Article

The Relationship Between Psychological Pain and Suicidal Ideation in Emerging Adulthood: What Role Do Entrapment and Meaning in Life Play?

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Abstract

Background: Emerging adulthood is a vulnerable developmental period for suicidal ideation. Psychological pain is often associated to its occurrence, however, the factors related to the transition from psychological pain to suicidal ideation remain unclear. This study aimed to analyze the mediating capacity of entrapment and the moderating capacity of meaning in life in the relationship between psychological pain and suicidal ideation during emerging adulthood.

Methods: Participants were Spanish emerging adults who completed a battery of questionnaires through LimeSurvey platform. A moderated mediation was conducted.

Results: The model explained 63.8% of the variance in suicidal ideation. Entrapment mediated the relationship between psychological pain and suicidal ideation. Furthermore, at low levels of meaning in life, psychological pain was positively associated with suicidal ideation, while at high levels, the association was no longer significant.

Conclusions: These findings highlight the importance of assessing psychological pain and entrapment as potential risk factors of suicidal ideation during emerging adulthood, and support the development of interventions aimed at fostering their meaning in life.

Keywords

suicidal ideation; psychological pain; entrapment; meaning in life; emerging adulthood

Introduction

Emerging adulthood, spanning from ages 18 to 29, represents a period of life of significant transformation characterized by the exploration of personal identity, professional options, and other life projects [1–3]. However, these opportunities for exploration are not equal for all emerging adults across different cultures, as the possibilities are limited by the socioeconomic and historical contexts of young adults' development [4]. In the past decades, Western societies have seen how traditional milestones of adulthood—such as economic independence, marriage or parenthood—have become postponed, fragmented and less predictable. In this challenging environment, young people must navigate major life events, make pivotal decisions regarding their life trajectories, and adapt to—often involuntary—role changes [5].

This phenomenon is increasing feelings of instability and uncertainty among young adults [6]. These feelings are combined with a higher tendency toward emotional dysregulation at this life stage, usually associated with a notable perception of pressure and stress [5] and further exacerbated by contemporary lifestyle factors, such as increased digital media use and reduced sleep duration [7,8]. Instability and affective dysregulation can have a profound impact on young adults' psychological well-being, diminishing their levels of self-acceptance, environmental mastery, and purpose in life [9].

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Furthermore, being highly involved in identity self-exploration can temporarily get in the way of maintaining positive social relationships [9]. According to Kirwan *et al.* [10], feelings of loneliness are notably prevalent during emerging adulthood, and are highly correlated with poorer physical and mental health outcomes [11]. When observing trends since the mid-2000s among young adults aged 18 to 25, an upward trajectory in the rates of mental disorders—such as depression, anxiety, and serious psychological distress—has been evident [7].

According to the meta-analysis developed by Miranda-Mendizabal *et al.* [12], mental disorders are one of the most common risk factors for suicidal behaviors in both genders. Globally, according to the World Health Organization [13] suicide represents one of the leading causes of death among young people. In Spain, the latest report from the National Institute of Statistics [14] states that 3,953 people died by suicide during the year 2024, of whom 332 were aged 15 to 29. As Thompson *et al.* [15] highlighted, the younger a person is when suicidal ideation first manifests, the more severe subsequent suicidal behavior tends to be.

However, although an extensive body of literature focuses on suicide risk factors [16], the understanding of the mechanisms underlying suicidal ideation in emerging adults remains incomplete. In this regard, a longitudinal study by Montemarano *et al.* [17] suggested that psychological pain is the most decisive factor for suicidal ideation in young adults, surpassing other well-known psychopathological factors. The Three-Step Theory [18] explains that intense psychological pain, when combined with hopelessness, triggers the emergence of suicidal ideation. In turn, the Integrated Motivational-Volitional Model [19], also highlights psychological entrapment—understood as the perception of being trapped in an unsustainable situation with no possibility of escape or rescue—as a key antecedent to suicidal ideation.

From Frankl's [20] existential perspective, the will to meaning constitutes a primary human motivation, the frustration of which may lead to existential emptiness. Recent literature has conceptualized meaning in life (MIL) as a life experience grounded in three components: the perception of coherence, purpose, and existential mattering [21]. According to a study conducted among callers to a telephone helpline in Spain, the perception of a lack of MIL was one of the primary predictors of suicidal ideation severity [22]. This aligns with Klonsky and May [18], who noted that a lack of meaningful goals and bonds can increase both the intensity and frequency of suicidal thoughts. As Hooker *et al.* [23] pointed out, a greater sense of meaning helps people perceive daily events as less stressful or uncontrollable, while fosters active coping strategies and healthy habits. Previous literature shows that a greater perception of MIL positively impacts the psychosocial functioning of emerging adults [24], coming to the forefront as a promising protective factor of suicide [25].

Present Study

The present study proposes an integrative perspective of suicidal ideation rooted in the new generation of theories explaining suicide, based on the ideation-to-action framework [26], as the Three-Step Theory [18] and the Integrated Motivational-Volitional Model [19], together with theories of MIL [21] in the context of emerging adulthood. The purpose is to broaden the understanding of suicidal ideation during this life stage, providing useful evidence for early detection and prevention efforts.

Specifically, this research aimed to examine the relationship between psychological pain and suicidal ideation in Spanish emerging adults, considering the perception of entrapment as a mediator and MIL as a moderator of that relationship. To that end, two hypotheses were proposed. First, Hypothesis 1 stated that suicidal ideation will be positively correlated with psychological pain [17], and negatively correlated with MIL [22]. Second, Hypothesis 2 proposed that the relationship between psychological pain and suicidal ideation would be partially mediated by feelings of entrapment and moderated by MIL [23].

Materials and Methods

Study Design

The study employed a cross-sectional analytical design. Given the cross-sectional nature of the study, the independent variables were not manipulated and causal inferences cannot be established. Variables included in the analysis were psychological pain (X), entrapment (M), MIL (W), sociodemographic characteristics (covariates), and suicidal ideation (Y).

Participants

Participants were 150 emerging adults from different geographical regions of Spain, mainly from the Valencian Community. The inclusion criteria were: (1) being between 18 and 29 years old; and (2) signing the informed consent form. The exclusion criteria were: (1) completing less than

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60% of the questionnaire battery; and (2) answering more than 25% of the items on the Oviedo Infrequency Scale incorrectly [27]. According to Kung *et al.* [28], using attention check items to filter out careless respondents is an effective resource to induce a more deliberative mindset in surveys' participants, without compromising survey validity.

After consider the inclusion and exclusion criteria, 1 participant was excluded from the data base for not meeting the established age range, and 2 participants for responding incorrectly to more than 25% of the infrequency items. In addition, 36 participants were excluded because they completed less than 60% of the survey and did not respond to the infrequency items. Consequently, it was not possible to determine whether they had completed the questionnaires attentively. Sociodemographic variables of the individuals excluded from the sample and those retained in the sample were compared. The results showed that there were no differences based on gender (χ^2 = 1.07, p = 0.585), place of birth (χ^2 = 2.07, p = 0.151), socioeconomic status (χ^2 = 1.56, p = 0.668), presence of a physical illness (χ^2 = 0.01, p = 0.932), presence of a mental illness (χ^2 = 2.58, p = 0.108), or age (F = 9.13, p = 0.373). The final sample consisted of 111 emerging adults aged between 18 and 27 years (M = 20.55 years; SD = 2.07). Most participants were women (81.1%), Spanish-born (93.7%), students (93.7%), living with their family of origin (62.2%), with a medium socioeconomic status (75.7%), and without physical illnesses (92.8%) or mental health problems (85.6%).

Variables and Instruments

Psychological Pain

The Psychache Scale (PS-E) [29] is an instrument designed to assess psychological pain or intense psychological suffering perceived as unbearable. The Spanish version of the Psychache Scale [30] was used, consisting of 13 items rated on a 5-point Likert scale (e.g., "My psychological pain seems worse than any physical pain"). Items 1 to 9 are rated from "never" (1) to "always" (5), while items 10 to 13 are rated from "strongly disagree" (1) to "strongly agree" (5). Total scores range from 13 to 65, with higher scores indicating a more intense and unbearable perception of psychological pain. The instrument showed high internal consistency (α = 0.93 in the Spanish validation; α = 0.96 in the present study).

Entrapment

The Entrapment Scale [31] assesses the perception of entrapment, understood as the feeling of being trapped without the possibility of escape or being rescued. The Spanish version [32] was used, consisting of 16 items rated on a 5-point Likert scale (from 0 = "not at all like me" to 4 = "completely like me"). The scale includes two dimensions: (1) internal entrapment (6 items) (e.g., "I want to escape from myself"), defined as the desire to escape from oneself, one's own thoughts and emotions; and (2) external entrapment (10 items) (e.g., "I wish I could escape and stay away from where I am now"), defined as the desire to escape from situations, relationships, or contexts that cannot be avoided. However, previous studies have supported the unidimensional structure of this scale [33]. Total scores range from 0 to 64, with higher scores indicating a greater sense of entrapment. This scale has shown high internal consistency in Spanish young adults (α = 0.93 for internal entrapment and α = 0.88 for external entrapment; [32]. In the present study, a unidimensional structure was used, demonstrating adequate psychometric properties (α = 0.94).

Meaning in Life

The Purpose in Life Test–Short Form (PIL-SF) [34] is an instrument used for exploring the individuals' perception of purpose, direction, and meaning in their lives. The brief version validated in Spanish population was used [35], consisting of 4 items rated on a 7-point Likert scale (from 1 = "low presence of meaning" to 7 = "high presence of meaning") (e.g., "My life has a clear purpose"). Total scores range from 4 to 28, with higher scores indicating a greater perception of life purpose. In the Spanish validation, the scale demonstrated adequate internal consistency (α = 0.83) [35], which was also observed in the present study (α = 0.86).

Suicidal Ideation

The Frequency of Suicidal Ideation Inventory (FSII) [36] is an inventory designed to assess the frequency of suicidal thoughts as an indicator of suicide risk. The Spanish version was used [37], consisting of 5 items rated on a 5-point Likert scale (from 1 = "never" to 5 = "most days") (e.g., "I have thought about taking my own life"). Total scores range from 5 to 25, with higher scores indicating greater frequency of suicidal ideation. The instrument has demonstrated high internal consistency (α = 0.89 in the Spanish validation; α = 0.93 in the present study).

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Procedure

Data collection was conducted using convenience sampling via social media and instant messaging mobile applications between March and April 2024. Participation was completely voluntary and anonymous. The informed consent was obtained before the participation, ensuring both confidentiality and the right to withdraw from the study at any time without consequences. The questionnaire battery was administered online using LimeSurvey platform, and the average time for participants to complete the questionnaire was about 20 minutes. Due to the sensitive nature of the data, a section for comments was included at the end of the survey to allow participants to contact the research team, and participants were given the option to speak with psychologists.

Statistical Analysis

First, descriptive analyses were performed after stratifying the sample according to suicidal ideation (outcome variable). Individuals who reported "never" for each of the five suicidal ideation items (total score = 5) were considered to have no suicidal ideation, whereas any response other than "never" on at least one item (total score >5) was taken to indicate suicidal ideation. Fisher's tests were performed to compare sociodemographic variables (gender, current education, highest level of education attained, employment status, place of birth, current living situation, socioeconomic status, and presence of physical or mental health conditions). Next, descriptive analyses (median, interquartile range, percentile, skewness and kurtosis) and correlational analyses (Spearman correlation) were conducted for psychological pain, entrapment, MIL, and suicidal ideation.

Second, a hierarchical regression was performed. Psychological pain was included in Step 1, entrapment was added in Step 2, and MIL was entered in Step 3. The outcome variable was suicidal ideation. Multicollinearity was assessed using the variance inflation factor (VIF) and the tolerance statistic (1/VIF).

Third, a moderated mediation analysis was performed (Fig. 1), following previous studies (e.g., [38]). Two aspects were examined: (1) The entrapment (M) ability to mediate the relationship between psychological pain (X) and suicidal ideation (Y); and (2) the ability of MIL (W) to moderate direct effect of psychological pain on suicidal ideation. The moderator was treated as a continuous variable. Gender, age, socioeconomic status, presence of physical illness and presence of mental health problems were included as covariates. Model 5 of moderated mediation [39] was used, with a bootstrap sample of 10,000 and a 95% confidence level. Data analysis was conducted using SPSS version 26 (IBM (International Business Machines Corporation). Armonk, NY, USA) and the PROCESS macro version 4.1.

Results

Descriptive Statistics, Correlations and Hierarchical Regressions

Comparing participants with and without suicidal ideation, Fisher's test indicates there are no differences based on gender ($p = 0.391$), current education ($p = 0.094$), highest educational level ($p = 0.207$), employment status ($p = 0.634$), place of birth ($p = 0.822$), socioeconomic status ($p = 0.439$) and current physical illness ($p = 0.271$). In both groups, the majority of the sample consisted of women who were students, had a high school diploma, were born in Spain, were unemployed, had a middle socioeconomic status, and had no physical illnesses (Table 1). However, differences were observed based on the presence of mental health problems ($p = 0.019$) and current living situation ($p = 0.039$).

Descriptive and correlational analyses of psychological pain, entrapment, MIL, and suicidal ideation are shown in Table 2. Psychological pain and entrapment were positively and significantly associated with suicidal ideation, whereas MIL was negatively associated. Furthermore, both psychological pain and entrapment had a negative and significant correlation with MIL.

The hierarchical regression conducted to predict suicidal ideation in emerging adults is shown in Table 3. According to Field [40], a high correlation is an approximate method of estimating multicollinearity, but it is recommended that the VIF be calculated. This index indicates whether a predictor variable has a strong linear relationship with the other predictor variables. Although there are no strict rules, Myers [41] suggests that a value of 10 or higher would indicate a high risk of multicollinearity. The VIFs obtained in this study ranged from 1.43 to 3.29. Therefore, although there is a relationship between the two variables because they are related constructs, this association does not reach levels that would compromise the model estimation. In addition, tolerance (1/VIF) was calculated; values below 0.20 would indicate serious problems [42]. The results in this study ranged from 0.30 to 0.70. All of this suggests that there may be moderate, but acceptable, multicollinearity.

In the hierarchical regression, psychological pain was

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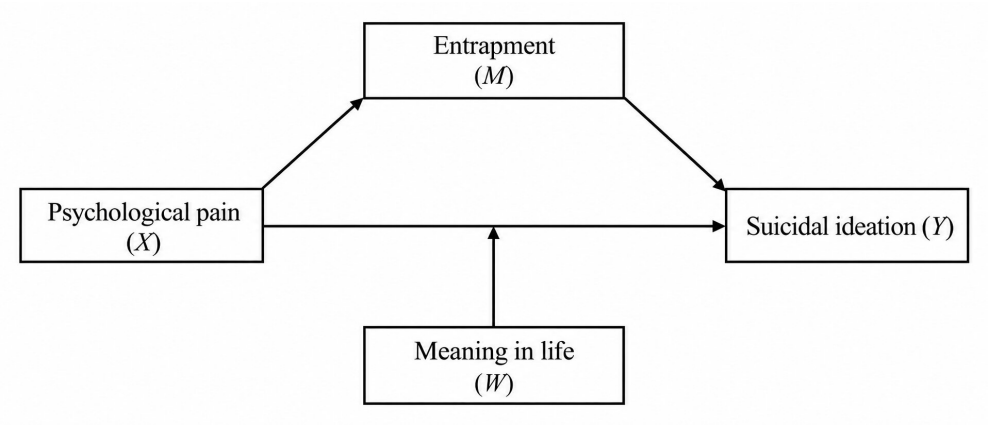


Fig. 1. Conceptual diagram of moderated mediation model. Note. Adapted from Hayes (2017).

a significant and positive predictor of suicidal ideation in all three models proved, although its predictive power decreased when entrapment was added to the model. Entrapment was also a significant and positive predictor of suicidal ideation in both models in which it was included (Models 2 and 3). Finally, MIL was found as a significant and negative predictor of suicidal ideation. The third and final model explained 56% of the variance in suicidal ideation ($F = 47.29$, $p < 0.001$).

Moderated Mediation

Fig. 2 shows the results of the moderated mediation. The model predicted 63.8% of the variance in suicidal ideation ($R^2 = 0.638$, $F = 19.60$, $p < 0.001$). Indirect effects indicated that psychological pain was a positive and statistically significant predictor of entrapment (B = 0.84, standard error (SE) = 0.07, $p < 0.001$, lower limit of the 95% confidence interval (LLCI) = 0.70, upper limit of the 95% confidence interval (ULCI) = 0.99) and entrapment was a positive and statistically significant predictor of suicidal ideation (B = 0.12, SE = 0.05, $p = 0.009$, LLCI = 0.03, ULCI = 0.21). Direct effect of psychological pain on suicidal ideation was also positive and statistically significant (B = 0.44, SE = 0.11, $p < 0.001$, LLCI = 0.23, ULCI = 0.65). Moreover, results indicated that mental health problems were a statistically significant covariate (B = 3.04, SE = 0.95, $p = 0.002$, LLCI = 1.14, ULCI = 4.93) of the outcome variable. Gender (B = –0.24, *SE* = 0.75, $p = 0.746$, LLCI = –1.73, ULCI = 1.25), age (B = 0.04, SE = 0.14, $p = 0.796$, LLCI = –0.24, ULCI = 0.31), socioeconomic status (B = –0.16, SE = 0.59, $p = 0.789$, LLCI = –1.34, ULCI = 1.01) and physical illness (B = 0.19, SE = 1.08, $p = 0.859$, LLCI = –1.95, ULCI = 2.34) were not statistically significant covariates.

Furthermore, a statistically significant interaction was observed between psychological pain and MIL (X*W, $R^2 = 0.04$, $F = 10.38$, $p = 0.002$), indicating that the direct effect of psychological pain on suicidal ideation varied depending on the participants' perceived level of MIL. The Johnson-Neyman technique revealed that the effect of psychological pain on suicidal ideation was significant for all values of the moderator below than 19.27. When MIL scores exceed 19.27, the relationship between psychological pain and suicidal ideation is no longer significant. An interaction graph showing the effect at three points (mean – 1 SD, mean and mean + 1 SD) to facilitate visual interpretation of the direction of moderation was provided (Fig. 3). Conditional effects indicated that at low levels of MIL, psychological pain was significantly associated with suicidal ideation (effect = 0.15, SE = 0.05, $p = 0.002$, LLCI = 0.06, ULCI = 0.25). However, at medium levels (effect = 0.07, SE = 0.05, $p = 0.162$, LLCI = –0.03, ULCI = 0.17) or high levels (effect = –0.01, SE = 0.07, $p = 0.883$, LLCI = –0.14, ULCI = 0.12) of MIL, this association was no longer significant.

Discussion

Pathways to suicidal ideation are complex, functioning as an interplay of biological, clinical, psychological, social and cultural factors [43]. Emerging adulthood is an evolutionary period particularly vulnerable for developing psychological pain, considered one of the most relevant factors for suicidal behavior [17,18]. The focus of the present work was to study suicidal ideation in emerging adults, considering variables as psychological pain, entrapment and MIL. This research aimed to enhance comprehension of the conceptual framework for suicide prevention, which remains a priority task in protecting youth [44].

Next, we will discuss our results in relation to the hy-

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Table 1. Characteristics of the participants stratified by outcome variable.

Characteristic	Absence of suicidal ideation		Presence of suicidal ideation		Total sample	
	n	%	n	%	n	%
Gender						
Women	32	28.8	58	52.3	90	81.1
Men	4	3.6	16	14.4	20	18.0
Non-binary	0	0.0	1	0.9	1	0.9
Current education						
Student	36	32.4	68	61.3	104	93.7
Non-student	0	0.0	7	6.3	7	6.3
Highest educational level						
Secondary Education	0	0.0	5	4.5	5	4.5
High School	30	27.0	49	44.1	79	71.2
Vocational Education (intermediate/advanced)	4	3.6	7	6.3	11	9.9
University degree	1	0.9	6	5.4	7	6.3
Master's degree	1	0.9	8	7.2	9	8.1
Employment status						
Employed	7	6.3	19	17.1	26	23.4
Unemployed	29	26.1	56	50.5	85	76.6
Place of birth						
Spain	34	30.6	70	63.1	104	93.7
Other country	2	1.8	5	4.5	7	6.3
Current living situation						
Family of origin	17	15.3	52	46.8	69	62.2
Friends or roommates	17	15.3	20	18.0	37	33.3
Partner	0	0.0	2	1.8	2	1.8
Living alone	1	0.9	0	0.0	1	0.9
University residence	1	0.9	0	0.0	1	0.9
Family and roommates	0	0.0	1	0.9	1	0.9
Socioeconomic status						
Low	4	3.6	16	14.4	20	18.0
Intermediate	30	27.0	54	48.6	84	75.7
High	2	1.8	5	4.5	7	6.3
Current physical illness						
Yes	1	0.9	7	6.3	8	7.2
No	35	31.5	68	61.3	103	92.8
Current mental health problem						
Yes	1	0.9	15	13.5	16	14.4
No	35	31.5	60	54.1	95	85.6

Note. Absence of suicidal ideation, n = 36. Presence of suicidal ideation, n = 75. Total number of participants, n = 111.

Table 2. Descriptive analyses and bivariate correlations between variables.

Variable	Me	IQR	Pc25	Pc50	Pc75	S	K	1	2	3	4
1. Psychological pain	20	12	16	20	28	1.50 (0.23)	2.09 (0.46)	–			
2. Entrapment	14	16	8	14	24	0.78 (0.23)	0.01 (0.46)	0.79***	–		
3. Meaning in life	21	6	18	21	24	–0.73 (0.23)	0.43 (0.46)	–0.43***	–0.53***	–	
4. Suicidal ideation	7	5	5	7	10	1.85 (0.23)	3.33 (0.46)	0.57***	0.63***	–0.51***	–

Note. N = 111. Me, median; IQR, interquartile range; Pc, percentile; S, skewness; K, kurtosis. ***$p < 0.001$.

potheses proposed. First, Hypothesis 1 was that psychological pain would be positively associated with suicidal ideation, whereas MIL would be negatively correlated with suicidal ideation. This hypothesis is completely fulfilled by

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Table 3. Hierarchical regression on suicidal ideation.

Predictor	R^2	$\triangle R^2$	$\triangle F$	β	*t*	*p*	VIF	T
Model 1	0.51	0.51	114.85***					
Psychological pain				0.72	10.72	<0.001	1.00	1.00
Model 2	0.55	0.04	9.76**					
Psychological pain				0.44	4.04	<0.001	2.88	0.35
Entrapment				0.34	3.12	0.002	2.88	0.35
Model 3	0.56	0.02	4.15*					
Psychological pain				0.44	4.08	<0.001	2.88	0.35
Entrapment				0.26	2.03	0.027	3.29	0.30
Meaning in life				–0.15	–2.04	0.044	1.43	0.70

Note. Durbin–Watson = 1.97. R^2, adjusted R^2; $\triangle R^2$, increment of non-adjusted R^2; $\triangle F$, increment of F; β, standardized coefficient; VIF, variance inflation factor; T, tolerance. *$p < 0.05$. **$p < 0.01$. ***$p < 0.001$.

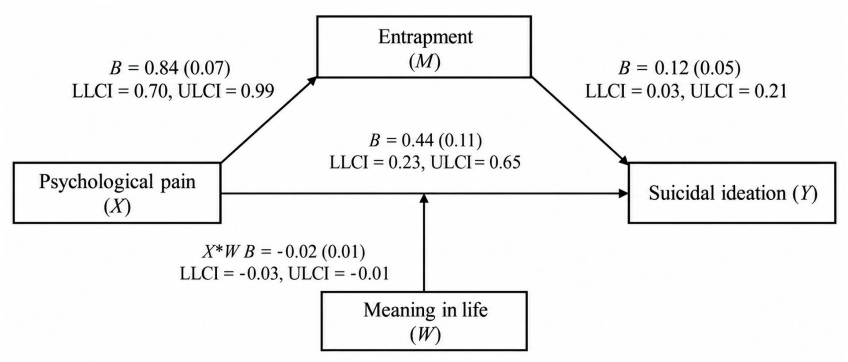


Fig. 2. Moderated mediation model. Note. Coefficients (B) between variables are displayed (with standard errors in brackets). LLCI, Lower Level at 95% Confidence Interval; ULCI, Upper Level at 95% Confidence Interval.

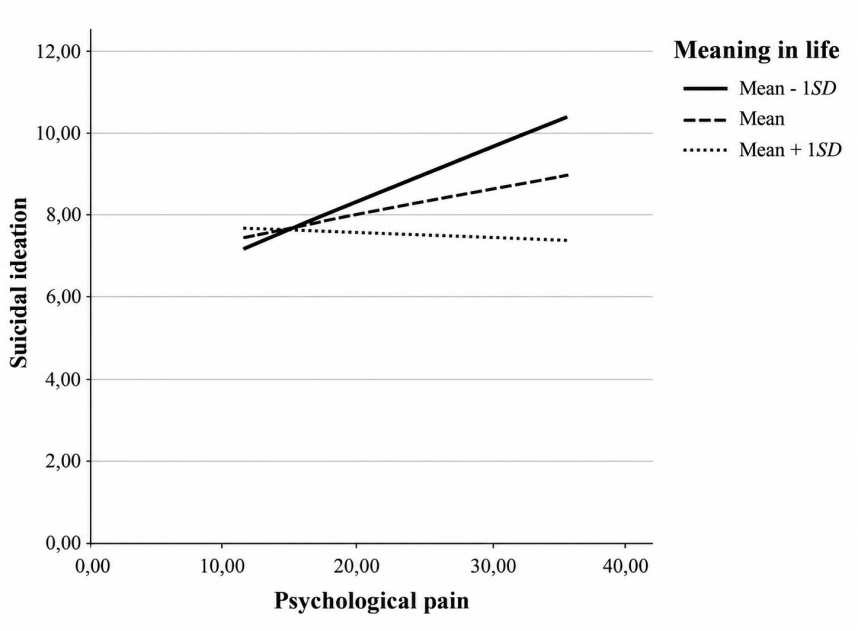


Fig. 3. Conditional effects of meaning in life on the direct effects of psychological pain on suicidal ideation. Note. SD, standard deviation.

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our results.

On the one hand, psychological pain and suicidal ideation seem to be closely related. This result is in line with previous literature which explains suicide as a response to feelings of overwhelming pain [17]. According to the diathesis-stress model [45] and the buffering hypothesis [46], individual vulnerabilities activated by the presence of (acute or chronic) stressors could lead to an adverse psychological reaction to stress, but there are factors which moderate this risk (as attributional style, perfectionism, agency and hopelessness). Following the example presented by Klonsky and May [18], imagine a young adult recently graduated from university who has to move back to live with her parents. She is perfectionist and self-critical, as she has been raised with an authoritarian parenting style (individual vulnerabilities). She is currently suffering a strong pressure from her family due to her work instability (stressors), and it makes her feel dejected and hopeless. In this case, her first step toward suicidal ideation could begin with her psychological pain, shown as aversive thoughts, emotions, sensations and experiences.

On the other hand, our results indicate that a greater perception of MIL in emerging adulthood is negatively related to suicidal ideation. According to Steger *et al*. [47], if this young woman could increase her perception of coherence (through comprehension of her life and experiences), purpose (through discerning, committing to, and pursuing her lifelong goals) and significance (through understanding the reasons why her life is important and valuable), it will be associated with less suicide ideation. Thus, MIL stands out as a potential variable for suicide prevention in young people, whose role we will mention later in greater depth.

Second, Hypothesis 2 was that the relationship between psychological pain and suicidal ideation (a) would be partially mediated by the feeling of entrapment and (b) would be moderated by MIL. The results obtained in our sample, predominantly composed of female young emerging adults enrolled in university, suggest the confirmation of both propositions of this hypothesis.

On the one side, we observed that emerging adults who experience greater psychological pain have a stronger sense of entrapment, and they also report a higher frequency of suicidal ideation. These results are in line with the classic theory of Baumeister [48], who described suicide as an escape from an aversive state of mind characterized by the perception of entrapment, with no prospect of escape or being rescued. It could generate a "tunnel vision" whereby suicide becomes the only perceived escape route to that pain. As also mentioned by Williams [49] in his "cry of pain" theory of suicide, thoughts about disappearing may provide relief, imagining a break from the pain suffered.

However, entrapment is not an inevitable consequence of psychological pain [19,46,50]. Our results show that the mediation obtained is partial, so psychological pain is associated with suicidal ideation independently, but the association is higher when studied together with entrapment. This confirms the highlights made by Klonsky and May [18] about the importance of studying combined factors and their interaction. They recommended avoiding the isolated and static study of risk and protective factors, since this limits the understanding of reality.

On the other side, our findings indicate that MIL moderates the relationship between psychological pain and suicidal ideation. Emerging adults who are experiencing psychological pain and—simultaneously—have a high perception of MIL, do not show higher suicidal ideation compared to those participants who do not express psychological pain. On the contrary, this relationship between pain and suicidal ideation is clearly observed in those participants with low MIL. This finding is consistent with the Three-Step Theory of suicide [18], which postulates that the first step is the development of suicidal ideation through the combination of psychological pain and hopelessness. The second step is the strengthening or weakening of such suicidal ideation through connectedness, defined not only as connection to other people, but also as attachment to a job, project, role, interest or any sense of perceived purpose or meaning that keeps one person invested in living [18]. Our study suggests that, similarly to connectedness, MIL could also function in the second step as a buffering variable, weakening—and even eliminating—the relationship between pain and suicidal ideation.

Therefore, our study finds MIL as a potential protective factor against suicidal ideation in those young adults experimenting psychological pain, although its contribution is small in our sample and needs further exploration. According to the Integrated Motivational-Volitional Model (IVM) [19] of suicidal behavior, psychological pain may be caused in a first phase (pre-motivational phase) by vulnerability factors (as biological, personal, interpersonal and contextual factors). These factors are combined with other stressors and negative life events which function as "triggering events". In a second phase (motivational phase), the individual may feel trapped in the situation and suicidal ideation could emerge [50]. According to O'Connor and Kirtley [19], "the presence of motivational moderators will increase or decrease the likelihood that entrapment is translated into suicidal ideation". In our work we focus on this second or motivational phase—which is the most strongly

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supported by the literature as demonstrated by Souza's systematic review [50], providing MIL as a relevant motivational moderator in emerging adulthood [51].

Likewise, our findings alert us to the importance of give priority attention to those young adults who are suffering psychological pain combined with low meaning and purpose in their lives, as they may have the highest risk of suicidal ideation. According to the third phase of the IMV model (volitional phase), they could progress from suicidal ideation to suicidal action if they also present factors of execution capacity (e.g., access to means, impulsivity or fearlessness about death, among others) [52].

Our findings lead us to draw some relevant conclusions. In the first place, the potential interest to incorporate the assessment of entrapment and MIL into routine healthcare interviews, together with other important variables previously mentioned in the literature as problem solving, rumination and loneliness, among others [53]. In the second place, there is a challenge to design, applicate and evaluate the effectiveness of new intervention programs to reduce entrapment [50] in emerging adults. Our results also highlight MIL as a relevant target for developing interventions in emerging adults – specifically, by fostering the finding of a life purpose aligned with their personal values and enhancing their sense of coherence and significance during this life stage [51]. Finally, it is important to educate professionals (such as professors, healthcare professionals, psychotherapists, and other people working with young adults) about the main characteristics of emerging adulthood and how to appropriately address suicidal ideation in this life stage [5,6].

Regarding the limitations of our study, we can point out the small size and the limited variability of the sample (predominantly composed of female university students), which prevents the generalization of our findings to the Spanish emerging adult population. For future research, we propose to expand and diversify the sample to explore whether the results remain consistent despite this demographic skew. In addition, the data we obtained are cross-sectional, therefore longitudinal data will be needed to study the causality between variables and their temporal evolution. Furthermore, the findings should be interpreted with caution due to the high correlation between psychological pain and entrapment. Although the results for the VIF and tolerance do not indicate a high risk of multicollinearity according to the recommendations of Myers [41] and Menard [42], other authors consider that a mean VIF greater than 1 could indicate that multicollinearity is biasing the model [54]. In the present study, the mean VIF was greater than 1; therefore, the results must be interpreted with caution and further investigation is required to determine whether there is any potential overlap. Lastly, our study relied on self-report measures. Although we selected measures with good psychometric properties and we checked for infrequency, there are certain biases inherent in self-report methods that could affect the results. In future research it would be of interest to use mixed methods, e.g., including qualitative interviews or open questions. As emphasized by Glenn and Nock [55], it will be important to increase the methodological creativity and sophistication of our studies in order to obtain a more accurate, nuanced, and actionable understanding of suicide.

With all this, we hope our research will contribute to fostering positive psychological functioning in emerging adults, particularly young Spanish women, and support them in developing their abilities to their full potential. From our perspective, this life stage offers a particularly fertile ground for planting the seeds of meaning and purpose, which may flourish throughout the subsequent stages of adulthood.

Conclusions

The present study offers valuable insights within an integrative theorical framework into the psychological mechanisms driving suicidal ideation among a sample of Spanish emerging adults. The core findings suggest that psychological pain functions as a primary risk factor directly linked to a higher suicidal ideation, and indirectly linked by the mediating effect of entrapment. It implies that young adults who perceive their emotional suffering as an unsustainable situation with no possibility of escape are at a heightened risk of presenting suicidal thoughts. Furthermore, this work highlights the role of existential variables as a potential protective factor. Concretely, MIL may act as a moderator factor between psychological pain and suicidal ideation, functioning as a buffer. While psychological pain strongly is positively related to suicidal ideation at low levels of MIL, this association is effectively neutralized among emerging adults who perceive high purpose, coherence, and significance in their lives. These findings have implications for clinical practice. On the one hand, assessing suicidal ideation can be complex. Therefore, incorporating routine assessments of entrapment and MIL into youth mental health screening protocols (given that these are closely related to suicidal ideation) may be helpful. On the other hand, preventive and therapeutic strategies targeting emerging adults should extend beyond reducing distress to include interventions designed to foster coping mechanisms, assist in the search for meaning, and work on developing a sense of purpose at this stage of life.

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Availability of Data and Materials

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Author Contributions

INM: conceptualization, methodology, data curation, investigation, formal analysis, interpretation of results, writing—original draft preparation. UDlB: conceptualization, methodology, formal analysis, interpretation of results, writing—original draft preparation, review and editing. EM: interpretation of results, writing—original draft preparation, review and editing. All authors reviewed the results and approved the final version of the manuscript. All authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Ethics Approval and Consent to Participate

The study was approved by The Ethics Committee of Research in Humans of the Ethics Commission in Experimental Research of University of Valencia (reference 2024-PSILOG-3240266; approval date: 7 March 2024) and the research complies with the ethical principles set out in the Declaration of Helsinki, as well as the university's data protection guidelines. Participants were informed of the purpose of the research, the voluntary nature of participation, and the possibility of withdrawing from the study at any time without prejudice. Participants provided their written informed consent.

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Conflict of Interest

The authors declare no conflict of interest.

References

[1] Arnett JJ. Emerging adulthood: A theory of development from the late teens through the twenties. American Psychologist. 2000; 55: 469–480. https://doi.org/10.1037//0003-066x.55.5.469.

[2] Arnett J, Žukauskienė R, Sugimura K. The new life stage of emerging adulthood at ages 18-29 years: Implications for mental health. The Lancet Psychiatry. 2014; 1: 569–576. https://doi.org/10.1016/S2215-0366(14)00080-7.

[3] Nelson LJ. The Theory of Emerging Adulthood 20 Years Later: A Look at Where It Has Taken Us, What We Know Now, and Where We Need to Go. Emerging Adulthood. 2021; 9: 179–188. https://doi.org/10.1177/2167696820950884.

[4] Parameswaran G. The social historical roots of the concept of emerging adulthood and its impact on early adults. Theory & Psychology. 2020; 30: 18–35. https://doi.org/10.1177/0959354319876985.

[5] Matud MP, Ibáñez I, Hernández-Lorenzo DE, Bethencourt JM. Gender, life events, and mental well-being in emerging adulthood. The International journal of social psychiatry. 2023; 69: 1432–1443. https://doi.org/10.1177/00207640231164012.

[6] Robinson O. Emerging adulthood, early adulthood, and quarter-life crisis: Updating Erikson for the twenty-first century. In Žukauskienė R (ed.) Emerging adulthood in a European context (pp. 17–30). Routledge/Taylor & Francis Group: London. 2016.

[7] Auerbach RP, Mortier P, Bruffaerts R, Alonso J, Benjet C, Cuijpers P, *et al*. WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. Journal of Abnormal Psychology. 2018; 127: 623–638. https://doi.org/10.1037/abn0000362.

[8] Fisher RS, Dattilo TM, Sharkey CM, Traino KA, Espeleta HC, Krietsch K, *et al*. Sleep patterns related to emotion dysregulation among adolescents and young adults. Journal of Pediatric Psychology. 2022; 47: 111–120. https://doi.org/10.1093/jpepsy/jsab084.

[9] Velert-Jiménez S, De-la-Barrera U, Gil-Gómez JA, Montoya-Castilla I. Characteristics of Emerging Adulthood and Emotion Dysregulation for Predicting Well-Being: Contributions of Qualitative Comparative Analysis. Emerging Adulthood. 2025; 13: 578–595. https://doi.org/10.1177/21676968251316957.

[10] Kirwan EM, Burns A, O'Súilleabháin PS, Summerville S, McGeehan M, McMahon J, *et al*. Loneliness in emerging adulthood: A scoping review. Adolescent Research Review. 2025; 10: 47–67. https://doi.org/10.1007/s40894-024-00240-4.

[11] Slavich GM, Auerbach RP. Stress and its sequelae: Depression, suicide, inflammation, and physical illness. In Butcher JN, Hooley JM (eds.) APA Handbook of Psychopathology: Understanding, assessing, and treating adult mental disorders (pp. 375–402). American Psychological Association: Washington, DC. 2018.

[12] Miranda-Mendizabal A, Castellví P, Parés-Badell O, Alayo I, Almenara J, Alonso I, *et al*. Gender differences in suicidal behavior in adolescents and young adults: systematic review and meta-analysis of longitudinal studies. International Journal of Public Health. 2019;

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64: 265–283. https://doi.org/10.1007/s00038-018-1196-1.

[13] World Health Organization. Prevention of suicidal behaviours: A task for all. 2020. Available at: https://www.who.int/health-topics/suicide#tab=tab_1 (Accessed: 11 July 2026).

[14] National Institute of Statistics. Suicide mortality rate by autonomous community, age, sex, and period. 2024. Available at: https://www.ine.es/jaxi/Tabla.htm?tpx=46688&L=0 (Accessed: 11 July 2026).

[15] Thompson AH, Dewa CS, Phare S. The suicidal process: Age of onset and severity of suicidal behaviour. Social Psychiatry and Psychiatric Epidemiology. 2012; 47: 1263–1269. https://doi.org/10.1007/s00127-011-0434-0.

[16] Franklin JC, Ribeiro JD, Fox KR, Bentley KH, Kleiman EM, Huang X, *et al*. Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. Psychological Bulletin. 2017; 143: 187–232. https://doi.org/10.1037/bul0000084.

[17] Montemarano V, Troister T, Lambert CE, Holden RR. A four-year longitudinal study examining psychache and suicide ideation in elevated risk undergraduates: A test of Shneidman's model of suicidal behavior. Journal of Clinical Psychology. 2018; 74: 1820–1832. https://doi.org/10.1002/jclp.22639.

[18] Klonsky ED, May AM. The three-step theory (3ST): A new theory of suicide rooted in the "ideation-to-action" framework. International Journal of Cognitive Therapy. 2015; 8: 114–129. https://doi.org/10.1521/ijct.2015.8.2.114.

[19] O'Connor RC, Kirtley OJ. The integrated motivational-volitional model of suicidal behaviour. Philosophical transactions of the Royal Society of London. Series B, Biological sciences. 2018; 373: 20170268. https://doi.org/10.1098/rstb.2017.0268.

[20] Frankl VE. Logoterapia y análisis existencial. Textos de cinco décadas. 2nd ed. Herder: Barcelona. 1994.

[21] King LA, Hicks JA. The science of meaning in life. Annual Review of Psychology. 2021; 72: 561–584. https://doi.org/10.1146/annurev-psych-072420-122921.

[22] Fernández-Montalvo J, Villanueva P, Arteaga A. Characteristics and Predictors of Suicidal Ideation Severity among Callers to a Telephone Helpline in Spain. Psychosocial Intervention. 2021; 30: 174–181. https://doi.org/10.5093/pi2021a7.

[23] Hooker SA, Masters KS, Park CL. A Meaningful Life is a Healthy Life: A Conceptual Model Linking Meaning and Meaning Salience to Health. Review of General Psychology. 2018; 22: 11–24. https://doi.org/10.1037/gpr0000115.

[24] Dezutter J, Waterman AS, Schwartz SJ, Luyckx K, Beyers W, Meca A, *et al*. Meaning in life in emerging adulthood: A person-oriented approach. Journal of Personality. 2014; 82: 57–68. https://doi.org/10.1111/jopy.12033.

[25] Guo Z, Yang T, He Y, Tian W, Wang C, Zhang Y, *et al*. The Relationships Between Suicidal Ideation, Meaning in Life, and Affect: a Network Analysis. International Journal of Mental Health and Addiction. 2024; 22: 2805–2824. https://doi.org/10.1007/s11469-023-01019-9.

[26] Joiner TE. Why people die by suicide. Harvard University Press: Cambridge, MA. 2005.

[27] Fonseca-Pedrero E, Paíno-Piñeiro M, Lemos-Giráldez S, Villazón-García U, Muñiz J. Validation of the Schizotypal Personality Questionnaire-Brief Form in adolescents. Schizophrenia Research. 2009; 111: 53–60. https://doi.org/10.1016/j.schres.2009.03.006.

[28] Kung FYH, Kwok N, Brown DJ. Are Attention Check Questions a Threat to Scale Validity? Applied Psychology. 2018; 67: 264–283. https://doi.org/10.1111/apps.12108.

[29] Holden RR, Mehta K, Cunningham EJ, McLeod LD. Development and preliminary validation of a scale of psychache. Canadian Journal of Behavioural Science. 2001; 33: 224–232. https://doi.org/10.1037/h0087144.

[30] Ordóñez-Carrasco JL, Cuadrado-Guirado I, Rojas-Tejada A. Scale of psychological pain: Spanish adaptation of the Psychache Scale in young adults. Revista de Psiquiatría y Salud Mental. 2022; 15: 196–204. https://doi.org/10.1016/j.rpsmen.2022.09.006.

[31] Gilbert P, Allan S. The role of defeat and entrapment (arrested flight) in depression: an exploration of an evolutionary view. Psychological Medicine. 1998; 28: 585–598. https://doi.org/10.1017/S0033291798006710.

[32] Ordóñez-Carrasco JL, Cuadrado-Guirado I, Rojas-Tejada A. Adaptation to spanish of the scales of defeat and entrapment in young adults: psychometric properties. Terapia psicológica. 2021; 39: 17–37. http://dx.doi.org/10.4067/S0718-48082021000100017. (In Spanish)

[33] Taylor PJ, Wood AM, Gooding P, Johnson J, Tarrier N. Are defeat and entrapment best defined as a single construct? Personality and Individual Differences. 2009; 47: 795–797. https://doi.org/10.1016/j.paid.2009.06.011.

[34] Schulenberg SE, Schnetzer LW, Buchanan EM. The purpose in life test-short form: Development and psychometric support. Journal of Happiness Studies. 2011; 12: 861–876. https://doi.org/10.1007/s10902-010-9231-9.

[35] Rubio-Belmonte C, Mayordomo Rodríguez T, García-Alandete J. Psychometric properties of the Purpose in Life-Short Form in the Spanish population. Journal of Clinical Psychology. 2023; 79: 1099–1112. https://doi.org/10.1002/jclp.23461.

[36] Chang EC, Chang OD. Development of the Frequency of Suicidal Ideation Inventory: Evidence for the Validity and Reliability of a Brief Measure of Suicidal Ideation Frequency in a College Student Population. Cognitive Therapy and Research. 2016; 40: 549–556. https://doi.org/10.1007/s10608-016-9758-0.

[37] Sánchez-Álvarez N, Extremera-Pacheco N, Rey L, Chang EC, Chang OD. Frequency of Suicidal Ideation Inventory: Psychometric Properties of the Spanish Version. Psicothema. 2020; 32: 253–260. https://doi.org/10.7334/psicothema2019.344.

[38] Serrano-Montilla C, Garrido-Macías M, Sáez-Díaz J, Sáez G. Assessing police attitudes toward intervention in gender violence: The role of training, perceived severity, and myths about intimate partner violence against women. Journal of Family Violence. 2025; 40: 299–311. https://doi.org/10.1007/s10896-023-00605-8.

[39] Hayes AF. Introduction to mediation, moderation, and conditional process analysis: A regression-based approach. Guilford publications: New York, NY. 2017.

[40] Field A. Discovering statistics using SPSS: Introducing statistical method. SAGE Publication: London. 2009.

[41] Myers RH. Classical and modern regression with applications. Duxbury Press: Boston, MA. 1990.

[42] Menard S. Applied logistic regression analysis. Sage University Paper Series on Quantitative Applications in the Social Sciences.

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SAGE Publication: London. 1995.

[43] Turecki G, Brent DA. Suicide and suicidal behaviour. The Lancet. 2016; 387: 1227–1239. https://doi.org/10.1016/S0140-673600234-2.

[44] Al-Halabí S, Fonseca-Pedrero E. Manual de Psicología de la Conducta Suicida. Pirámide: Madrid. 2023.

[45] Kleiman EM. The stress generation theory explains unanswered questions in suicide research: An integrated transactional diathesis-stress model of suicide [doctoral dissertation]. Fairfax, VA: George Mason University. 2014.

[46] Johnson J, Wood AM, Gooding P, Taylor PJ, Tarrier N. Resilience to suicidality: The buffering hypothesis. Clinical Psychology Review. 2011; 31: 563–591. https://doi.org/10.1016/j.cpr.2010.12.007.

[47] Steger MF, Shin JY, Shim Y, Fitch-Martin A. Is meaning in life a flagship indicator of well-being? In Waterman AS (ed.) The best within us: Positive psychology perspectives on eudaimonia (pp. 159–182). American Psychological Association: Washington, DC. 2013.

[48] Baumeister RF. Suicide as escape from self. Psychological Review. 1990; 97: 90–113. https://doi.org/10.1037/0033-295x.97.1.90.

[49] Williams JMG. Suicide and attempted suicide: Understanding the cry of pain. 2nd ed. Penguin: London. 2001.

[50] Souza K, Sosu EM, Thomson S, Rasmussen S. A systematic review of the studies testing the integrated motivational-volitional model of suicidal behaviour. Health Psychology Review. 2024; 18: 698–722. https://doi.org/10.1080/17437199.2024.2336013.

[51] Moscardini EH, Oakey-Frost DN, Robinson A, Powers J, Abousouan AB, Rasmussen S, *et al*. Entrapment and suicidal ideation: The protective roles of presence of life meaning and reasons for living. Suicide and Life-Threatening Behavior. 2022; 52: 14–23. https://doi.org/10.1111/sltb.12767.

[52] Branley-Bell D, O'Connor DB, Green JA, Ferguson E, O'Carroll RE, O'Connor RC. Distinguishing suicide ideation from suicide attempts: Further test of the Integrated Motivational-Volitional Model of Suicidal Behaviour. Journal of Psychiatric Research. 2019; 117: 100–107. https://doi.org/10.1016/j.jpsychires.2019.07.007.

[53] Sandford DM, Thwaites R, Kirtley OJ, O'Connor RC. Utilising the integrated motivational volitional (IMV) model to guide CBT practitioners in the use of their core skills to assess, formulate and reduce suicide risk factors. The Cognitive Behaviour Therapist. 2022; 15: e36. https://doi.org/10.1017/S1754470X22000344.

[54] Bowerman BL, O'Connell RT. Linear statistical models: An applied approach. 2nd ed. PWS-Kent Publishing Company: Boston, MA. 1990.

[55] Glenn CR, Nock MK. Improving the short-term prediction of suicidal behavior. American Journal of Preventive Medicine. 2014; 47: S176–S180. https://doi.org/10.1016/j.amepre.2014.06.004.

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