psychiatric nursing to ascertain the appropriateness of items for measuring what they were supposed to measure. The required corrections were carried out accordingly.

4. A pilot study was conducted with 10% of the study participants to assess the applicability, viability, and clarity of the early instruments. All questions were clear, simple, and understood). Those subjects were selected randomly, the sample modification was done accordingly and those subjects were not excluded from study sample.

5. The study tools were tested for reliability by using Cronbach's alpha test and were found 0.974 and 0.949 respectively for tool 1 and tool 2, which represented highly reliable tools.

6. The actual study:

The researcher selected the study subjects who met the inclusion criteria then, clinical data was double checked by reviewing patient's record. Each patient was interviewed by the researcher on an individual base, and go through the study tools. Each interview lasted from 45-60 minutes (two patients per day /three days per week) according to patients' concentration and understanding. The duration of data collection was six months (from 21 /12 /2022 to 21/ 6/ 2023).

Statistical Analysis:

Statistical presentation and analysis of the current study was conducted using the mean, standard deviation, and chi-square test was used to compare between groups in

qualitative, and correlation coefficient was used for detection of correlation between quantitative variables.

Results:

Table (1): Showed that distribution of the studied patients with MDD in relation to their socio-demographic data. It was noted that nearly two thirds (63.3%) of the studied patients were female. Concerning age group, it was noted that nearly half of the studied patient (52%) in the age group from 25to 30, nearly the same percent in the age group less than 25, and more than 35 years (26.7, 21.3) respectively with a mean age 30.77 ± 7.99. Concerning marital status, nearly one-third (33.3%) of the studied patients was single. Concerning level of educational, (43.3%) had university education and only (16.7%) of the studied patients were illiterate. In relation to residence, about half of the studied patients (58.7%), lived in rural areas and the rest of them lived in urban areas. Regarding occupational status (53.3%) of the studied patients were employed.

Table (2): Showed that distribution of the studied patients with MDD in relation to their clinical characteristics. It was noted that nearly two third (64%) of the studied patients had onset of illness before 20 years old while only (2.7%) after 30 years old with mean 20.89 ± 3.08. Concerning number of previous hospital admission, it was noted that (25.3%) of the studied patients had been hospitalized once and the same twice while, (24.7%) were admitted three times and more than three times.

Table (3): Represented the mean score of suicide probability scale. It presents that there is highly statistically significant relation among total suicide probability scale and its' subscales in which (P-value =0.000) Where the studied patient had mean score (97.86±26.44).

Table (4): Represented the mean score of self-criticizing/attacking and self-reassuring scale. It presents that there is highly statistically significant relation among total self-criticizing/attacking and self-reassuring scale and its subscales in which (P-value =0.000) Where the studied patient had mean score (60.20±14.68).

Table (5): Illustrated correlation matrix among total suicide probability scale and self-criticizing/attacking and self-reassuring scale. The table demonstrates there was a statistically significant positive correlation between self-criticizing/attacking and self-reassuring scale and total suicide probability scale (r = 0.892, p = 0.000**). This means higher levels of self-criticizing scale is associated with higher probability of suicide.

Regarding the correlation between suicide probability scale and its' sub-domains. Despair (r =0.907, p = 0.000**), negative (r = 0.884, p =0.000**), hostility (r = 0.885, p =0.000**), and suicide ideation (r = 0.689, p =0.000**) were statistically significantly positively correlated with suicide probability scale.

Regarding the correlation between total self-criticizing/attacking and reassure self-scale and its sub-domains there was a statistically significant positive correlation between inadequate self (r = 0.886, p = 0.000**), and hated self (r = 0.660, p = 0.000**). While there was a statistically significant negative correlation between total self-criticizing/attacking and reassure self-scale and reassure self (r = - 0.817, p = 0.000**). In addition, there was a statistically significant negative correlation

between total suicide probability scale and reassure self (r = - 0.636, p = 0.000**).

Table (1): Distribution of a studied patients with MDD according to their socio-demographic data (n= 150).

Socio-Demographic data	N	%
Sex		
Male	55	36.7
Female	95	63.3
Age		
Up to 25	40	26.7
25:<35	78	52
More than 35	32	21.3
Mean ± SD	30.77 ± 7.99	
Range	(18:40)	
Marital status		
Single	50	33.3
Married	30	20
Divorced	40	26.7
Widow	30	20
Educational Level		
Illiterate	25	16.7
Read & write	27	18
Secondary education	33	22
University degree	65	43.3
Residence		
Rural	87	58
Urban	63	42
Occupation		
Work	80	53.3
Not Work	70	46.7

Table (2): Distribution for a studied patients with MDD according to their clinical characteristics (n= 150).

Socio-Demographic characteristics	Number	%
Age of onset of illness		
Up to 20	96	64
20 :< 30	50	33.3
More than 30	4	2.7
Mean ± SD	20.89 ± 3.08	
Range	35:18	
Duration of illness		
Up to 5 years	78	52
5 :< 7 years	40	26.7
More than 7 years	32	21.3
Mean ± SD	1.94 ± 0.69	
Range	(8:1)	
Number of previous psychiatric hospitalization		
Once	38	25.3
Twice	38	25.3
Three time	37	24.7
More than three time	37	24.7

Table (3): Mean score of suicide probability scale (n= 150).

	Mean ± SD	$\chi 2$ p
Negative self-evaluation	33.21±9.85	
Despair	24.19±7.69	277.5
Hostility	18.91±5.81	0.000
Suicide Ideation	21.55±7.33	
Total Suicide Probability	97.86±26.44	

Significant (P ≤ 0.005)

Table (4): Mean score of self-criticizing/attacking and self-reassuring scale (n= 150).

	Mean ± SD	**$\chi 2$ p**
Inadequate self	25.52±7.66	
Hated self	14.12±3.88	
Reassure self	20.56±6.52	**168.43**
Total	60.20±14.68	**0.000**

Significant (P ≤ 0.005)

Table (5): Correlation matrix among total suicide probability scale and self-criticizing/attacking and self-reassuring scale (n= 150).

Items		**Self-Criticizing/Attacking and Self-Reassuring Scale**		**Total Suicide Probability Scale**	
		r	**P**	**r**	**P**
Self-Criticizing/Attacking and Self-Reassuring Scale Subdomains	Inadequate self	0.886	0.000**	0.829	0.000**
	Hated self	0.660	0.000**	0.666	0.000**
	Reassure self	-0.817	0.000**	-0.636	0.000**
Suicide Probability Scale Subdomains	Despair	0.871	0.000**	0.907	0.000**
	Negative self-evaluation	0.747	0.000**	0.884	0.000**
	Hostility	0.769	0.000**	0.885	0.000**
	Suicide Ideation	0.767	0.000**	0.689	0.000**
	Total Suicide Probability Scale	0.892	0.000**	-------	-------

****.** Correlation is significant at the 0.01 level. *. Correlation is significant at the 0.05 level.
r: Pearson correlation coefficient P<0.05 P interpretation for r
Absent = 0 Weak (0.1: <0.25) Intermediate (0.25: < 0.75) Strong (0.75: <1) Perfect = 1

Discussion

Interest has grown steadily in understanding how suicide is a huge public health crisis, and had negative effects on both individuals and community members **(O'Neill et al., 2021)**. Some studies suggested that self-criticism is a major predictor of MDD associated with a higher suicidal probability therefore, it is crucial to investigate the relationship between self-criticism and suicidal probability among patients with MDD **(Lozano & Laurent, 2019**; **Kiaei & Kachooei, 2022)**.

The current study showed that nearly half of studied patients with MDD had high level of suicide probability. This may be related to several explanations, the nature of disease needless to say that MDD is the main gateway to suicidal behavior in which sleep disturbances, feelings of hopelessness, worthlessness, and anhedonia or decreased interest in pleasurable activities, directly and indirectly increase the risk for suicidal probability. Supporting this explanation, a study conducted by **(Okamura et al., 2021)** found patients with MDD may directly and indirectly increase the risk for suicidal probability through their cognitive, behavioral, and emotional disturbance.

Moreover, noncompliance to antidepressant drugs among patients with MDD increases severity of symptoms, decreases efficiency of the drug on symptoms treatment, and worsen the course of illness therefore increase suicidal probability.

Another possible explanation for this result, patients with MDD were associated with psycho-social factors such as disturbance in marital status and family attachment could also increase the risk of suicide. In the current study about one third of the studied patients were associated with the main psycho-social factor such as disturbance in marital status especially divorce. The results of the study is consistent with a study conducted by **(Zhou et al., 2023)** found psychosocial factors especially disturbance in marital status; Interpersonal relationships and dysfunctional attitudes have a direct effect on MDD. Moreover, a study conducted by **(Piechaczek et al., 2020)** explained the main protective factors against MDD were more support system and a more suitable family climate.

Furthermore, this result may be due to lake of effective and sufficient psycho-educational intervention about suicide to patients with MDD. A study conducted by **(Toni et al., 2023)** found psycho-education is an important tool in reducing the severity of MDD symptoms. Moreover, an Egyptian study conducted by **(El et al., 2020)** reported that the psycho-educational program is effective in promoting positive self-cope strategies for patients with MDD. A study conducted by **(Bevan Jones et al., 2018)** stated the psycho-educational program when given as early as possible during the course of the illness enhancing the social contacts among patients with MDD.

Additionally, a study about the risk for suicidal probability among patients with MDD conducted by **(Roca et al., 2019)** found nearly two third of the studied patients with MDD are at risk for suicidal probability.

The current study also revealed that moderate to high level of self-criticism represent the majority of the studied patients with MDD. This result may be due to nature of delusion in patient with MDD as common delusional thoughts is delusion of self-blame that is inconsistent with patient education and cultural background which correlated with increasing level of self-criticism then decreasing level of self-esteem. Also lead to increase guilt feeling or feeling of worthlessness that could lead to re hospitalization, poor treatment adherence, and poor prognosis. Delusion of self-blame may have developed as a result of maladaptive perfectionism as patient cannot accept anything except perfection or expectation to perform at a higher level than they or others should act in a given

situation. This is considered as abnormal characteristics that lead to increases psychological distress. Supporting this explanation by a study conducted by **(Mcintyre et al., 2018)** stated there was a statistically significantly relation among self-criticism and the psychotic symptoms of MDD especially delusion of self-blame

Another possible assumption for this result is lack of positive self-talk. Positive self-talk is linked to improving self-esteem, then subsequently enhance self-confidence and reduce emotional stress. This interpretation is consistent with a study conducted by **(Kameo, 2021)** found there was a statistically significantly relation among self-talk styles and self-criticism. Moreover, a study conducted by **(Kim et al., 2021)** found self-talk can improve cognitive performance, attention, and emotion regulation.

Another assumption for this result is that the studied patients with MDD may be received insufficient cognitive behavioral therapy (CBT) to decrease self-criticism. Effective CBT help patients with MDD to deal effectively with negative thoughts and behaviors then change them to more constructive one that play a role in improving self-esteem and decreasing self-criticism. Supporting this assumption with a study conducted by **(Kroener et al., 2023)** explained effective CBT could decrease self-criticism which subsequently reduce psychological distress then enhance self-compassion. Supporting this assumption with a study conducted by **(Loew et al., 2020)** explored effective CBT could have positive outcome on self-criticism related to the consequences of psychotic disorders especially MDD.

Moreover, a study conducted by **(Ehret et al., 2015)** found there was a significant relation between self-criticism and both currently and remitted depressed patients because the maintenance or increase in psychological problems based on the level of self-criticism. Similarly, a study conducted by **(Castilho et al., 2017)** reported patients with MDD was associated with higher level of self-criticism, Additionally, a study conducted by **(Chui et al., 2016)** found the main barriers in the treatments for patients with MDD was self-criticism and dependency.

Regarding the relationship between self-criticism and suicide probability, the current study revealed that there was a highly statistically significant positive correlation between self-criticism and suicidal probability among patients with MDD. This means excessive self-criticism associated with a higher risk for suicidal probability among patients with MDD. This may be attributed to patients' inability to tolerate psychological pain, emotional distress, and high level of self-blame that leads patients with MDD to take a decision to suicide to relieve this UN tolerated pain. This interpretation is consistent with a study conducted by **(Ehret et al., 2015)** showed Increasing level of self-criticism is also associated with worsen the social and interpersonal function and cause difficulties in the regulation of self-esteem which is observed in patient with MDD. Moreover, increasing level of self-criticism may make the patient with MDD recognize his weakness and be unable to challenge this critical thought which may be changed to delusional thoughts that increase the risk of suicidal probability.

Moreover, a study conducted by **(O'Neill et al., 2021)** found there was a significant positive relationship between self-criticism and suicide probability among patient with MDD. Moreover, a study conducted by **(Brouwer et al., 2019)** explained that self-criticism functions as a mediator of change among patients with MDD and suicidal behavior. Additionally, a study conducted by **(Melhem et al., 2019)** showed that chronicity or repetition of MDD was strongly associated with a higher level of self-criticism, and self-criticism has been identified as one dimension of MDD and has been related to poor interpersonal functioning, severity of MDD symptoms among patients with MDD, and suicidal behaviors.

Similarly, a study conducted by **(Zhang et al., 2019)** found there was a significant positive relationship between self-criticism and MDD symptoms. Moreover, a study conducted by **(Falgares et al., 2017)** found most studies participant's experienced high levels of self- criticism and considered that self-criticism had mediating role suicide-related behaviors in adolescence. In contradiction, a study conducted by (**Liu et al., 2020)** reported individual resilience factors which is defined as an emotionally positive attitude toward oneself act as an effective coping with stressful life events and protect against negative psychological outcomes despite the negative influence of self-criticism under stressful life conditions**.**

Concerning the relationship between total suicide probability scale and reassure self, it was observed that the correlation between total suicide probability scale and reassure self was a highly statistically significant negative correlation among patients with MDD. This result is supported with a study conducted by **(Collett et al., 2016)** found the lower level of self-reassurance/self-compassion was associated with a higher level of suicidal probability among patients with MDD.

Similarly, a study conducted by **(Dolezal, 2021)** reported that self-reassurance/self-compassion Such as self-kindness, common humanity, and mindfulness of one's thoughts and feelings was associated lower level of suicidal probability. Moreover, a study conducted by **(Hasking et al., 2019)** found self-reassurance/self-compassion alleviate the effects of negative life stressors which increased risk of suicidal probability among patients with MDD therefore, there was a negative association between self-reassurance/self-compassion and suicidal probability among patients with MDD.

Conclusions;

This study concluded that there was a high level of self-criticism and suicidal probability among patients with MDD. Also, higher levels of self-criticizing scale are associated with higher probability of suicide.

Recommendation;

According to the results of this study the following recommendation was proposed:

-Psychiatric patients need Future research interventions to help them accept their psychotic disorders by overcoming their negative thought processes and discovering new and more adaptive in order to have fewer distressing impacts. Implementation of Meta-cognitive training interventions, such as Meta Cognitive Training for MDD patients (MCT), can be used to improve functioning outcomes and treatment adherence by reducing negative effect of self-criticism among patients with MDD.

-Activation of the role of psychiatric nurses in community mental health services (CMHS) through developing rehabilitation programs to help patients with MDD to reducing self-criticism and suicide probability. Include assessment tools of self-criticism and suicide probability in outpatients' clinics to develop individualized rehabilitation program for patients with MDD.

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