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Prediction of suicidal thoughts based on early maladaptive schemas with the mediation of emotion regulation difficulty in teachers

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A B S T R A C T

The present study aimed to determine the fit of the predictive model of suicidal ideation based on early maladaptive schemas mediated by difficulty in emotion regulation in teachers. This study is an applied study in terms of its purpose and a descriptive correlational study in terms of its method, which was conducted using structural equation modeling. The statistical population consists of all teachers working in schools in Tehran during the spring of 2025, from which 320 people were selected using the available sampling method. The research instruments included the Beck Scale for Suicide Ideation (1979); the Emotion Regulation Difficulties Scale by Gratz & Roemer (2004) and the Young Schema Questionnaire-short form (1998). Data analysis was performed using structural equation modeling. The results showed that the predictive model of suicidal ideation based on early maladaptive schemas mediated by difficulty in emotion regulation in teachers fits the collected data. Suicidal ideation is predicted based on early maladaptive schemas in teachers (P=0.001, β=0.400). Suicidal ideation is predicted based on difficulty in emotion regulation in teachers (P=0.001, β=0.378).

Introduction

Suicide stands as a pressing global public health concern, exacting a toll of more than 703000 lives annually (Vaghela et al., 2025). Suicidal behaviors and related phenomena encompass a spectrum of cognitive and behavioral expressions associated with self-inflicted harm and the desire to die. Suicidal ideation refers to thoughts about engaging in behavior intended to end one's life, which can range from fleeting thoughts to well-formulated plans. Suicide attempts involve self-injurious behaviors carried out with at least some intent to die, regardless of the outcome. Suicide is a purposeful, destructive, and self-inflicted act that results in death to get out of a difficult situation or crisis that is causing the person great suffering. Suicidal behaviors can be categorized into suicidal ideation (thoughts of engaging in behavior intended to end one's life), suicide plans (formulating a method), suicide attempts (non-fatal acts), and completed suicide (Ali et al., 2025).

Suicidal ideation signals a higher suicide risk, particularly among teachers, affecting their well-being and impacting student development and academic success (Ruiz-Ordóñez et al., 2024). In an education system, the teachers' mental health is of importance. A teacher with problems like depression or anxiety may transmit such feelings to students and harm them. A student who cannot understand the teacher falls behind studies and may discontinue studying. If a teacher has the authority to reduce his anxiety and depression and affect students' learning process, one can expect more academic achievement (Afshariyanzadeh et al., 2021). The acknowledgment of teachers struggling with suicidal ideation is

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indeed a delicate issue, often considered taboo within sociocultural contexts. Teachers are expected to identify and support students facing mental health challenges, yet they may themselves experience significant stressors that contribute to suicidal tendencies, such as increased workload and interpersonal relationships. This duality creates a complex dynamic where societal expectations may prevent open discussions about teachers' mental health, leading to feelings of shame or inadequacy. Furthermore, the stigma surrounding mental health issues can hinder teachers from seeking help, despite their critical role as gatekeepers in recognizing and addressing self-harm and suicidal behaviors among students. The need for culturally informed training and support for educators is essential, as it can empower them to address their own mental health while effectively responding to the needs of their students Thus, the interplay of sociocultural factors complicates the discourse surrounding teachers' mental health and their responsibilities (Ruiz-Ordóñez & Sesé, 2024).

Identifying the risk factors that underpin suicidal ideation and self-harm is a global public health priority. This knowledge can inform risk assessment and facilitate the development of individualized approaches to the treatment and prevention of suicide and suicide-related outcomes. Suicidal thoughts and behaviors are influenced by multiple social, cultural, biological, and environmental factors. Risk factors commonly associated with suicide include psychiatric history, unemployment, and low socioeconomic status. In particular, a history of childhood adversity, such as emotional abuse, has been consistently linked with increased risk of suicide in later life. However, given their historical nature, adverse childhood events are static risk factors that cannot be directly modified. In contrast, dynamic risk factors, such as psychological and cognitive correlates of suicidality, are modifiable and can be targeted by individualized therapeutic interventions. Identifying the dynamic cognitive risk factors that underpin suicidality is, therefore, an important agenda for suicide research (Pilkington et al., 2021).

Studies have investigated the role of Early Maladaptive Schemas on suicide ideation (Grażka & Strzelecki, 2023). Young et al. (2006) distinguished five categories of universal basic early childhood needs, the satisfaction of which allows an individual to develop optimally. These needs include (I) secure attachment, (II) autonomy, a sense of competence, and identity, (III) the freedom to express needs and emotions, (VI) spontaneity and play, and (V) the need for realistic boundaries and self-control. When these needs are not met, the so-called early maladaptive schemas develop. An EMS—one of the main concepts in schema therapy—is defined by Young as "a broad, pervasive theme or pattern, comprised of memories, emotions, cognitions, and bodily sensations, regarding oneself and one's relationships with others, developed during childhood or adolescence, elaborated throughout one's lifetime and dysfunctional to a significant degree".

In a study Valikhani et al. (2017) showed that schema therapy approach can address particular domains of early maladaptive schemas (disconnection and rejection) for preventing or treating suicide ideation in adolescents regardless of their personality traits and demographic variables. Ebrahimi et al. (2023) demonstrated that emotion regulation functions as a mediating mechanism in the relationship between early maladaptive schemas and suicidal ideation among adults with a history of childhood adversities, including physical and sexual abuse. Ko and Park (2024) found that outpatients with major depressive disorder who exhibited higher levels of early maladaptive schemas—previously associated with elevated suicidal ideation—were more likely to report greater current suicidal ideation, a relationship mediated by increased perceived burdensomeness and thwarted belongingness.

In conjunction with environmental or biological risk factors, the ability to identify and regulate emotions is considered a key vulnerability mechanism involved in suicide risk (Doba et al., 2025). In adulthood, EMS activation is characterized by intense emotional arousal. The schema model conceptualizes difficulties in emotional regulation as a consequence of negative early life experiences when the child's basic emotional needs are neglected (Pilkington et al., 2024). Emotion regulation can be defined as "extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one's goals (Ma et al., 2025). Emotion regulation difficulties, also known as emotional dysregulation, refer to challenges in managing, understanding, or responding to emotional experiences. It involves struggles with controlling the intensity, duration, or expression of emotions, particularly in situations that evoke strong

feelings. These difficulties can manifest in various ways, including feeling overwhelmed by minor events, struggling to control impulsive behaviors, or experiencing unpredictable outbursts (Gratz & Roemer, 2004). Emotion dysregulation has been regarded as one of the critical risk components for the occurrence and maintenance of diverse mental disorders (Ma et al., 2025).

Nikfallah and Barakat (2022) demonstrated that deficits in emotion regulation are associated with the use of maladaptive coping strategies, including suicidal behavior. Difficulties in regulating emotions contribute to both suicidal ideation and attempts, suggesting that suicidal thoughts themselves may serve as a maladaptive strategy to cope with acute emotional distress. In contrast, individuals who employed more adaptive avoidance strategies experienced less emotional impact and were less likely to resort to suicide. In a study conducted by Doba et al. (2025) structural equation modeling revealed significant indirect effects between adolescent mentalizing and adolescent suicide risk through adolescent adaptive and maladaptive emotion regulation.

Suicidal thoughts in teachers are a very sensitive and worrying issue that can be caused by professional, psychological, economic and social pressures. Teachers should have adequate support due to their important role in the education of the next generation, but sometimes this support is inadequate or non-existent. Since suicide ideation undergoes a gradual and continuous evolutionary process, starting from thoughts to plans and culminating in suicide; hence, for prevention of suicide, the need to identify thoughts takes priority. So, given the significance of suicide ideation leading to attempt of suicide and its high prevalence rates, it is crucial to examine and detect related factors in this population. Deficits in emotion regulation are known to be key factors in the development and persistence of mental disorders. Difficulties in regulating emotions may therefore serve as an important mediator between early maladaptive schemas and suicidal thoughts. Given this, the role of emotion regulation should be carefully considered in both the understanding and treatment of psychopathology. Based on a review of the existing literature, it is possible to propose a model in which suicidal thoughts are predicted by early maladaptive schemas through the mediating effect of difficulties in emotion regulation. Accordingly, the present study aims to investigate whether suicidal thoughts in married women can be predicted by early maladaptive schemas, with difficulties in emotion regulation acting as a mediator.

Method

Sample and Sampling Method

This research is applied in terms of purpose and descriptive in terms of methodology. It is a correlational study conducted using structural equation modeling. The statistical population consists of all teachers working in schools in Tehran during the spring of 2025. Based on recommendations for SEM—where a minimum of 5 and up to 50 samples are typically required per parameter, and an overall sample size between 200 and 400 is generally considered sufficient—this study selected 25 samples for each of the 12 parameters, resulting in a target sample size of 300 participants. Participants were recruited through a convenience sampling method, and the final sample consisted of 320 individuals (Kline, 2016).

The inclusion criteria were age between 25 and 50 years, at least 2 years of work experience, informed consent to participate in the study, and no current use of psychotropic substances or medications (self-reported). The exclusion criteria included lack of consent to participate, incomplete questionnaire responses, and use of psychiatric medication or current psychotherapy treatment.

Tools Used

Beck Scale for Suicide Ideation: The Beck Scale for Suicide Ideation, developed by Beck et al. (1979), is designed to measure the degree of an individual's susceptibility to suicide. It consists of 19 items scored on a 3-point Likert scale ranging from 0 to 2. Beck et al. (1988) reported a Cronbach's alpha coefficient of 0.96 for this instrument. They also reported its correlation with the Beck Depression Inventory in outpatient and inpatient samples as 0.62 and 0.53, respectively, and its correlation with the Beck Hopelessness Scale in outpatient and inpatient samples as 0.75 and 0.64, respectively. Esfahani et al. (2015) reported a Cronbach's alpha coefficient of 0.82 for this instrument. They also reported the correlation of this tool with the depression subscale of the revised Symptom Checklist-90 in samples of 535 and 51 individuals as 0.57 and 0.50, respectively, as indicators of the tool's validity.

Emotion Regulation Difficulties Scale: The Emotion Regulation Difficulties Scale developed by Gratz and Roemer (2004) consists of 36 items assessing six subscales: nonacceptance of emotional responses, difficulty engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. These items are rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always), with intermediate points of 2 (sometimes), 3 (about half the time), and 4 (most of the time). In the study by Khanzadeh et al. (2012), exploratory factor analysis for construct validity revealed eight factors for this scale, six of which were consistent with the original subscales. The other two factors were removed due to loading on only one item each. Khanzadeh et al. (2012) reported Cronbach's alpha coefficients ranging from 0.86 to 0.88 for this instrument.

Young Schema Questionnaire-short form: The Young Schema Questionnaire-short form (1998) consists of 75 items and assesses five schema domains: Disconnection and Rejection; Impaired Autonomy and Performance; Other-Directedness; Overvigilance and Inhibition; and Impaired Limits. It evaluates 15 specific schemas using a 6-point Likert scale ranging from 6 (completely true of me) to 1 (completely false of me). Sadoughi et al. (2008) reported a Cronbach's alpha coefficient of 0.94 for the total scale, with subscale alphas ranging from 0.62 to 0.90. Exploratory factor analysis employing Varimax rotation to assess construct validity supported the existence of the 15 schemas originally proposed by Young.

Procedure

Data collection was conducted following coordination with and obtaining approval from the Schools. Subsequently, the questionnaires were prepared in an online format. An invitation to participate, along with the corresponding questionnaire link, was disseminated via virtual networks, enabling voluntary participation. Upon reaching the required sample size, the data were extracted and organized for subsequent analysis.

Both descriptive and inferential statistical methods were employed for data analysis. The descriptive analyses included the presentation of demographic characteristics and central tendency measures such as means and standard deviations. Inferential analyses involved calculation of Pearson correlation coefficients and verification of the assumptions underlying structural equation modeling. Specifically, data normality was assessed using skewness, kurtosis, and Mahalanobis distance statistics; linearity was examined through scatterplots of standardized residuals; and multicollinearity was evaluated via tolerance coefficients and variance inflation factors. The goodness-of-fit of the structural model was then assessed employing fit indices, maximum likelihood estimation, and standardized regression coefficients, utilizing SPSS and AMOS software packages.

Results

In the present study, 41 (12.81%) of the participants were in the age group of 25 to 30 years, 60 (18.75%) were in the age group of 31 to 35 years, 101 (31.56%) were in the age group of 36 to 40 years, and 117 (36.57%) were in the age group of 41 to 45 years. It should be noted that the average age of the participants was 40.67 and its standard deviation was 9.05. 286 (89.38%) of the participants had a bachelor's degree and 34 (10.62%) had a master's degree.

Table 1- Fitness indices of the research structural model

Adaptive goodness of fit index	Goodness of fit index	Adaptive fitness index	Root mean square error of approximation	Softened chi-square	The square of Ka	Viability indicators
0/860	0/934	0/960	0/070	2/78	155.06	Basic model
0/080<	0/090<	0/090<	0/080>	3>	P>0/05	acceptable values

Table 1 shows that the obtained fit indices support the acceptable fit of the research structural model with the collected data.

Table 2- Direct and indirect path coefficients

probability value	Standard regression coefficient	Standard error	Unstandardized regression coefficient	Predictor variable - Mediator variable/criterion	path
0/001	0/400	0/077	0/469	Maladaptive schemas - suicidal thoughts	
0/001	0/378	0/078	0/451	Difficulty in emotion regulation - suicidal thoughts	direct
0/001	0/401	0/067	0/432	Maladaptive schemas - difficulty in emotion regulation	
0/001	0/152	0/056	0/389	Maladaptive schemas - suicidal thoughts	Indirect

Table 2 indicates that suicidal ideation is predicted based on early maladaptive schemas in teachers (P=0.001, β=0.400). Suicidal ideation is predicted based on difficulty in emotion regulation in teachers (P=0.001, β=0.378).

Conclusion

When these schemas are activated, they can make it difficult to cope with negative emotions or stressful situations, sometimes triggering thoughts of suicide as a way to escape overwhelming pain. This result confirmed the claim of Young et al. (2006) that mentioned EMSs are self-destructive, affective and cognitive patterns and cause significant functional impairments during life. According to this finding, it can be said that the schema therapy plays an important role in the prevention and treatment of suicide ideation.

The broader theoretical models that seek to explain pathways to suicidal ideation and behaviors have similarly emphasized the salience of cognitive risk factors. Namely, the Interpersonal Theory of Suicide (Joiner, 2005; Van Orden et al., 2005; Van Orden et al., 2010), the Integrated Motivational-Volitional model (Souza et al., 2024; O'Connor and Kirtley, 2018), and the Schematic Appraisals Model of Suicide (Johnson et al., 2008; Johnson et al., 2010) identify cognitive factors associated with suicidal risk that conceptually overlap with several of Young's early maladaptive schemas.

The Interpersonal Theory of Suicide suggests that individuals develop hopelessness and a desire to die when they feel unable to change two constructs: “thwarted belongingness” and “perceived burdensomeness” (Chu et al., 2017). Humans have an innate need to belong and feel connected to others. Thwarted belongingness refers to the cognitive-affective state resulting from this need for social connection not being met (Van Orden et al., 2010). In support of the Interpersonal Theory of Suicide, the empirical literature demonstrates that social isolation is one of the strongest and most reliable predictors of suicidal ideation, suicide attempts, and suicidal behavior (Chu et al., 2017). Further to this, Van Orden et al. (2010) propose that an individual is at increased risk of suicide when thwarted belongingness intersects with perceived burdensomeness. Perceived burdensomeness comprises two aspects: self-hatred and a belief that one is a burden or liability on others. The theory proposes that if an individual believes they are burdening others, such as family members, they may perceive that others would be “better off without them,” thus triggering a desire to die.

The Integrated Motivational-Volitional model (Souza et al., 2024; O'Connor and Kirtley, 2018) builds upon the Interpersonal Theory of Suicide by identifying that the absence of thwarted belongingness and perceived burdensomeness can prevent a sense of entrapment (defeat or humiliation from which there is no perceived escape) from transitioning into suicidal ideation or intention, and, ultimately, suicidal behavior (Ordonez-Carrasco et al., 2020). Klonsky and May's (2015) Three Step Model similarly posits that connectedness can protect against the escalation of suicidal ideation in individuals experiencing pain

and hopelessness. In alignment with schema theory, these models emphasize that the perceived frustration of interpersonal needs is a key factor in the development of suicidal ideation and progression to behavior.

The cognitive risk factors identified in these contemporary theories of suicidal ideation and behavior correspond with several of Young's schemas. Hopelessness conceptually overlaps with Young's Failure and Negativity Pessimism schemas. The Failure schema relates to expectations that one will inevitably fail and is incapable compared to others, whilst Negativity Pessimism is characterized by a pervasive focus on the negative aspects of life such as death and pain, while minimizing the positive aspects. Both these schemas encompass a sense of hopelessness that life is inevitably bad and will not improve and, therefore, may be significant predictors of suicidal risk (Pilkington et al., 2021).

Thwarted belongingness is distilled by Van Orden et al. (2010) into the cognition "I am alone," which directly corresponds with Young's Social Isolation schema: feeling that one is isolated, different from others, and not part of a group or community. Self-perceptions that one is a burden or flawed over-laps with Young's Defectiveness Shame and Emotional Deprivation schemas. Defectiveness Shame is the feeling one is bad, worthless, or unlovable, while Emotional Deprivation is the perception that one will not receive adequate care and nurturance from others. Therefore, based on the Interpersonal Theory of Suicide, the Social Isolation, Failure, Defectiveness Shame and Emotional Deprivation schemas may be stronger predictors of suicidal behavior than other schemas.

Schemas, especially when activated during stressful or emotionally challenging situations, can elicit intense negative emotional reactions. These reactions may overwhelm an individual's emotional coping resources and impair their ability to regulate emotions in adaptive ways. Research has indicated that the activation of certain maladaptive schemas—such as rejection, mistrust/abuse, defectiveness/shame, or emotional deprivation—can lead to strong emotional responses such as anger, sadness, anxiety, or shame. At the same time, these schemas may undermine a person's ability to accurately recognize, accept, and manage these emotions effectively (Bach et al., 2018). Emotion regulation difficulties typically involve the tendency to avoid distressing negative emotions, which can hinder the development of adaptive coping mechanisms. Individuals who experience such difficulties may become vulnerable to suicidal ideation, particularly in response to psychological pain or mild emotional arousal. However, in many cases, these individuals may not progress beyond ideation. Research suggests that when emotionally dysregulated individuals are exposed to highly arousing and painful experiences—such as non-suicidal self-injury—the risk of suicidal behavior may increase significantly. This is due to the heightened likelihood of the coexistence of suicidal desire and acquired capability for suicide. Therefore, although the direct association between emotion regulation difficulties and suicide may appear modest, it is nonetheless meaningful. The transition from suicidal thoughts to suicidal actions is likely to be heavily influenced by the specific behavioral strategies individuals use to manage their emotional states (Anestis et al., 2015).

Therefore, a significant association exists between early maladaptive schemas and difficulties in emotion regulation. Individuals with strong EMSs may struggle to implement effective emotional coping strategies, increasing their vulnerability to various forms of psychopathology. This relationship suggests that EMSs may not only contribute directly to psychological distress but also play a mediating role through their impact on emotion regulation processes. Understanding this relationship is crucial for identifying underlying mechanisms in emotional disorders and for developing schema-focused interventions aimed at improving emotional functioning. Awareness of EMSs associated with suicide risk can also be helpful at the treatment stage. Admittedly, this review focuses on the co-occurrence of the schema therapy constructs and suicidality, but it could be a prelude to an expanded examination from the causality side. Confirmation of the contribution of ESM to suicide risk would provide immediate tools for helping patients, resulting in more effective treatment and its reduced length. This would be beneficial both from the perspective of the patient and the health care system, reducing the costs of the interventions carried out. Given the affective component of EMSs, the schema therapy model emphasizes emotion regulation in several important ways. An integral part of schema therapy is helping clients to access, accept and tolerate affect; recognize and address unmet emotional needs; and reduce maladaptive coping responses to negative emotions. Schema therapy is differentiated from traditional cognitive behavior therapy by its emphasis on emotion-focused techniques (e.g., imagery) to access and challenge

maladaptive mental representations and facilitate change at an emotional level. Addressing the affective content of EMSs is seen as requisite for profound, long-term change.

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