KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 18 July 2026
Revised 23 October 2026
Accepted 30 October 2026
Initial Publication 31 October 2026
Final Publication 01 January 2027

KMAN Counseling & Psychology Nexus

Volume 5, pp 1-19

E-ISSN: 3041-9026

Emotion Regulation Difficulties and Suicidal Ideation Among Emerging Adults: A Mixed-Methods Investigation of Psychological Mechanisms, Interpersonal Vulnerabilities, and Protective Factors

Leili. Rahimi[1*], Zahra. Ahmadi Shuli[2]

[1] M.Sc. in General Psychology, Marv.C., Islamic Azad University, Marvdasht, Iran
[2] M.Sc. in Clinical Psychology, Ta.C., Islamic Azad University, Tabriz, Iran

*** Corresponding author email address**: leilirahimi1997@gmail.com

A r t i c l e I n f o

Article type:
Original Research
Section:
Health Psychology

How to cite this article:
Rahimi, L. & Ahmadi Shuli, Z. (2027). Emotion Regulation Difficulties and Suicidal Ideation Among Emerging Adults: A Mixed-Methods Investigation of Psychological Mechanisms, Interpersonal Vulnerabilities, and Protective Factors. *KMAN Conseling and Psychology Nexus, 5*, 1-19.
http://doi.org/10.61838/kman.psynexus.6557

© 2027 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

A B S T R A C T

This study aimed to investigate the association between emotion regulation difficulties and suicidal ideation among emerging adults by examining psychological distress, perceived burdensomeness, and thwarted belongingness as explanatory mechanisms and perceived social support and psychological resilience as protective factors. An explanatory sequential mixed-methods design was employed. The quantitative phase included 420 emerging adults aged 18–29 years residing in Tehran, Iran, who completed standardized measures of emotion regulation difficulties, suicidal ideation, psychological distress, interpersonal needs, perceived social support, and resilience. Pearson correlations, hierarchical multiple regression, bootstrapped mediation, and moderation analyses were conducted. Subsequently, 24 participants were purposively selected for semi-structured interviews, and the qualitative data were analyzed using reflexive thematic analysis. Quantitative and qualitative findings were integrated at the interpretation stage. Emotion regulation difficulties were strongly associated with suicidal ideation ($r = .61$, $p < .001$) and explained substantial additional variance beyond demographic factors. In the final regression model, emotion regulation difficulties ($\beta = .23$, $p < .001$), psychological distress ($\beta = .17$, $p < .001$), perceived burdensomeness ($\beta = .22$, $p < .001$), and thwarted belongingness ($\beta = .14$, $p = .001$) positively predicted suicidal ideation, whereas perceived social support ($\beta = -.17$, $p < .001$) and resilience ($\beta = -.18$, $p < .001$) negatively predicted it. The model explained 56.7% of the variance. Significant indirect effects were observed through psychological distress, perceived burdensomeness, and thwarted belongingness. Social support and resilience significantly weakened the association between emotion regulation difficulties and suicidal ideation. Qualitative themes converged with these findings by highlighting emotional escalation, interpersonal disconnection, cognitive entrapment, and protective reconnection. Suicidal ideation among emerging adults appears to reflect an interconnected process in which emotion regulation difficulties operate both directly and through psychological and interpersonal vulnerabilities, while social support and resilience provide meaningful protective buffering.

Keywords: *Emotion Regulation Difficulties; Suicidal Ideation; Emerging Adults; Psychological Distress; Perceived Burdensomeness; Thwarted Belongingness; Social Support; Resilience; Mixed Methods*

1. Introduction

Suicidal ideation represents one of the most consequential indicators of psychological vulnerability during the transition from adolescence to adulthood, a developmental period marked by increasing autonomy, identity exploration, instability in relationships and work, and heightened exposure to academic, occupational, and interpersonal stressors. Emerging adulthood, generally spanning the late teens through the twenties, is characterized by substantial developmental reorganization in social roles, self-concept, emotional functioning, and interpersonal expectations, all of which may increase vulnerability to psychological distress when adaptive coping resources are insufficient. Longitudinal evidence indicates that suicidality may emerge, remit, recur, or persist across adolescence and into the late twenties, underscoring the importance of examining not only static risk factors but also the processes through which suicidal thinking develops and changes over time (Gijzen et al., 2026). Life-course research similarly suggests that deteriorating physical and psychological health may become increasingly salient determinants of suicidal thoughts during early adulthood, particularly as young people encounter growing social and functional demands (Graham & Fenelon, 2023). Studies of first-year university students further demonstrate that suicidal ideation is not restricted to psychiatric populations but is also observed in community and educational settings where multiple personality, environmental, and psychosocial vulnerabilities converge (Wu et al., 2022). These findings support the need for models of suicidality in emerging adults that move beyond single-factor explanations and consider emotional, interpersonal, developmental, and protective mechanisms simultaneously.

One of the most theoretically important processes in this regard is emotion regulation. Emotion regulation refers to the processes through which individuals identify, understand, tolerate, modify, and respond to emotional experiences in ways that are consistent with situational demands and personal goals. Difficulties in emotion regulation may involve poor emotional awareness, lack of clarity regarding internal states, nonacceptance of distress, impaired impulse control, difficulty maintaining goal-directed behavior under emotional strain, and limited access to effective strategies for managing intense affect. These difficulties may increase the likelihood that negative emotions become prolonged, overwhelming, or behaviorally destabilizing. Evidence increasingly links emotional dysregulation with suicidal thoughts and behaviors, with recent work emphasizing that impaired regulation of affect may constitute a central mechanism connecting distress to suicidality (Xu & Xu, 2026). In individuals with histories of childhood maltreatment, emotion regulation has also been identified as a meaningful pathway linking depressive symptoms with suicide risk, suggesting that dysregulation may help explain why some individuals exposed to early adversity develop more severe suicidal outcomes than others (Kaçar-Başaran & Keklik, 2026). Likewise, among adults with attention-deficit/hyperactivity disorder, childhood trauma and emotional dysregulation have been identified as important correlates of suicidal ideation, reinforcing the relevance of impaired emotional control across different clinical and developmental contexts (Ekici et al., 2025). More broadly, emotion regulation has been shown to mediate important therapeutic and psychological processes among emerging adults, indicating that it is not merely a symptom correlate but a potentially modifiable mechanism with substantial clinical relevance (Shepard et al., 2022).

The importance of emotion regulation is further supported by research on developmental and neurobehavioral vulnerability. Contemporary developmental perspectives emphasize that suicidal thoughts and behaviors may arise from interactions among emotional reactivity, cognitive control, social experiences, and neurobiological maturation (Lewis et al., 2025). Emerging adults who have experienced childhood maltreatment may display heightened emotional reactivity and altered responses to interpersonal stress, which can increase susceptibility to dysregulated affect under challenging conditions (Ryder et al., 2025). Childhood maltreatment has also been repeatedly associated with suicidal thoughts and behaviors in young adults, suggesting that adverse early experiences may exert enduring effects on emotional and interpersonal functioning (Wong et al., 2024). Biological pathways may contribute to this association as well; research examining inflammation in relation to childhood maltreatment and suicidal ideation suggests that psychological adversity may become embedded through interconnected psychological and physiological processes (Walker et al., 2022). In parallel, research on positive childhood experiences demonstrates that developmental outcomes are not determined solely by adversity. Positive relational and environmental experiences may alter posttraumatic symptom trajectories and reduce later suicidal ideation among emerging adults (Liu et al., 2025). Taken together, these findings indicate that emotional

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

dysregulation should be understood within a broader developmental system in which past adversity, current emotional reactivity, and protective experiences jointly influence vulnerability to suicidal thinking.

Emotion regulation difficulties are also likely to increase suicide risk indirectly through the accumulation of psychological distress. Individuals who are unable to modulate intense negative affect may experience prolonged depressive symptoms, anxiety, hopelessness, shame, rumination, and cognitive constriction. These internal states can gradually reduce perceived coping options and increase the attractiveness of escape-oriented thinking. Evidence from studies of major depressive disorder demonstrates substantial clinical heterogeneity in the effects of trauma, dissociation, and sleep disturbance, suggesting that suicidal vulnerability often arises from constellations of symptoms rather than from depression alone (Namlı et al., 2026). Research on adolescent and young adult populations also shows that suicidal ideation may follow heterogeneous trajectories alongside depressive symptoms, with some individuals demonstrating persistent or worsening patterns despite intervention (Gaete et al., 2026). Hopelessness, in particular, has long been associated with depressogenic outcomes and may be especially consequential when individuals perceive adverse circumstances as uncontrollable or unchangeable (Stutts & Cohen, 2022). In other populations, the longitudinal co-occurrence of suicidal ideation, self-harm, and psychiatric symptoms further demonstrates that suicidal thinking frequently develops within a broader network of emotional and behavioral difficulties rather than as an isolated phenomenon (Foye et al., 2025). These observations make psychological distress a plausible intermediary process through which emotion regulation difficulties may become translated into suicidal cognition.

Interpersonal vulnerabilities constitute another central pathway. Contemporary theories of suicide emphasize that perceptions of social disconnection, rejection, and burdensomeness may transform emotional pain into suicidal thinking. Emerging adulthood may be particularly sensitive to such processes because intimate relationships, peer belonging, independence from family, and social identity assume increasing developmental importance. Evidence from university populations has demonstrated that attachment-related insecurity can contribute to suicidal ideation through complex associations with personality and emotional functioning (Granieri et al., 2022). Research also shows that relationship disruption may be a particularly potent precipitant of suicidality, especially among men, for whom relationship breakdown can be associated with substantial psychological and social destabilization (Wilson et al., 2025). In culturally diverse samples, differences in emotional expressivity have likewise been linked to suicidal ideation, with explanatory factors varying across social and cultural groups (Polanco-Roman et al., 2024). These findings highlight that suicidal ideation is not merely an intrapsychic response to distress but may be strongly shaped by whether individuals feel emotionally connected, accepted, valued, and able to communicate their suffering within close relationships.

Perceived burdensomeness and thwarted belongingness are especially relevant in this context. Individuals who struggle to regulate emotions may withdraw from others, experience repeated interpersonal conflict, or interpret their own distress as excessive or harmful to those around them. Over time, this can foster a belief that one is a burden and that meaningful social connection is unavailable. Such perceptions may intensify suicidal thinking by weakening reasons for continued engagement with others and increasing feelings of alienation. Research on attachment, leisure involvement, and suicidal ideation in emerging adulthood suggests that relational security and meaningful engagement with life can substantially shape vulnerability to suicidal thoughts (Morales-Sanhueza et al., 2026). Parent–youth connectedness has also been shown to buffer the association between emotional variability and suicidal ideation in late adolescence, demonstrating that supportive relational bonds can reduce the impact of emotional instability on suicide-related cognition (Chiang et al., 2024). Conversely, intimate partner violence in emerging adulthood has been associated with suicidal ideation, suicidal behavior, nonsuicidal self-injury, and impaired psychological well-being, illustrating how interpersonal threat can amplify suicide-related outcomes (McCollum et al., 2024). These findings collectively indicate that interpersonal context is likely to influence whether emotion dysregulation becomes translated into suicidal ideation.

A related construct is loneliness, which may intensify the effects of both emotional distress and interpersonal vulnerability. Loneliness can function as both a consequence of social disconnection and an amplifier of negative self-appraisal, rumination, and hopelessness. Research among university students has shown that loneliness and depression can mediate associations between self-related vulnerabilities and suicidal ideation, while self-compassion may operate as a moderating resource (Tran et al., 2026). Digital

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

environments may also contribute to these processes. Cyber aggression has been associated with suicidal ideation in emerging adults, with depressive symptoms and nonsuicidal self-injury serving as important explanatory mechanisms (Liu et al., 2024). Online gaming behavior has similarly been linked to suicidal ideation among college students, highlighting the need to consider contemporary behavioral contexts in which avoidance, social disconnection, or psychological distress may be expressed (Lu et al., 2026). Although digital engagement can provide opportunities for connection, maladaptive or distress-linked patterns may also reinforce withdrawal from supportive offline relationships and increase exposure to interpersonal stressors.

The association between emotion dysregulation and suicidality is also evident in populations with specific neurodevelopmental and psychiatric vulnerabilities. Research involving autistic individuals without intellectual disability has demonstrated that cognitive emotion regulation, peer victimization, and stress reactivity can jointly form multidimensional pathways to suicidality and self-harm (Carbone et al., 2026). Reviews of neurodevelopmental disorders similarly indicate elevated suicide-related vulnerability across diagnostic groups, often in the presence of comorbid mood symptoms, social difficulties, impulsivity, and chronic stress (Gagliano et al., 2024). Personality-related features also appear relevant; among adolescents with depressive disorders, particular personality disorder symptoms have been associated with suicidal ideation and behavior, underscoring the importance of affective instability, interpersonal dysfunction, and maladaptive self-concept (Gifuni et al., 2023). These findings reinforce a transdiagnostic view in which emotional dysregulation, social stress, and maladaptive cognitive-affective processes may jointly contribute to suicidality across otherwise heterogeneous groups.

Protective factors are equally important because not all individuals exposed to emotional dysregulation, adversity, or interpersonal stress develop suicidal ideation. Psychological resilience may reduce risk by supporting flexible coping, persistence, recovery from stress, and the capacity to maintain future-oriented goals despite adversity. Recent evidence indicates that resilience can partially mediate the association between negative life events and suicidal ideation, suggesting that adaptive psychological resources may interrupt the pathway from stress exposure to suicidal thinking (Wu et al., 2026). Meaning in life may represent another important protective resource. Individuals who perceive their lives as coherent, purposeful, and valuable may be better able to tolerate distress and use adaptive coping strategies when confronted with trauma-related or interpersonal challenges (Rahnemo et al., 2026). Similarly, self-compassion may reduce the impact of loneliness and depression by decreasing harsh self-judgment and increasing emotional acceptance (Tran et al., 2026). These protective processes are particularly relevant for emotion regulation because resilience, meaning, and self-compassion may increase the availability of adaptive responses precisely when emotional intensity is high.

Behavioral protective factors may also play a role. Physical activity has been associated with lower suicidal ideation in college students when examined in daily life through ecological momentary assessment, suggesting that everyday behavioral routines may influence emotional states and suicide-related cognition in real time (Ma et al., 2026). Physical exercise has also been shown to moderate pathways linking childhood emotional abuse, alexithymia, and suicidal ideation among college students (Hu & Huang, 2025). These findings suggest that protective processes are not limited to stable personality characteristics but may also include modifiable lifestyle behaviors. Similarly, positive social engagement and supportive relationships may help individuals regulate distress through co-regulation, emotional validation, and access to practical assistance. The buffering role of connectedness is consistent with findings showing that social and relational resources can weaken the association between emotional instability and suicidal ideation (Chiang et al., 2024). Accordingly, examining perceived social support alongside psychological resilience may provide a more complete account of why some emerging adults with significant emotion regulation difficulties report comparatively low levels of suicidal ideation.

The broader literature also suggests that suicide risk is best conceptualized as the product of interacting vulnerabilities rather than isolated predictors. Adverse childhood experiences, for example, may combine with suicidal thoughts and behaviors to influence later substance-use patterns, reflecting the broader behavioral consequences of unresolved developmental adversity (Kelly et al., 2023). Repeated exposure to trauma may contribute to complex posttraumatic symptoms that vary over time and may be offset, in part, by positive childhood experiences (Liu et al., 2025). At the same time, emotional dysregulation may amplify the effects of trauma by increasing the intensity and persistence of negative affect, while interpersonal stress may reduce access to corrective support. Such interactions

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

suggest that a person with high emotion regulation difficulty may be at greatest risk when psychological distress, burdensomeness, and social disconnection are simultaneously elevated and protective resources are weak. This perspective is consistent with work demonstrating that diverse pathways can lead to suicidal ideation across developmental stages (Geoffroy et al., 2025). It also accords with evidence that different individuals may follow distinct trajectories of suicidality over time, emphasizing heterogeneity in both risk and recovery (Gijzen et al., 2026).

Despite considerable progress, several limitations remain in the existing literature. First, many studies examine emotion regulation, interpersonal adversity, or protective factors separately, making it difficult to determine how these domains operate together within a unified explanatory model. Second, a substantial proportion of the literature relies exclusively on quantitative designs, which are well suited to estimating associations but less able to clarify how suicidal thoughts are experienced, interpreted, and negotiated in daily life. Third, much of the available research has focused on adolescents, clinical samples, or specific diagnostic groups, whereas emerging adults in community settings remain comparatively underexamined despite their exposure to rapid developmental transitions and changing social demands. Fourth, relatively few studies simultaneously evaluate psychological distress and interpersonal vulnerabilities as explanatory mechanisms while also testing whether resilience and social support attenuate these pathways. Finally, cultural context may shape emotion expression, help-seeking, family expectations, perceived burdensomeness, and the meaning of social connectedness, indicating the importance of examining these processes in settings beyond those that dominate the current literature (Polanco-Roman et al., 2024). Research conducted in different cultural settings further suggests that the salience of suicide-related risk and protective factors may vary according to social expectations, family relationships, and patterns of interpersonal communication (Wu et al., 2022).

A mixed-methods approach is therefore particularly appropriate for advancing knowledge in this area. Quantitative analysis can determine the magnitude of associations among emotion regulation difficulties, suicidal ideation, psychological distress, perceived burdensomeness, thwarted belongingness, social support, and resilience, while qualitative inquiry can illuminate how these mechanisms unfold subjectively and temporally. Such an approach is especially valuable because statistical mediation does not by itself reveal how individuals experience the transition from emotional pain to suicidal cognition, and statistical moderation cannot fully explain how protective factors operate in specific relational or psychological contexts. Qualitative accounts can clarify whether suicidal ideation is experienced as an escape from intolerable affect, a response to perceived interpersonal failure, a consequence of emotional isolation, or some combination of these processes. They can also identify protective experiences that are difficult to capture with standardized measures, including moments of reconnection, shifts in perspective, disclosure to trusted others, future-oriented meaning, and context-specific coping strategies. The integration of quantitative and qualitative evidence can therefore provide a more clinically and developmentally informative account of suicidal ideation than either approach alone.

The present study consequently focuses on emotion regulation difficulties as a central transdiagnostic vulnerability while recognizing that their association with suicidal ideation is likely to be shaped by multiple psychological and interpersonal processes. Based on the literature, psychological distress is expected to represent an important internal mechanism connecting dysregulated affect with suicidal cognition, while perceived burdensomeness and thwarted belongingness are expected to capture interpersonal pathways through which emotional difficulty may become socially embedded. At the same time, perceived social support and psychological resilience are conceptualized as protective factors capable of weakening the association between emotion regulation difficulties and suicidal ideation. This framework is consistent with evidence that suicidality emerges from interactions among developmental adversity, emotional dysregulation, cognitive-affective distress, interpersonal disconnection, and adaptive resources rather than from a single proximal cause (Geoffroy et al., 2025; Lewis et al., 2025; Xu & Xu, 2026). By examining these processes together and supplementing quantitative associations with qualitative accounts of lived experience, the study seeks to generate a more integrated understanding of why emotional dysregulation leads to suicidal thinking in some emerging adults but not others.

Accordingly, the aim of the present study was to investigate the association between emotion regulation difficulties and suicidal ideation among emerging adults in Tehran using a mixed-methods framework that examined psychological distress, perceived burdensomeness, and thwarted belongingness as explanatory mechanisms and

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

perceived social support and psychological resilience as protective factors.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed an explanatory sequential mixed-methods design to investigate the association between emotion regulation difficulties and suicidal ideation among emerging adults and to clarify the psychological mechanisms, interpersonal vulnerabilities, and protective factors underlying this relationship. In the quantitative phase, a cross-sectional correlational design was used to examine the direct and indirect relationships among emotion regulation difficulties, suicidal ideation, psychological distress, perceived burdensomeness, thwarted belongingness, perceived social support, and resilience. The qualitative phase was subsequently conducted to provide a more contextualized understanding of the experiences through which difficulties in emotion regulation were perceived to contribute to suicidal thoughts and to identify interpersonal and psychological processes that could either intensify or attenuate these experiences. The statistical population consisted of emerging adults residing in Tehran, Iran. Emerging adulthood was operationally defined as the developmental period from 18 to 29 years of age. A total of 420 participants were recruited for the quantitative phase through a multistage community-based sampling procedure. Recruitment was conducted through universities, educational institutions, cultural centers, community settings, and online social networks serving young adults in different districts of Tehran in order to obtain a heterogeneous sample with respect to educational status, employment, and socioeconomic background. Eligibility criteria included being between 18 and 29 years of age, residing in Tehran for at least the previous year, having sufficient Persian-language proficiency to understand and complete the questionnaires, and providing informed consent to participate. Individuals were excluded when they submitted substantially incomplete questionnaires, demonstrated response patterns indicating invalid or indiscriminate responding, or reported a condition that prevented them from independently understanding the study materials. Participation was voluntary, and respondents were informed that they could discontinue participation at any stage without consequence. Particular attention was given to ethical safeguards because the study included questions concerning suicidal ideation. Participants were informed before participation that some questions addressed emotionally sensitive experiences, and information concerning accessible psychological and crisis-support services was made available to participants when appropriate. Following completion of the quantitative phase, 24 participants were selected purposively for the qualitative phase using maximum-variation principles. Selection was informed by quantitative patterns, particularly variation in the severity of emotion regulation difficulties and suicidal ideation as well as differences in interpersonal vulnerability and protective-factor scores. The qualitative sample therefore included participants representing different combinations of elevated and relatively low suicidal ideation, emotion dysregulation, perceived social support, and resilience. Individual semi-structured interviews were conducted until conceptual saturation was reached, meaning that additional interviews no longer yielded substantively new categories relevant to the study objectives. Written informed consent was obtained separately for participation in the interview phase, and confidentiality, anonymity, voluntary participation, and the right to withdraw were emphasized throughout the research process.

2.2. Data Collection Tools

Data were collected using a demographic information form, standardized self-report psychological measures, and a semi-structured qualitative interview guide. The demographic form gathered information regarding age, gender, educational status, employment status, marital or relationship status, and other basic sociodemographic characteristics relevant to the interpretation of the findings. Difficulties in emotion regulation were assessed using the Difficulties in Emotion Regulation Scale (DERS), which evaluates multiple dimensions of maladaptive emotional functioning, including nonacceptance of emotional responses, difficulties engaging in goal-directed behavior during emotional distress, impulse-control difficulties, limited access to effective emotion-regulation strategies, lack of emotional awareness, and lack of emotional clarity. Higher scores indicate greater overall difficulty regulating emotional experiences and behavioral responses to emotional distress. Suicidal ideation was assessed using the Beck Scale for Suicide Ideation (BSS), a widely used self-report measure designed to evaluate the presence and severity of thoughts, attitudes, intentions, and plans related to suicide. Higher scores represent greater severity of suicidal ideation. Interpersonal vulnerabilities were assessed

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

using the Interpersonal Needs Questionnaire (INQ), with particular emphasis on perceived burdensomeness and thwarted belongingness. Perceived burdensomeness reflects the extent to which individuals believe that they impose a burden on significant others or that others would be better off without them, whereas thwarted belongingness reflects experiences of social disconnection, loneliness, insufficient reciprocal care, and an unmet need to belong. These interpersonal constructs were examined as potential pathways through which emotional dysregulation might become associated with suicidal thinking. Psychological distress was assessed to capture the emotional symptoms potentially linking ineffective regulation of negative affect with suicidal cognition, particularly experiences involving depression, anxiety, and persistent emotional strain. Protective resources were assessed through measures of perceived social support and psychological resilience. Perceived social support was evaluated using the Multidimensional Scale of Perceived Social Support (MSPSS), which assesses the degree to which individuals perceive adequate emotional and practical support from family members, friends, and significant others. Psychological resilience was measured using the Connor-Davidson Resilience Scale (CD-RISC), which evaluates the capacity to adapt to adversity, persist under stressful conditions, recover following emotional difficulties, and mobilize internal coping resources. Higher scores on the measures of social support and resilience represented stronger protective resources. All instruments were administered in their validated Persian versions where available, and established scoring procedures were followed for the calculation of total and subscale scores. Internal consistency coefficients were calculated for all multi-item measures in the present sample to evaluate the reliability of scores before inferential analyses were conducted. The qualitative component used a semi-structured interview guide developed around the principal constructs examined quantitatively while allowing participants to describe experiences in their own terms. Interviews explored experiences of intense and difficult-to-manage emotions, strategies used to regulate distress, circumstances associated with the emergence or escalation of suicidal thoughts, perceptions of rejection and disconnection, feelings of being a burden to others, experiences of loneliness, interpersonal conflict, help-seeking, coping processes, sources of social support, personal strengths, reasons for living, resilience, and factors perceived to prevent the transition from suicidal thoughts to more severe suicidal behavior. Open-ended questions were followed by neutral probes to clarify meanings, elicit examples, and explore the temporal and interpersonal contexts surrounding participants' experiences. Interviews were conducted individually in a private setting or through a secure online format when necessary, were audio-recorded with explicit permission, and were transcribed verbatim for qualitative analysis. Identifying information was removed from transcripts, and participant codes were used throughout data management and analysis to preserve confidentiality.

2.3. Data Analysis

Quantitative and qualitative data were analyzed separately during the initial stages and subsequently integrated to generate mixed-methods interpretations. Quantitative analyses were performed using SPSS and structural equation modeling procedures appropriate to the hypothesized relationships among the study variables. Data were first screened for completeness, outliers, response irregularities, and potential data-entry errors. Descriptive statistics, including frequency, percentage, mean, standard deviation, minimum, maximum, skewness, and kurtosis, were calculated as appropriate to characterize the sample and evaluate the distributions of the principal variables. Internal consistency was assessed using Cronbach's alpha coefficients. Assumptions relevant to the multivariate analyses, including normality, linearity, homoscedasticity, independence of residuals, and absence of problematic multicollinearity, were evaluated before hypothesis testing. Pearson correlation coefficients were calculated to determine the magnitude and direction of bivariate associations between emotion regulation difficulties, suicidal ideation, psychological distress, perceived burdensomeness, thwarted belongingness, perceived social support, and resilience. Hierarchical multiple regression analysis was used to examine the contribution of emotion regulation difficulties to suicidal ideation after accounting for relevant demographic characteristics and associated psychological variables. Mediation analyses were subsequently conducted to determine whether psychological distress and interpersonal vulnerabilities, particularly perceived burdensomeness and thwarted belongingness, statistically accounted for part of the relationship between emotion regulation difficulties and suicidal ideation. The protective roles of perceived social support and psychological resilience were examined through moderation analyses assessing whether the strength of the association

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

between emotion regulation difficulties and suicidal ideation differed according to participants' levels of protective resources. Indirect and conditional effects were evaluated using bias-corrected bootstrapped confidence intervals based on repeated resampling, with effects considered statistically supported when the corresponding confidence interval did not contain zero. Statistical significance was established at $p < .05$, while effect sizes and confidence intervals were considered alongside significance tests to facilitate interpretation of the practical magnitude of observed relationships. For the qualitative phase, interview transcripts were analyzed using reflexive thematic analysis. Analysis involved repeated reading of transcripts to establish familiarity with the data, systematic generation of initial codes, comparison and clustering of conceptually related codes, development of preliminary themes, iterative review of themes against both coded extracts and complete transcripts, refinement and definition of thematic boundaries, and development of an integrated interpretive account. Coding combined deductive attention to constructs identified in the quantitative phase with inductive analysis of meanings and processes emerging directly from participants' narratives. Particular attention was given to descriptions of emotional escalation, ineffective regulation strategies, rumination and cognitive entrapment, perceived interpersonal rejection, burdensomeness, loneliness, concealment of distress, barriers to seeking support, adaptive coping, meaningful relationships, resilience, hope, and other factors that participants perceived as increasing or decreasing suicidal ideation. To enhance analytic rigor, the research team maintained an audit trail documenting coding decisions, theme revisions, and interpretive discussions, and discrepant or negative cases were actively examined rather than excluded from the developing thematic framework. Integration occurred after completion of the quantitative and qualitative analyses. Quantitative findings were compared with qualitative themes to identify convergence, complementarity, expansion, and divergence across the two forms of evidence. Qualitative findings were used particularly to explain how statistically identified psychological mechanisms and interpersonal vulnerabilities operated in participants' lived experiences and why similar levels of emotion regulation difficulty could be associated with different levels of suicidal ideation depending on available interpersonal and intrapersonal protective resources. The final mixed-methods interpretation therefore emphasized not only whether emotion regulation difficulties were associated with suicidal ideation but also the psychological and relational processes through which this association appeared to develop and the protective conditions that could weaken its intensity.

3. Findings and Results

A total of 420 emerging adults residing in Tehran participated in the quantitative phase of the study. Participants ranged in age from 18 to 29 years, with a mean age of 23.46 years (SD = 3.12). Of the total sample, 226 participants (53.8%) were women and 194 (46.2%) were men. Regarding educational status, 68 participants (16.2%) had completed secondary education or held a high-school diploma, 247 (58.8%) were undergraduate students or held a bachelor's degree, and 105 (25.0%) were enrolled in or had completed postgraduate education. In terms of employment status, 151 participants (36.0%) were employed either full-time or part-time, 188 (44.8%) identified primarily as students, 49 (11.7%) were simultaneously employed and studying, and 32 (7.6%) were neither employed nor enrolled in formal education at the time of participation. A total of 289 participants (68.8%) reported being single and not currently in a committed relationship, 89 (21.2%) reported being in a committed romantic relationship, and 42 (10.0%) were married. Examination of questionnaire completeness and response patterns indicated that the retained 420 cases met the predefined criteria for inclusion in the statistical analyses. For the qualitative phase, 24 participants were purposively selected from the quantitative sample to represent variation in levels of emotion regulation difficulties, suicidal ideation, perceived burdensomeness, thwarted belongingness, social support, and resilience. The qualitative subsample consisted of 13 women and 11 men between 19 and 29 years of age. Selection continued until the interviews yielded sufficient conceptual depth and additional interviews no longer generated substantively distinct categories concerning emotional dysregulation, interpersonal vulnerability, suicidal thinking, and protective processes.

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

Table 1

Descriptive Statistics, Internal Consistency, and Correlations Among the Main Study Variables (N = 420)

Variable	M	SD	Cronbach's α	1	2	3	4	5	6	7
1. Emotion regulation difficulties	91.84	21.37	.93	—						
2. Suicidal ideation	7.62	6.41	.91	.61***	—					
3. Psychological distress	24.73	10.16	.92	.66***	.58***	—				
4. Perceived burdensomeness	17.48	7.09	.89	.52***	.59***	.55***	—			
5. Thwarted belongingness	28.36	9.74	.90	.48***	.54***	.51***	.57***	—		
6. Perceived social support	49.71	13.28	.92	-.43***	-.46***	-.41***	-.44***	-.55***	—	
7. Psychological resilience	61.92	16.85	.91	-.51***	-.49***	-.55***	-.42***	-.39***	.52***	—

As presented in Table 1, all study variables demonstrated satisfactory to excellent internal consistency, with Cronbach's alpha coefficients ranging from .89 to .93. Emotion regulation difficulties showed a strong positive correlation with suicidal ideation, r = .61, p < .001, indicating that participants who experienced greater difficulty understanding, accepting, and regulating their emotional responses tended to report substantially higher levels of suicidal thinking. Emotion regulation difficulties were also strongly associated with psychological distress, r = .66, p < .001, and moderately to strongly associated with perceived burdensomeness, r = .52, p < .001, and thwarted belongingness, r = .48, p < .001. These correlations were consistent with the proposed conceptualization that difficulties regulating emotional experiences may coexist with heightened psychological distress and interpersonal experiences characterized by social disconnection and negative perceptions of one's value to others. Suicidal ideation demonstrated significant positive correlations with psychological distress, r = .58, p < .001, perceived burdensomeness, r = .59, p < .001, and thwarted belongingness, r = .54, p < .001. In contrast, perceived social support was negatively associated with suicidal ideation, r = -.46, p < .001, and psychological resilience was similarly negatively associated with suicidal ideation, r = -.49, p < .001. The protective variables were also negatively related to emotion regulation difficulties, psychological distress, and interpersonal vulnerability. Perceived social support and psychological resilience were positively correlated with one another, r = .52, p < .001, suggesting that participants who perceived greater availability of supportive interpersonal resources also tended to report a stronger capacity to recover and adapt when confronted with psychological adversity. Although several correlations were moderate to strong, none approached a magnitude indicative of problematic multicollinearity, supporting the inclusion of these variables in subsequent multivariable analyses.

Table 2

Hierarchical Multiple Regression Predicting Suicidal Ideation Among Emerging Adults (N = 420)

Predictor	B	SE B	β	t	p
Step 1: Demographic variables					
Age	-0.07	0.10	-.03	-0.70	.486
Gender	0.63	0.58	.05	1.09	.278
Employment status	-0.29	0.31	-.04	-0.94	.348
Relationship status	-0.51	0.37	-.06	-1.38	.169
Step 2: Primary psychological predictor					
Emotion regulation difficulties	0.18	0.02	.60	15.26	<.001
Step 3: Psychological and interpersonal mechanisms					
Emotion regulation difficulties	0.08	0.02	.28	6.14	<.001
Psychological distress	0.13	0.03	.21	4.66	<.001
Perceived burdensomeness	0.23	0.04	.25	5.84	<.001
Thwarted belongingness	0.12	0.03	.18	4.28	<.001
Step 4: Protective factors					
Emotion regulation difficulties	0.07	0.02	.23	5.24	<.001
Psychological distress	0.11	0.03	.17	3.92	<.001
Perceived burdensomeness	0.20	0.04	.22	5.18	<.001
Thwarted belongingness	0.09	0.03	.14	3.29	.001
Perceived social support	-0.08	0.02	-.17	-4.06	<.001
Psychological resilience	-0.07	0.02	-.18	-4.27	<.001

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

Model	R^2	Adjusted R^2	ΔR^2	F Change	p
Step 1	.021	.012	.021	2.23	.065
Step 2	.380	.373	.359	239.37	<.001
Step 3	.523	.514	.143	41.24	<.001
Step 4	.567	.556	.044	20.88	<.001

The hierarchical regression analysis demonstrated that demographic characteristics alone accounted for only 2.1% of the variance in suicidal ideation and did not collectively produce a statistically significant first-step model, $R^2 = .021$, F change = 2.23, p = .065. After emotion regulation difficulties were introduced in Step 2, the explained variance increased substantially to 38.0%, representing an additional 35.9% of explained variance, $\Delta R^2 = .359$, $p < .001$. Emotion regulation difficulties emerged as a strong positive predictor of suicidal ideation at this stage, $\beta = .60$, $t = 15.26$, $p < .001$. The introduction of psychological distress, perceived burdensomeness, and thwarted belongingness in Step 3 increased the proportion of explained variance to 52.3%, $\Delta R^2 = .143$, $p < .001$. Importantly, the standardized regression coefficient for emotion regulation difficulties decreased from $\beta = .60$ to $\beta = .28$ after these variables were entered, although it remained statistically significant, indicating that psychological distress and interpersonal vulnerabilities accounted for a substantial portion, but not all, of the relationship between emotion dysregulation and suicidal ideation. Within this model, perceived burdensomeness was the strongest of the proposed interpersonal predictors, $\beta = .25$, $p < .001$, followed by psychological distress, $\beta = .21$, $p < .001$, and thwarted belongingness, $\beta = .18$, $p < .001$. The addition of perceived social support and psychological resilience in Step 4 further increased the explained variance to 56.7%, $\Delta R^2 = .044$, $p < .001$. Both protective factors independently predicted lower suicidal ideation after controlling for emotion regulation difficulties, psychological distress, and interpersonal vulnerability. Psychological resilience was negatively associated with suicidal ideation, $\beta = -.18$, $p < .001$, as was perceived social support, $\beta = -.17$, $p < .001$. In the final model, emotion regulation difficulties remained a statistically significant predictor, $\beta = .23$, $p < .001$, indicating an independent association with suicidal ideation even after the proposed mediating and protective variables were taken into account. Collectively, the final model explained more than half of the variance in suicidal ideation, supporting a multifactorial interpretation in which emotional dysregulation contributes directly to suicidal thinking while also operating in conjunction with psychological distress, perceptions of burdensomeness, social disconnection, and diminished protective resources.

Table 3

Bootstrapped Mediation Effects of Psychological Distress and Interpersonal Vulnerabilities in the Association Between Emotion Regulation Difficulties and Suicidal Ideation (N = 420)

Effect	Estimate	Boot SE	95% Boot LLCI	95% Boot ULCI
Total effect of emotion regulation difficulties on suicidal ideation	0.183	0.012	0.159	0.206
Direct effect after inclusion of mediators	0.082	0.014	0.055	0.110
Total indirect effect	0.101	0.011	0.081	0.124
Indirect effect through psychological distress	0.039	0.008	0.025	0.056
Indirect effect through perceived burdensomeness	0.037	0.007	0.024	0.052
Indirect effect through thwarted belongingness	0.025	0.006	0.014	0.039

The mediation analysis provided further evidence that the relationship between emotion regulation difficulties and suicidal ideation was partly explained by psychological and interpersonal mechanisms. The total effect of emotion regulation difficulties on suicidal ideation was positive and statistically significant, B = 0.183, 95% bootstrapped CI [0.159, 0.206]. Following simultaneous inclusion of psychological distress, perceived burdensomeness, and thwarted belongingness as mediators, the direct effect remained significant but was reduced to B = 0.082, 95% CI [0.055, 0.110]. The total indirect effect was B = 0.101, with a 95% bootstrapped confidence interval of [0.081, 0.124], which excluded zero and therefore supported significant partial mediation. Psychological distress carried a significant indirect effect of B = 0.039, 95% CI [0.025, 0.056], indicating that individuals with greater emotion regulation difficulties tended to experience higher psychological distress, which was in turn associated with greater suicidal

KMAN-CPN KMAN-Counseling & Psychology Nexus E-ISSN: 3041-9026

ideation. Perceived burdensomeness also represented a significant pathway, B = 0.037, 95% CI [0.024, 0.052], suggesting that emotional dysregulation may contribute to suicidal ideation partly through the development or intensification of beliefs that one's existence, needs, or emotional difficulties impose an excessive burden on other people. Thwarted belongingness accounted for an additional significant indirect effect, B = 0.025, 95% CI [0.014, 0.039], indicating that difficulties regulating emotions were also linked to suicidal ideation through experiences of loneliness, relational disconnection, and unmet belonging needs. The persistence of a significant direct effect after inclusion of all three mediators indicates that these mechanisms did not completely account for the association. Rather, the findings support a partial mediation model in which emotion regulation difficulties may contribute to suicidal ideation through multiple simultaneous pathways, including heightened internal distress and deteriorated perceptions of one's interpersonal connectedness and value within close relationships.

Table 4

Moderating Effects of Perceived Social Support and Psychological Resilience on the Association Between Emotion Regulation Difficulties and Suicidal Ideation (N = 420)

Predictor	B	SE	β	t	p	95% CI
Emotion regulation difficulties	0.098	0.013	.33	7.54	<.001	[0.073, 0.124]
Perceived social support	-0.081	0.020	-.17	-4.05	<.001	[-0.120, -0.042]
Psychological resilience	-0.069	0.018	-.18	-3.83	<.001	[-0.105, -0.034]
Emotion regulation difficulties × social support	-0.0031	0.0010	-.12	-3.10	.002	[-0.0051, -0.0011]
Emotion regulation difficulties × resilience	-0.0028	0.0009	-.13	-3.18	.002	[-0.0045, -0.0011]

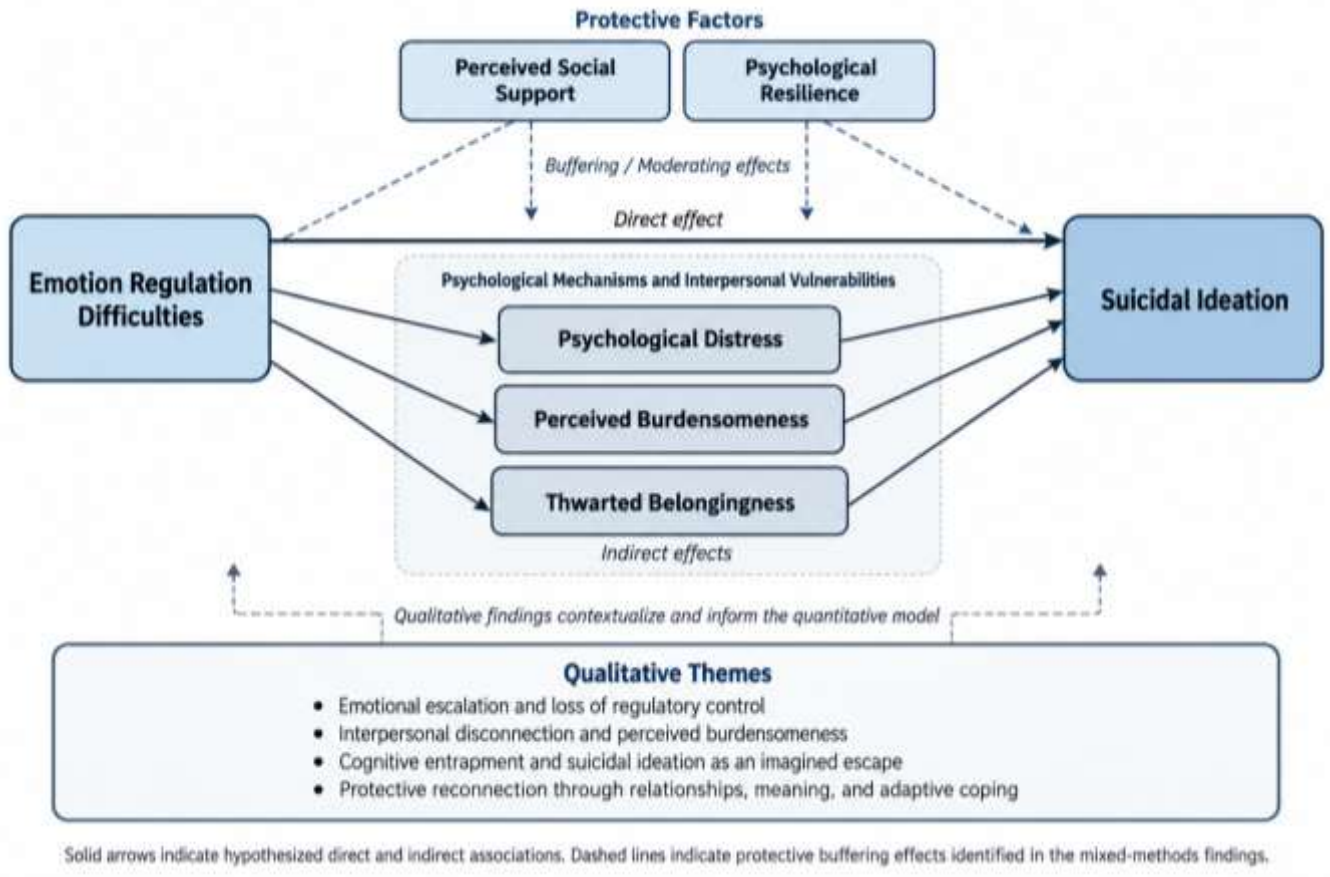
Conditional association of emotion regulation difficulties with suicidal ideation	B	SE	t	p	95% CI
Low social support (-1 SD)	0.143	0.018	7.94	<.001	[0.108, 0.179]
Mean social support	0.101	0.014	7.21	<.001	[0.074, 0.129]
High social support (+1 SD)	0.060	0.018	3.33	.001	[0.025, 0.096]
Low resilience (-1 SD)	0.145	0.018	8.06	<.001	[0.110, 0.181]
Mean resilience	0.098	0.013	7.54	<.001	[0.073, 0.124]
High resilience (+1 SD)	0.051	0.018	2.83	.005	[0.016, 0.087]

The moderation analyses indicated that the strength of the association between emotion regulation difficulties and suicidal ideation varied systematically according to participants' protective resources. The interaction between emotion regulation difficulties and perceived social support was statistically significant, B = -0.0031, SE = 0.0010, β = -.12, t = -3.10, p = .002, demonstrating that social support attenuated the positive relationship between emotion dysregulation and suicidal thinking. Examination of the conditional effects showed that among participants with low perceived social support, defined as one standard deviation below the sample mean, emotion regulation difficulties were strongly associated with suicidal ideation, B = 0.143, p < .001. At the mean level of social support, the association remained significant but was smaller, B = 0.101, p < .001, while among participants with high perceived social support, the relationship was further attenuated, B = 0.060, p = .001. A comparable buffering pattern was observed for psychological resilience. The emotion regulation difficulties × resilience interaction was significant, B = -0.0028, SE = 0.0009, β = -.13, t = -3.18, p = .002. Emotion regulation difficulties demonstrated the strongest association with suicidal ideation among participants with low resilience, B = 0.145, p < .001, whereas the association was reduced at average resilience, B = 0.098, p < .001, and was weakest among participants with high resilience, B = 0.051, p = .005. These findings indicate that neither social support nor resilience completely eliminated the association between emotion regulation difficulties and suicidal ideation; instead, both functioned as significant buffering factors that reduced the magnitude of this relationship. Thus, individuals experiencing substantial emotional dysregulation appeared particularly vulnerable to suicidal thinking when interpersonal and intrapersonal protective resources were limited, whereas strong social support and resilience were associated with a considerably weaker relationship between emotion regulation difficulties and suicidal ideation.

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

Figure 1

Integrated Mixed-Methods Model of Psychological Mechanisms, Interpersonal Vulnerabilities, and Protective Factors Linking Emotion Regulation Difficulties to Suicidal Ideation



The qualitative findings provided contextual and experiential support for the quantitative model and yielded four interconnected themes: emotional escalation and loss of regulatory control, interpersonal disconnection and perceived burdensomeness, cognitive entrapment and suicidal ideation as an imagined escape, and protective reconnection through relationships, meaning, and adaptive coping. Participants experiencing high levels of emotion regulation difficulty frequently described emotional states as rapidly intensifying, difficult to identify, and difficult to reduce once activated. Their narratives indicated that distress was often amplified by repetitive thinking, self-criticism, impulsive reactions, emotional suppression, and unsuccessful attempts to avoid or control internal experiences. Several participants explained that suicidal thoughts did not necessarily emerge immediately following a stressful event; rather, such thoughts often developed after a cumulative process in which intense affect remained unresolved and increasingly appeared uncontrollable. This qualitative pattern corresponded closely with the strong quantitative associations among emotion regulation difficulties, psychological distress, and suicidal ideation. Interpersonal experiences constituted a second major mechanism. Participants commonly described feeling misunderstood, emotionally isolated, excluded from meaningful relationships, or reluctant to disclose distress because they feared burdening family members or friends. Among participants with more severe suicidal ideation, statements reflecting the belief that others would be better off without them were particularly salient, providing qualitative convergence with the statistical role of perceived burdensomeness. Thwarted belongingness was reflected in accounts of loneliness even when other individuals were physically present, deterioration of close relationships, inability to seek emotional support, and the perception that one's distress could not be meaningfully shared with others. A third theme concerned cognitive entrapment, in which prolonged emotional distress and interpersonal

KMAN-CPN KMAN-Counseling & Psychology Nexus E-ISSN: 3041-9026

disconnection progressively narrowed perceived alternatives. Participants described suicidal ideation as becoming more prominent when they believed that their emotional pain would continue indefinitely, that interpersonal problems could not be repaired, or that available coping strategies had failed. In these narratives, suicidal thinking was often characterized as an imagined means of terminating unbearable psychological strain rather than as a stable desire for death, thereby illustrating how dysregulated affect, distress, burdensomeness, and social disconnection could interact dynamically rather than independently. The fourth theme concerned protective processes. Participants with comparable levels of emotional difficulty but lower suicidal ideation more frequently described having at least one accessible and trusted relationship, greater willingness to disclose distress, stronger confidence in their capacity to survive emotional crises, clearer future-oriented goals, or established coping routines such as seeking support, temporarily distancing themselves from conflict, engaging in meaningful activity, reframing catastrophic interpretations, and allowing emotional intensity to diminish before acting. These accounts converged with the quantitative moderation findings showing that perceived social support and resilience weakened the relationship between emotion regulation difficulties and suicidal ideation. Integration of the quantitative and qualitative findings therefore supported a model in which emotion regulation difficulties represent a central vulnerability associated with suicidal ideation both directly and indirectly through psychological distress, perceived burdensomeness, and thwarted belongingness, while perceived social support and resilience operate as protective resources that can interrupt or weaken the progression from emotional dysregulation to suicidal thinking. The qualitative data additionally expanded the statistical findings by indicating that these processes were experienced as temporally interconnected: intense emotion contributed to withdrawal and ineffective coping, withdrawal intensified loneliness and burdensomeness, these interpersonal experiences promoted cognitive constriction and hopelessness, and access to supportive relationships or resilient coping created opportunities for emotional de-escalation and reconsideration of suicidal thoughts.

4. Discussion

The present mixed-methods study examined the relationship between emotion regulation difficulties and suicidal ideation among emerging adults in Tehran, with particular attention to psychological distress, perceived burdensomeness, and thwarted belongingness as explanatory mechanisms and perceived social support and psychological resilience as protective factors. The quantitative findings showed that emotion regulation difficulties were strongly and positively associated with suicidal ideation and accounted for a substantial proportion of variance in suicidal thinking beyond demographic characteristics. Psychological distress, perceived burdensomeness, and thwarted belongingness each independently predicted greater suicidal ideation and collectively reduced the magnitude of the direct association between emotion regulation difficulties and suicidal ideation, indicating partial mediation. Perceived social support and psychological resilience were both negatively associated with suicidal ideation and significantly moderated the relationship between emotion regulation difficulties and suicidal thinking, such that the association was weaker among participants with greater protective resources. The qualitative findings converged with these statistical patterns and suggested that suicidal ideation often developed through a sequence involving emotional escalation, ineffective regulatory attempts, interpersonal disconnection, perceptions of being burdensome to others, cognitive constriction, and the eventual emergence of suicidal thinking as an imagined means of escaping intolerable emotional pain. Conversely, supportive relationships, adaptive coping, personal meaning, and confidence in surviving distress appeared to interrupt this progression.

The strong association observed between emotion regulation difficulties and suicidal ideation supports the conceptualization of emotional dysregulation as a central transdiagnostic vulnerability for suicide-related cognition. Participants who had greater difficulty identifying, accepting, and regulating emotional experiences were more likely to report suicidal thoughts, and this relationship remained statistically significant even after psychological distress, interpersonal vulnerability, social support, and resilience were taken into account. This finding is consistent with research showing that emotional dysregulation contributes substantially to suicidal thoughts and behaviors across adolescent, young adult, and clinical populations (Xu

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

& Xu, 2026). It also corresponds with evidence that emotion regulation may serve as a mechanism linking childhood maltreatment and depressive experiences to elevated suicide risk (Kaçar-Başaran & Keklik, 2026). Similar patterns have been reported among adults with ADHD, where emotional dysregulation and trauma exposure were associated with suicidal ideation (Ekici et al., 2025). The current findings extend this literature by demonstrating that emotion regulation difficulties are also strongly relevant in a community-based sample of emerging adults and cannot be reduced entirely to co-occurring depressive or interpersonal symptoms. This may indicate that emotional dysregulation itself contributes to suicidal thinking through processes such as impaired distress tolerance, impulsive responding, persistent rumination, difficulty disengaging from negative affect, and reduced access to adaptive coping strategies.

The qualitative data provided further insight into this association. Participants frequently described emotional distress as rapidly escalating and becoming increasingly difficult to control, particularly when they could not identify an effective way to reduce its intensity. Suicidal thoughts were often described as emerging after repeated unsuccessful attempts to manage overwhelming affect rather than as an immediate or isolated reaction to a single event. This pattern is compatible with developmental models emphasizing interactions between heightened emotional reactivity and incomplete or compromised regulatory control during adolescence and emerging adulthood (Lewis et al., 2025). It is also consistent with findings that maltreatment and other adverse developmental experiences may contribute to heightened emotional reactivity in emerging adults (Ryder et al., 2025). The persistence of a direct effect of emotion regulation difficulties after the inclusion of mediators suggests that some pathways from dysregulation to suicidal ideation may operate independently of generalized psychological distress or interpersonal beliefs. For example, momentary emotional intensity, cognitive narrowing, impulsivity, or difficulty generating alternative responses may increase suicide-related cognition even when broader levels of depression or social disconnection are accounted for.

Psychological distress emerged as a significant mediator of the relationship between emotion regulation difficulties and suicidal ideation. This finding suggests that one pathway through which emotional dysregulation may contribute to suicidal thinking is by increasing the persistence and severity of negative internal states. Individuals who cannot effectively regulate sadness, anxiety, shame, anger, or fear may experience more sustained psychological distress, and prolonged distress may progressively weaken problem-solving capacity and increase feelings of hopelessness or entrapment. This interpretation is consistent with evidence demonstrating substantial heterogeneity in depressive presentations and showing that trauma, dissociation, sleep disturbance, and related symptoms can contribute to severe psychological burden among individuals with major depressive disorder (Namlı et al., 2026). It also aligns with trajectory research showing that suicidal ideation and depressive symptoms may develop together in heterogeneous patterns and may persist despite intervention in some individuals (Gaete et al., 2026). The relevance of hopelessness to adverse emotional outcomes has likewise been demonstrated in prior research (Stutts & Cohen, 2022). Taken together, these studies support the present finding that psychological distress is not simply a correlate of suicidal ideation but may represent one of the mechanisms through which emotion regulation difficulties become transformed into suicide-related cognition.

The mediation findings regarding perceived burdensomeness and thwarted belongingness further indicate that the impact of emotional dysregulation is partly interpersonal. Greater emotion regulation difficulties were associated with stronger perceptions of being a burden and with greater social disconnection, both of which predicted suicidal ideation. Perceived burdensomeness showed a particularly notable association, suggesting that individuals who struggle to manage intense emotions may come to interpret their distress as harmful, exhausting, or costly to others. Repeated interpersonal conflict, dependence during periods of crisis, withdrawal, or difficulty communicating emotional needs may reinforce beliefs that one's presence creates problems for family members or close others. Thwarted belongingness may arise through a related process in which emotional difficulties contribute to withdrawal, perceived misunderstanding, conflict, or reluctance to seek support. Prior studies have emphasized the importance of attachment and interpersonal functioning in suicidal ideation among university students and other young populations (Granieri et al., 2022). Relationship disruption has also been shown to represent a substantial suicide-related vulnerability, particularly among men (Wilson et al., 2025). The present findings therefore support an interpersonal interpretation of suicidality in which emotional dysregulation becomes especially dangerous when it contributes to negative beliefs about one's place in close relationships.

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

The qualitative findings strongly reinforced this interpretation. Participants with more severe suicidal ideation often described feeling isolated even when other people were physically available, concealing distress because they feared burdening others, and interpreting repeated emotional difficulties as evidence that they were problematic or undeserving of support. These narratives resemble findings showing that loneliness, depression, and self-related vulnerabilities may contribute to suicidal ideation in emerging adults (Tran et al., 2026). They are also compatible with research demonstrating that emotional expressivity and culturally shaped patterns of disclosure can influence suicidal ideation across groups of emerging adults (Polanco-Roman et al., 2024). The current findings are particularly important because they suggest that objective social contact may be less relevant than the subjective experience of belonging and perceived interpersonal value. An individual may be surrounded by family or peers yet still experience profound social disconnection if emotional needs are not understood or if disclosure is perceived as burdensome or unsafe.

The protective role of perceived social support was another important finding. Higher perceived support was associated with lower suicidal ideation and weakened the relationship between emotion regulation difficulties and suicidal thinking. This suggests that supportive relationships may not merely reduce distress directly but may alter the consequences of emotional dysregulation itself. When individuals believe that reliable others are available, they may be more likely to seek help, disclose suicidal thoughts, receive emotional validation, obtain alternative interpretations of stressful situations, and delay action during periods of acute distress. Prior research showing that parent–youth connectedness buffers the association between emotional variability and suicidal ideation is consistent with this interpretation (Chiang et al., 2024). Research on attachment and suicidal ideation among emerging adults similarly indicates that stronger relational security and meaningful engagement may reduce vulnerability (Morales-Sanhueza et al., 2026). Conversely, findings linking intimate partner violence with suicidal ideation, suicidal behavior, nonsuicidal self-injury, and reduced psychological well-being demonstrate how threatening or invalidating interpersonal environments may intensify risk (McCollum et al., 2024). The current results therefore suggest that the interpersonal environment can either amplify or buffer the effect of emotion regulation difficulties.

Psychological resilience demonstrated a comparable protective effect. Participants with higher resilience reported lower suicidal ideation, and the association between emotion regulation difficulties and suicidal ideation became progressively weaker as resilience increased. This finding is consistent with evidence that resilience can partially mediate the association between negative life events and suicidal ideation (Wu et al., 2026). Resilience may operate through several mechanisms, including greater tolerance of temporary distress, stronger beliefs in one's capacity to recover, more flexible problem solving, and greater ability to maintain future-oriented goals during periods of emotional crisis. The qualitative data supported this interpretation: participants with lower suicidal ideation often emphasized that intense emotional states were temporary, that they had previously survived similar crises, or that they possessed personal or relational reasons to remain engaged with life. Meaning in life may represent a related process, as previous research suggests that meaning and coping styles influence the relationship between childhood adversity and suicidal ideation (Rahnemo et al., 2026). Thus, resilience may protect against suicidal ideation not by eliminating emotional pain but by reducing the likelihood that pain is interpreted as permanent, uncontrollable, or impossible to survive.

The present findings also fit within a broader literature emphasizing modifiable protective behaviors. Daily physical activity has been associated with suicidal ideation among college students in ecological momentary assessment research, suggesting that ordinary behavioral routines may influence suicide-related cognition in daily life (Ma et al., 2026). Physical exercise has similarly been identified as a moderating factor in pathways linking childhood emotional abuse, alexithymia, and suicidal ideation (Hu & Huang, 2025). These studies complement the current finding that resilience and social support can weaken the relationship between emotional dysregulation and suicidal ideation. Protective factors may therefore operate across multiple levels, including interpersonal connection, adaptive cognitions, behavioral activation, physical activity, self-compassion, and access to meaningful roles. Such factors may be especially important in emerging adulthood, when social networks, identity, routines, and future goals are undergoing considerable change.

The results also reinforce the importance of viewing suicidal ideation as a multidetermined phenomenon. The final quantitative model explained a substantial proportion of variance in suicidal ideation, but no single mechanism

KMAN-CPN KMAN-Counseling & Psychology Nexus E-ISSN: 3041-9026

fully accounted for the outcome. This is compatible with research showing that suicidal thoughts may emerge through distinct developmental trajectories and combinations of antecedent mental health problems (Geoffroy et al., 2025). Longitudinal evidence further indicates that suicidality can persist, remit, or recur between adolescence and the late twenties, emphasizing heterogeneity across individuals (Gijzen et al., 2026). Similarly, research on childhood maltreatment has shown that suicidal ideation may be influenced by the interaction of adverse and positive developmental experiences through complex posttraumatic symptom trajectories (Liu et al., 2025). The current study adds to this body of work by demonstrating that emotional, psychological, interpersonal, and protective variables operate simultaneously rather than independently.

The qualitative theme of cognitive entrapment also deserves particular attention. Participants often described suicidal ideation as emerging when emotional pain appeared endless and when alternative solutions seemed inaccessible. In these narratives, suicidal thinking appeared to function as an imagined means of terminating unbearable psychological strain rather than as a stable desire for death. This interpretation is consistent with the role of hopelessness and cognitive constriction in suicide-related processes and may help explain why suicidal ideation intensifies during periods of severe emotional dysregulation. It also resonates with research linking cyber aggression to suicidal ideation through depressive symptoms and nonsuicidal self-injury (Liu et al., 2024), as well as evidence that online gaming behavior can be associated with suicidal ideation among university students (Lu et al., 2026). Although these contexts differ, they collectively suggest that maladaptive coping, withdrawal, and persistent distress may narrow perceived alternatives and increase suicide-related thinking.

The current results are also consistent with findings from clinical and neurodevelopmental populations. Cognitive emotion regulation, stress reactivity, and peer victimization have been shown to contribute to suicidality and self-harm among autistic individuals without intellectual disability (Carbone et al., 2026), while neurodevelopmental disorders more broadly have been associated with increased suicide vulnerability through combinations of emotional, social, and psychiatric difficulties (Gagliano et al., 2024). Personality-related symptoms have likewise been associated with suicidal ideation and behavior among adolescents with depressive disorders (Gifuni et al., 2023). The convergence of these findings across diverse populations supports the interpretation that emotion dysregulation and interpersonal vulnerability are transdiagnostic processes rather than phenomena restricted to any single diagnostic group.

5. Conclusion

The mixed-methods integration represents one of the most informative aspects of the present study. Quantitative analyses identified statistically significant pathways, whereas qualitative interviews clarified how those pathways were experienced in everyday life. For example, statistical mediation through perceived burdensomeness was reflected qualitatively in participants' reluctance to disclose distress because they feared exhausting or harming others. Similarly, the statistical buffering effects of social support and resilience were reflected in descriptions of trusted relationships, hope, meaning, and adaptive coping as factors that interrupted escalating suicidal thoughts. These convergent findings strengthen the interpretation that emotion regulation difficulties are embedded within a dynamic system of internal distress, interpersonal experience, and protective resources. They also suggest that interventions targeting only symptom reduction may be insufficient if beliefs about burdensomeness, experiences of disconnection, and deficits in adaptive support remain unaddressed.

Several limitations should be considered when interpreting the findings. First, the quantitative phase employed a cross-sectional design, which prevents firm causal conclusions regarding the direction of associations among emotion regulation difficulties, psychological distress, interpersonal vulnerability, protective factors, and suicidal ideation. Although the mediation models were theoretically informed, temporal precedence cannot be established from cross-sectional data. Second, the study relied primarily on self-report instruments, which may be influenced by recall bias, social desirability, current mood, and individual differences in willingness to disclose sensitive experiences. This issue is particularly important for suicidal ideation because some participants may minimize or conceal thoughts perceived as stigmatizing. Third, the sample was recruited from emerging adults residing in Tehran, and the findings may not generalize to rural populations, older adults, adolescents, clinical populations, or emerging adults living in different cultural and socioeconomic contexts. Fourth, although the qualitative subsample was purposively selected to maximize variation, the experiences of 24 participants cannot capture the full heterogeneity of suicidal ideation among emerging adults.

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

Fifth, suicidal ideation was examined as the principal outcome, and the study did not directly model suicide attempts, preparatory behaviors, or transitions from ideation to action. Finally, although several important protective factors were assessed, other potentially relevant variables such as self-compassion, meaning in life, family functioning, financial stress, sleep quality, substance use, and access to mental health care were not incorporated into the quantitative model.

Future research should employ longitudinal and prospective designs to clarify the temporal ordering of emotion regulation difficulties, psychological distress, interpersonal vulnerability, and suicidal ideation and to determine whether changes in these variables predict subsequent increases or decreases in suicide-related thinking. Ecological momentary assessment and intensive longitudinal methods would be particularly valuable for identifying short-term fluctuations in emotional intensity, perceived burdensomeness, belongingness, social support, and suicidal thoughts within daily life. Future studies should also examine whether specific dimensions of emotion regulation difficulty, such as impulse-control problems, emotional nonacceptance, poor emotional clarity, or limited access to strategies, differ in their associations with suicidal ideation. Larger and more diverse samples should be recruited across different regions, educational contexts, socioeconomic groups, and clinical settings to evaluate the generalizability of the proposed model. Additional research should investigate transitions from suicidal ideation to planning and behavior, as the factors predicting the emergence of suicidal thoughts may differ from those associated with enactment. Future mixed-methods studies may also benefit from repeated qualitative interviews to capture changes in meaning, coping, and interpersonal experience across periods of crisis and recovery. Finally, more complex models could examine additional protective mechanisms, including self-compassion, meaning in life, hope, adaptive physical activity, family cohesion, access to professional support, and culturally specific sources of belonging.

The findings have several practical implications for suicide prevention and psychological intervention with emerging adults. Assessment procedures should include systematic evaluation of emotion regulation difficulties in addition to conventional screening for depression and suicidal ideation. Clinicians should pay particular attention to individuals who report difficulty tolerating intense affect, inability to identify effective coping strategies, persistent rumination, emotional impulsivity, or a tendency to withdraw during distress. Interventions may be strengthened by incorporating explicit emotion regulation training, including emotional identification, acceptance, distress tolerance, cognitive flexibility, problem solving, and strategies for delaying action during periods of acute emotional escalation. Perceived burdensomeness and thwarted belongingness should also be assessed directly, because individuals may experience significant interpersonal risk even when they appear socially connected. Treatment should therefore address beliefs about being a burden, facilitate safe disclosure of distress, strengthen communication with trusted others, and increase access to meaningful social connection. Programs for emerging adults may also benefit from resilience-building components that emphasize recovery from setbacks, future orientation, identification of personal strengths, and development of individualized coping plans. Universities, community centers, and mental health services should establish accessible referral pathways and crisis-support systems that reduce stigma and make help-seeking easier during periods of escalating distress. Finally, prevention efforts should adopt an integrated approach that combines individual emotion regulation skills with interpersonal support and resilience enhancement rather than treating suicidal ideation solely as a symptom of psychiatric disorder.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

E-ISSN: 3041-9026

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

Carbone, G. A., Nigro, L., Ilen, L., Feller, C., Husmann, J., & Schneider, M. (2026). Cognitive Emotion Regulation, Peer Victimisation, and Stress Reactivity as Multidimensional Pathways to Suicidality and Self-Harm in Autistic Individuals Without Intellectual Disability. *Autism*, *30*(8), 2095-2106. https://doi.org/10.1177/13623613261458864

Chiang, S. C., Ting, S. J., & Yu-Hsien, S. (2024). Emotional Variability and Late Adolescent Suicidal Ideation: Buffering Role of Parent–youth Connectedness. *Suicide and Life-Threatening Behavior*, *55*(2). https://doi.org/10.1111/sltb.13146

Ekici, F., Güler, H. A., Bayırlı, Ö., Gümüşoluk, T. B., & Kandeğer, A. (2025). Childhood Trauma and Emotional Dysregulation as Risk Factors for Suicidal Ideation in Adults With ADHD: A Case-Control Study. *Journal of interpersonal violence*, *41*(19-20), 8319-8341. https://doi.org/10.1177/08862605251375358

Foye, U., Kakar, S., & Jewell, T. (2025). Reciprocal Longitudinal Associations Between Symptoms of Eating Disorders, Self-Harm and Suicidal Ideation. https://doi.org/10.1101/2025.03.19.25324248

Gaete, J., Martínez, P., Robinson, J., & Núñez, D. E. (2026). Heterogeneous Trajectories of Suicidal Ideation and Depressive Symptoms During an Indicated School-Based CBT Intervention: A Group-Based Trajectory Modeling Study. *BMC psychology*, *14*(1). https://doi.org/10.1186/s40359-026-04644-w

Gagliano, A., Costanza, C., Modica, I. D., Carucci, S., Donno, F., Germanò, E., Abbate, C. S., Roccella, M., & Vetri, L. (2024). Neurodevelopmental Disorders and Suicide: A Narrative Review. *Journal of clinical medicine*, *13*(6), 1627. https://doi.org/10.3390/jcm13061627

Geoffroy, M. C., MacNeil, S., Paquin, V., Inja, A., Girard, A., Chartrand, E., Castellanos-Ryan, N., Notredame, C.-É., Colman, I., Orri, M., Turecki, G., & Côté, S. M. (2025). Mental Health Antecedents and Correlates of 2 Distinct Developmental Pathways to Suicidal Ideation. *JAMA Psychiatry*, *82*(9), 916. https://doi.org/10.1001/jamapsychiatry.2025.1273

Gifuni, A. J., Spodenkiewicz, M., Laurent, G., MacNeil, S., Jollant, F., & Renaud, J. (2023). Symptoms Characteristics of Personality Disorders Associated With Suicidal Ideation and Behaviors in a Clinical Sample of Adolescents With a Depressive Disorder. *Frontiers in Psychiatry*, *14*. https://doi.org/10.3389/fpsyt.2023.1269744

Gijzen, M., Jeronimus, B., Bergen, D., & Oldehinkel, A. J. (2026). The Course and Remission of Suicidality From Ages 11 to 29: Findings From a Dutch Population-Based Longitudinal Cohort Study. https://doi.org/10.21203/rs.3.rs-9314087/v1

Graham, C., & Fenelon, A. (2023). Health, Suicidal Thoughts, and the Life Course: How Worsening Health Emerges as a Determinant of Suicide Ideation in Early Adulthood. *Journal of Health and Social Behavior*, *64*(1), 62-78. https://doi.org/10.1177/00221465221143768

Granieri, A., Casale, S., Sauta, M. D., & Franzoi, I. G. (2022). Suicidal Ideation Among University Students: A Moderated Mediation Model Considering Attachment, Personality, and Sex. *International journal of environmental research and public health*, *19*(10), 6167. https://doi.org/10.3390/ijerph19106167

Hu, C., & Huang, W. (2025). Childhood Emotional Abuse and Suicidal Ideation in College Students: Exploring the Mediating Role of Alexithymia and the Moderating Effect of Physical Exercise. *Frontiers in Psychiatry*, *16*. https://doi.org/10.3389/fpsyt.2025.1660164

Kaçar-Başaran, S., & Keklik, E. (2026). Linking Depression to Suicide Risk: The Mediating Role of Emotion Regulation in Individuals With Childhood Maltreatment. *Child Abuse Review*, *35*(5). https://doi.org/10.1002/car.70171

Kelly, L. M., Meeker, E. C., Zajac, K., Bryan, R., & O'Connor, B. C. (2023). Interactive Effect of Adverse Child Experiences and Suicidal Thoughts and Behaviors on Adolescent Alcohol and Cannabis Use Frequency. *Psychology of Addictive Behaviors*, *37*(8), 1019-1029. https://doi.org/10.1037/adb0000947

Lewis, C. P., Klimes-Dougan, B., Croarkin, P. E., & Cullen, K. R. (2025). Understanding the Emergence of Suicidal Thoughts and Behaviors in Adolescence From a Brain and Behavioral Developmental Perspective. *Neuropsychopharmacology*, *51*(1), 259-272. https://doi.org/10.1038/s41386-025-02168-2

Liu, L., Wu, X., & Wang, W. (2024). Cyber Aggression and Suicidal Ideation in Emerging Adults: Examining the Potential Roles of Depressive Symptoms and Nonsuicidal Self-Injury. *Aggressive Behavior*, *50*(6). https://doi.org/10.1002/ab.70011

Liu, L., Yang, L., & Wang, W. (2025). Childhood Maltreatment, Positive Childhood Experiences, and Suicidal Ideation in Emerging Adults: The Roles of Complex Posttraumatic Stress Symptom Trajectories. *Psychological Trauma Theory Research Practice and Policy*. https://doi.org/10.1037/tra0002050

Lu, S., Zeng, J., & Liu, Z. (2026). A Study on the Relationship Between Online Gaming Behavior and Suicidal Ideation Among College Students. *Family Relations*, *75*(4), 3044-3067. https://doi.org/10.1111/fare.70188

Ma, Y., Liao, W., Ma, S., Lu, L., & Wang, H. (2026). Daily Physical Activity Associated With Suicidal Ideation in College Students: An Ecological Momentary Assessment Study. *Frontiers in psychology*, *17*. https://doi.org/10.3389/fpsyg.2026.1852256

McCollum, D. C., Smathers, S. E., Sullivan, T. R., Jowaheer, Y., & Mereish, E. H. (2024). Associations Among Intimate Partner Violence, Suicidal Ideation, Suicide Behaviors, Non-suicidal Self-injury, and Psychological Well-being in Black American Emerging Adults. *Suicide and Life-Threatening Behavior*, *55*(1). https://doi.org/10.1111/sltb.13102

Morales-Sanhueza, J., Parra, G. M., & Puig-Amores, I. (2026). Attachment, Physical Leisure, and Suicidal Ideation in Emerging Adulthood: Evidence From University Students. *Behavioral Sciences*, *16*(9), 1674. https://doi.org/10.3390/bs16091674

Namlı, Z., Tamam, L., Demirkol, M. E., Karaytuğ, M. O., Yeşiloğlu, C., Demirtaş, S. Ç., & Uğur, K. (2026). Clinical Heterogeneity of Major Depressive Disorder: The Role of

KMAN-CPN KMAN-Counseling & Psychology Nexus E-ISSN: 3041-9026

Trauma, Dissociation, and Sleep. *Journal of clinical medicine*, *15*(6), 2364. https://doi.org/10.3390/jcm15062364

Polanco-Roman, L., Ahmad, K., Tigershtrom, A., Jacobson, C. M., & Miranda, R. (2024). Emotion Expressivity, Suicidal Ideation, and Explanatory Factors: Differences by Asian American Subgroups Compared With White Emerging Adults. *Cultural diversity & ethnic minority psychology*, *30*(1), 11-21. https://doi.org/10.1037/cdp0000313

Rahnemo, S. S., Yaghmaei, S., & Mohaghegh, A. H. (2026). How Meaning in Life and Childhood Trauma Shape Suicidal Ideation, the Mediating Pathways of Coping Styles. https://doi.org/10.21203/rs.3.rs-9792821/v1

Ryder, A., Fite, P. J., & Bortolato, M. (2025). Understanding Associations Between Childhood Maltreatment, Biological Sex, and Emotion Reactivity Among Emerging Adults. *Emerging Adulthood*, *13*(4), 808-820. https://doi.org/10.1177/21676968251324077

Shepard, C. A., Rufino, K. A., Daza, P., Pearson, A., Cuenod, M., & Patriquin, M. A. (2022). Emotion Regulation Mediates the Relationship Between Therapeutic Alliance and Anxiety in Emerging Adults During Inpatient Psychiatric Treatment. *Journal of Psychiatric Practice*, *28*(5), 383-390. https://doi.org/10.1097/pra.0000000000000656

Stutts, M., & Cohen, J. R. (2022). The Role of Hopelessness and Procedural Justice on Depressogenic Outcomes in Serious Adolescent Offenders. *Law and Human Behavior*, *46*(6), 415-428. https://doi.org/10.1037/lhb0000502

Tran, M. A. Q., Kukreti, S., Lin, C.-Y., Nguyen, N. D. T., Pham, M. V., Pham, T. V., & L, D. (2026). Body Image, Narcissism, Envy, and Suicidal Ideation Among Vietnamese University Students: The Mediating and Moderating Roles of Loneliness, Depression, and Self-Compassion. *Emerging Adulthood*, *14*(3), 475-489. https://doi.org/10.1177/21676968261423231

Walker, J., Venta, A., Bechelli, J., Brewer, T. M., Boisvert, D., Bick, J., Lewis, R. H., Wells, J. N., & Armstrong, T. A. (2022). Testing the Role of Inflammation in the Relation of Childhood Maltreatment and Suicidal Ideation Among Young Adults. *Journal of Clinical Psychology*, *78*(12), 2484-2496. https://doi.org/10.1002/jclp.23347

Wilson, M. J., Scott, A. J., Pilkington, V., Macdonald, J. A., Rice, S., Oliffe, J. L., & Seidler, Z. E. (2025). Suicidality in Men Following Relationship Breakdown: A Systematic Review and Meta-Analysis of Global Data. *Psychological bulletin*, *151*(7), 819-860. https://doi.org/10.1037/bul0000482

Wong, N. E., Hagan, M. J., & Holley, S. R. (2024). Childhood Maltreatment and Suicidal Thoughts and Behaviors in Young Adults. *Crisis*, *45*(1), 26-32. https://doi.org/10.1027/0227-5910/a000909

Wu, O., Lu, X., Yeo, K. J., Xiao, Y., & Yip, P. S. F. (2022). Assessing Prevalence and Unique Risk Factors of Suicidal Ideation Among First-Year University Students in China Using a Unique Multidimensional University Personality Inventor. *International journal of environmental research and public health*, *19*(17), 10786. https://doi.org/10.3390/ijerph191710786

Wu, W., Liu, L., Ishak, Z., Wang, Z., Sun, J., & Han, Z. (2026). Psychological Resilience Partially Mediates the Relationship Between Negative Life Events and Suicidal Ideation in Chinese Adolescents. *Frontiers in Psychiatry*, *17*. https://doi.org/10.3389/fpsyt.2026.1770147

Xu, F., & Xu, S. (2026). Adolescent Emotional Dysregulation and Suicide. *Medicine*, *105*(36), e43127. https://doi.org/10.1097/md.0000000000043127

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026