

Self-Compassion and Self-Acceptance as Protective factors in Reducing Suicidality among Diabetic Patients

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Abstract

Diabetes is not just a long-term physiological situation that can cause severe health problems it also takes a heavy emotional toll. Persons with diabetes have to constantly manage their daily routines such as blood sugar, diet, and, medications which can feel exhausting. These day-to-day perceived pressures/stressors often lead to feelings of shame, helplessness, and disappointment on their life, which can highly stimulate the risk of maladaptive psychological constructs such as depression and thoughts of suicide. This narrative review emphasizes the importance of self-compassion and self-acceptance in mitigating suicidal risk among individuals with diabetes. Self-compassion refers to 'self-kindness and non-judgment' during suffering, enhances emotion regulation, resilience, and adaptive coping strategies. Self-acceptance acknowledging one's imperfections and illness without shame reduces internalized stigma and excessive self-criticism alongside negative self-evaluation. It helps to reduce negative self-judgment and the stigma person may feel inside. That developing 'self-compassion and self-acceptance' can improve mental health, reduce suicidal thoughts, make it easier to stick to self-care routines, and helps to manage blood sugar more effectively. Including these in diabetes care offer a more complete way to support both physical and emotional well-being.

Keywords

Diabetes, Chronic Illness, Suicidality/Suicidal Ideation, Self-Compassion, Self-Acceptance, Well-being, Mental Health.

Introduction:

Diabetes mellitus is a long-term condition (et al., 2002; Schabert et al., 2013). The ongoing that greatly affects the day-to-day lives and overall burden and strains of diabetes management frequently well-being of individuals, their families and contribute to perceived emotional distress (Van communities (Anjali et al., 2023). Currently in India, Bastelaar et al., 2010) accompanied by feelings of nearly 77 million people are with diabetes illness guilt and shame (Solomon et al., 2022) a growing (Patterson et al., 2019; Anjali et al., 2023). Chronic perception of personal inadequacy or life illnesses affect individuals beyond their physiological disappointment (Ferrara et al., 2018). When these symptoms and often bring substantial emotional experiences persist, they may intensify difficulties (Chen et al., 2017; Lamers et al., 2012; psychological vulnerability, increasing the likelihood Secinti et al., 2017; Rogers, 2006; Patil et al., 2025; of depression (Bot et al., 2013) and also in more World Health Organization, 2025). Among these severe cases, suicidality (Renaud-Charest et al., 2024; conditions, Diabetes Mellitus (both type I and type II) Hurtado et al., 2024). Studies shows that very is particularly significant due to its widespread important and protective role of psychosocial occurrence, severe self-care responsibilities (Barlow constructs of self-compassion and self-acceptance in et al., 2002; Furler et al., 2008), and pervasive reducing psychological vulnerability among influence on everyday functioning (Benton et al., individuals with diabetes issues (Neff, 2003a, b; Neff, 2023; Blixen et al., 2016; Rønne et al., 2020; & Dahm, 2015; Ferrari et al., 2017; Lamers et al., Robinson et al., 2023). Persons with diabetes need to 2012; Ventura et al., 2019; Friis et al., 2015a, b). manage strict dietary practices, regularly Self-compassion capability allows individuals to check/monitor blood sugar levels (Amelia & Sofiani, approach personal suffering with kindness, 2018), follow medication regimens, and continuously awareness, and understanding rather than harsh self-adapt their lifestyles while simultaneously coping judgment, whereas self-acceptance provide a supports with the psychological burden (Chittem et al., 2019; and psychological adjustment to chronic illness and Nicolucci et al., 2016) of a long-term illness (Barlow helps reduce internalized stigma (Neff, 2003a, b;

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Eshraghi et al., 2024; Germer, & Neff, 2013; Friis et al., 2016). Scientific evidence by (WHO, 2024) complications also (Schabert et al., 2013). People indicates the global prevalence of diabetes illness living with diabetes illness commonly report continues to rise and is linked with intense emotional reactions such as frustration, shame, self-physiological health-related problems and blame (Beverly et al., 2012), and as well as also complications including cardiovascular disease, renal perceived feelings of isolation (Barnard-Kelly et al., failure, vision impairment, and nerve damage. The 2019).

WHO (2024), further highlights that diabetes Research suggests that diabetes management frequently exists with emotional illnesses such as anxiety, stress or depressions, which can significantly involves significant bio-psycho-social challenges reduce psychological well-being and as well as (Joseph et al., 2024). As well feelings of guilt related to suboptimal glycemic control, self-criticism complicate disease management.

The International Diabetes Federation (IDF, (Beverly et al., 2012), following lapses in treatment 2025) highlights that the ongoing demands of daily adherence, and also concerns about being a burden on self-care, concerns about long-term complications, other peoples can have a profound impact on and experiences of social stigma collectively psychological well-being (Furler et al., 2008; Guo et contribute to sustained psychological stress in al., 2023). In addition, psychological models propose individuals living with diabetes. As reported by the that protective and adaptive psychological elements IDF (2025), individuals with diabetes are at more such as a 'mindfulness, self-compassion and sense of simulate risk for psychological issues such as coherence' may reduce vulnerability to perceived depression, anxiety, and emotional burnout, stress, as well suicidal ideation by promoting emphasizing the relevance of care strategies that resilience and more adaptive coping strategies (Gupta address physical health and cognitive functioning & Pandey, 2014). Exposure to ongoing day to day simultaneously. To address these challenges, the stressors, experiences of violence and abuses (Maurya International Diabetes Federation advocates for et al., 2025), or traumatic events may further intensify person-centered care approaches, integrated emotional distress, increasing the possibility/risk of healthcare models, and peer-support interventions to suicidality (Maurya et al., 2025), among vulnerable to promote mental well-being as well as also effective groups and as well as trend that has similarly been diabetes management (IDF, 2025). observed among individuals managing diabetes

Evidence from the Centers for Disease Control (Fatima et al., 2025). and Prevention (CDC, 2024) highlights the two-way The emotional challenges as well more relationship between diabetes and mental health. perceived difficulties related with diabetes are often Psychological concerns that remain unaddressed can intensified by diabetes-related distress, internalized serious negatively influence such as blood glucose stigma (Schabert et al., 2013), and also experiences of regulation, adherence to medication, and also social isolation. Together, these factors can have engagement in self-care behaviors, while the ongoing weaken mental well-being as well as also increase challenges and pressures of managing diabetes may vulnerability to suicidal thoughts and suicide further intensify mental health problems and ideations (Tripathi et al., 2024; Kordi et al., 2023). difficulties. The CDC (2024), reports suggest that Recent research indicates that stigma and along depression is particularly frequently found among similar way related perceived emotional distress (Guo individuals with diabetes issues and can also et al., 2023) among individuals with diabetes can significantly impair emotional well-being, daily negatively influence self-care behaviors, treatment functioning, and the ability to follow prescribed adherence and also overall psychological wellbeing treatment plans. And also consistent with these (Akyirem et al., 2023). Furthermore, interventions that focus on enhancing emotional well-being findings, the CDC (2024), emphasizes that effective alongside diabetes self-management have shown diabetes care must incorporate attention to emotional meaningful improvements in both psychological health and clinical outcomes (Anjali et al., 2023). well-being, including stress, anxiety, and burnout. These findings emphasize the necessity of integrating psychological health support and as well facilitation with physical care as a core component of effective diabetes treatment and management (Tripathi et al., 2024; Kordi et al., 2023).

Diabetes and Psychological Burden:

Diabetes issue is a long-lasting metabolic condition marked by persistently elevated blood glucose (Amelia & Sofiani, 2018) levels resulting from impaired insulin secretion as well as reduced insulin effectiveness, or a combination of both factors (Gómez-Peralta et al., 2018). Being identified and diagnosed individuals with diabetes frequently requires individuals to reorganize many aspects of their daily lives, including dietary habits, routine blood glucose monitoring (Omer et al., 2015) as well as lifestyle changes, and ongoing concern about

Suicidal Risk among Persons Living with Diabetes:

Suicide is the third leading major causes of death among people in this age group of 15-29 years (WHO, 2025). In addition to depression, many factors can increase the possibility of suicide, such as mental

health related problems and physiological health problems, past self-harm, exposure to violence as well (domestic violence), hormonal changes (estrogen and progesterone) and abuse related trauma (Maurya et al., 2025) and also social isolation (Barnard-Kelly et al., 2019). Findings suggest that individuals with diabetes related issues face a higher risk of suicidal ideation and suicidal thought (Elamoshy et al., 2018; Sher, 2022; Kim et al., 2022). As well as evidence from meta-analytic findings suggests that approximately 17.5% of individuals with diabetes report experiencing suicidal thoughts and suicidal ideations, while nearly 3.3% attempt to suicide annually, although these prevalence levels vary across other studies and populations (Fan et al., 2024). These findings underscore suicidality as significant and pressing psychological related problems among individuals with diabetes issue globally.

Data from the Korea (National Health, and Nutrition Examination) Survey indicate that suicidal ideation is more prevalent and serious risk among persons with diabetes illness compared to those without the condition. Specifically, 9.1% of persons with diabetes illness noted experiencing suicidal thoughts, whereas this was observed in only 4.2% of non-diabetic illness individuals. As well as similarly, suicide planning was noted by 3.6% of participants with diabetes, a rate more than 3-times higher than the 1.1% reported among non-diabetic illness participants (Kim et al., 2022). Earlier research conducted in Korea also suggests that consistently demonstrates elevated levels of suicidal thought or suicidal ideation and suicide among adults with diabetes problems, supporting these findings (Chung et al., 2014). Moreover, subsequent analyses suggest that suicide risk is influenced by the duration of diabetes issue, with heightened vulnerability identified both shortly after diagnosis and among persons who have with the condition for an extended period (Kim et al., 2024; Kim et al., 2022). These patterns also indicate that mental health difficulties as well as life challenges may emerge and persist across different stages of the illness.

Available current evidence shows that teenagers as well adults with type I diabetes illness are at a heightened risk for suicidality. A recent systematic review and meta-analysis as well found that 15.4% of young people with type I diabetes illness reported suicidal thoughts, while 3.5% had attempted suicide, cases that are noticeably higher than those among non-diabetic peers (Renaud-Charest et al., 2024). As well as these findings highlight the significant emotional burden of managing diabetes issue during adolescence and early adulthood also (Renaud-Charest et al., 2024). Additional reviews also found that young individuals with type I diabetes illness experience similar mental health related problem and challenges (Hill et al., 2021).

Some evidence from 'low- and middle-income' countries emphasizes the global nature of this concern. In the same manner for instance, a study in India including 1,371 adult peoples with type II diabetes illness reported that 14.8% experienced suicidal risk or suicidal ideation, with even greater possibility observed in socially vulnerable groups (Majumdar et al., 2021). In Karachi's urban slums, 20.4% of adult's peoples with type II diabetes illness reported suicidal thoughts (Sharif et al., 2023). As well as Hospital- and primary care-based studies in Pakistan and Libya have similarly documented high risks of suicidal ideation among diabetic patients, often associated with perceived stress, poor disease related management, and less social help from others people (Hasnain et al., 2025; Altoughar, 2025).

The heightened risk of suicidality between individuals with diabetes is strongly associated to the psychological burden of the disease (Fatima et al., 2025). Managing diabetes is a life-long responsibility and as well issues also. Because that involves frequent monitoring, adherence to treatment, and ongoing lifestyle adjustments. Daily tasks such as regulating blood glucose (Wu et al., 2025; Aune et al., 2018) coping with fears of future complications, and healthcare demands, and also dealing with comorbidities like as heart disease, dyslipidemia can be emotionally exhausting (Schabert et al., 2013; Beverly et al., 2012; Joseph et al., 2024; Gómez-Peralta et al., 2018). Consequently, individuals with diabetes illness feeling higher risk of depression, anxiety, and as well diabetes-related distress than the general population (Elamoshy et al., 2018; Barnard-Kelly et al., 2020).

Some research also indicates that depression is a major contributor to suicidal thoughts or suicidal attempts among people with diabetes illness (Elamoshy et al., 2018). Similar finding also noted that depressive symptoms substantially increase mental health problems as well as suicide risk, and highlighting the close connection between psychological health and diabetes (Elamoshy et al., 2018; Fan et al., 2024). Likewise, the studies also indicate that depression and suicidal ideation can significantly reduce quality of life in individuals with diabetes illness, which in turn may worsen physical health-related outcomes (Wang et al., 2025). Notably, a U.S. study reported that poorer metabolic health, measured by the triglyceride-glucose index, was also associated with a higher likelihood of suicidal thoughts and suicidal risk, underscoring the connection between metabolic imbalance, and psychological distress (Li et al., 2025).

Additionally, persons with diabetes that experienced adverse happenings in childhood, such as abuse as well trauma also are at main risk for suicidal thoughts and suicidal ideation in age of adulthood. In the same way difficulties in personality functioning partially explain this, suggesting that early-life

perceived stress can have long-lasting effects on mental health as well as physical related-health (Zara et al., 2024).

Self-Compassion and its Protective Effects:

Self-compassion is the ability to treat oneself with kindness in the face of suffering, emotional difficulties, or setbacks, while recognizing that challenges and failures are a shared part of the human experience (Neff, 2003a, b). It also requires maintaining a mindfulness awareness of unnecessary thoughts or judgments and painful related emotions without becoming overwhelmed by them or identifying too strongly with them (Homan & Sirois, 2017; Neff & Dahm, 2015; Germer & Neff, 2013; Neff & Vonk, 2009; Gupta & Pandey, 2014). Rather than avoiding difficulties or engaging in self-blame, self-compassion promotes a balanced, accepting, and supportive approach to personal life related struggles.

Neff's (2003b) influential model outlines three main components of self-compassion like a Self-kindness involves responding to personal difficulties with care and understanding instead of self-criticism, or blame (Neff, 2003a; Gupta & Pandey, 2014). In the same way common humanity highlights that suffering/distress and also imperfection/weakness are expressed human involvements, helping to reduce feelings of isolation (Neff, 2003a; Gupta & Pandey, 2014). In the same manner mindfulness refers to maintaining balanced awareness of painful unnecessary thoughts related feeling and also emotions, without exaggerating, avoiding, or becoming overwhelmed by them (Neff, 2003a).

Self-compassion offers a range of psychological health-related benefits (Neff, 2003b). Along with this, persons with higher levels of 'self-compassion' tend to experience lower psychological maladaptive traits such as anxiety and depression as well normalize their feelings more successfully, and also cope better with chronic health-related conditions (Sirois et al., 2015; Gupta & Pandey, 2014). In the context of chronic illness, self-compassion helps people manage their condition and also unnecessary negative thoughts without excessive self-blame as well self-criticize for symptoms or challenges in treatment (Al Alshaikh et al., 2023; Sarkar & Balhara, 2014). Evidence also links self-compassion to enhanced psychological well-being and as well as also increased engagement in health-promoting behaviors (Gupta & Pandey, 2014; Neff, 2003b). Simultaneously with individuals who are more self-compassionate are more likely to adhere to medical advice, maintain healthy routines as well negative emotions and approach problems in constructive ways (Ferrari et al., 2017; Morgan et al., 2020; Majidzadeh et al., 2022). This makes self-compassion, particularly valuable for people with diabetes, who must navigate day-to-day managing of their condition.

Recent studies as well show that self-compassion-based interventions or techniques are practical and more effective for people of different ages and also health related conditions. For example, a six-session online self-compassion program for teenagers and as well young adults with type I diabetes illness resulted in notable improvements in psychological well-being as well as overall mental health and was also associated with reductions in Hemoglobin A1c levels over a 12-week period (Jerawatana et al., 2025).

Self-Acceptance and its role in Illness Integration:

Self-acceptance in diabetes refers to acknowledging the illness as part of one's life without blaming oneself as well negative self-evaluations or ignoring it (Barnard-Kelly et al., 2019; Baek et al., 2025; Sarkar & Balhara, 2014). Together accepting the condition helps individuals feel better emotionally, improve their quality of life, and as well manage their health more effectively (Khazew & Faraj, 2024; Gillanders et al., 2015). In a study of 145 adults with type II diabetes, higher levels of illness acceptance were associated with lower emotional distress and depression, as well as promoting better overall quality of life (Ozyalcin & Sanlier, 2022). Similarly, a Korean study found that 'acceptance action,' the behavioral expression of acceptance, mediated the negative impact of diabetes-related self-stigma on self-care and as well quality of life (Seo, 2023). Self-acceptance acts as a psychological buffer, reducing internalized stigma as well excessive self-criticism, and also maladaptive strategies, thereby potentially offering protection against suicidality (Schmitt et al., 2018; Sakamoto et al., 2022).

Integrating Self-Compassion and Self-Acceptance in Diabetes Care:

The protective role of self-compassion (Neff, 2003a, b) and self-acceptance (Sakamoto et al., 2022) in reducing suicidality among individuals with diabetes are supported by both theoretical reasoning and empirical evidence (Godfrey, 2024; Sirois et al., 2015; Eshraghi et al., 2024). Factors such as perceived stress, depression (Akyirem et al., 2023), stigma, self-blame (Beverly et al., 2012) and poor self-related care trigger the possibilities of suicidal thoughts and suicidal behaviors in people with diabetes illness (Guo et al., 2023; Fatima et al., 2025). Self-compassion and self-acceptance can mitigate these risks by reducing emotional related distress, enhancing adaptive coping and as well as also improving self-care behaviors, low level of shame or self-criticism, and strengthening psychological resilience (Sakamoto et al., 2022; Gunn et al., 2022; Tanenbaum et al., 2017). By fostering a relationship with one's suffering that is grounded in 'kindness and acceptance' rather than blame (Beverly et al., 2012) as well as helplessness, these constructs may interrupt the pathway that leads to negative emotions such as

hopelessness, social isolation (Barnard-Kelly et al., 2019), and suicidality (Jerawatana et al., 2025).

That positive coping strategies can help adolescents with type I diabetes manage negative emotions and reduce suicide related risk and suicidal thoughts also, which are more likely when diabetes-related distress is high (Matlock et al., 2017; Renaud-Charest et al., 2024). Although research explicitly linking 'self-compassion and self-acceptance' to suicidality in diabetes is still limited, emerging evidence suggests that these constructs may serve as very important targets for intervention.

Conclusions:

Integrating self-compassion and self-acceptance into diabetes management can significantly improve the physical related health and as well as also enhance emotional well-being of patients with diabetes. By cultivating self-kindness and accepting personal imperfections, these psychological resources can reduce suicidal thoughts, lower emotional distress, and help individuals cope more effectively with adverse situations. In addition to supporting mental health, they enable individuals to handle challenges as well build resilience, and also enhance overall quality of life, offering a holistic approach to diabetes care. Prioritizing 'self-compassion and self-acceptance' in clinical practice is therefore essential, as well it addresses the often-overlooked psychological distress of with diabetes illness and also provides a pathway to both emotional and physical health.

Suggestions:

Based on the review findings, it appears beneficial for healthcare professionals to support people living with diabetes by encouraging self-kindness and acceptance of life challenges, without fostering self-criticism, negative self-evaluation, or guilt. Patients may find it helpful to view mistakes in diabetes care as a normal part of learning rather than as personal failures. In addition to medical treatment, integrating emotional support, self-regulation, and attention to mental health into care may contribute to improved overall well-being. By addressing both physiological and psychological needs, individuals with diabetes have the potential to experience healthier, more balanced, and fulfilling lives.

Author Contributions:

V.K.M. contributed to conception of the study, writing, drafted the initial manuscript and wrote the first draft; N.K.M., A.B., and R.P.G. contributed to organization and structuring of the study; V.K.M., and N.K.M. contributed to the comprehensive collection of materials from various sources, literature search, including review papers, articles, screened and selected relevant literature; A.B., and R.P.G. contributed to correction and supervision of the study; R.P.G. approved the language editing,

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