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Original Article

Mentalization and Suicidal Ideation in Women with Suicidal Thoughts: The Mediating Role of Psychological Pain

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Abstract

Background: Suicidal ideation poses a major public health challenge, especially for at-risk groups. This study primarily explored the link between mentalization and suicidal ideation among women reporting prior suicidal thoughts, with a focus on the mediating role of psychological pain.

Methods: This was a cross-sectional correlational study on women with suicidal ideation seeking care at psychology and counseling centers in Karaj, Iran in 2024. From this population, we recruited a convenience sample of 350 participants. For data collection, Mentalization-Based Self-Report Scale (MBSS), Beck Scale for Suicidal Ideation (BSS), and Mental Pain Scale (MPS) were used. For data analysis, we employed structural equation modeling (SEM) in SPSS and AMOS version 27 to evaluate the proposed mediation framework.

Results: Our findings revealed a significant negative direct correlation between mentalization and suicidal ideation ($\beta=-0.28$, $P<0.001$), with a mean mentalization score of 52.34 (SD=8.76) and a mean suicidal ideation score of 15.23 (SD=4.89). Psychological pain (mean=26.87, SD=6.23) was found to have a significant mediating effect, fully explaining the correlation between mentalization and suicidal ideation ($\beta=0.19$, $P<0.001$). The proposed structural model showed good fit to the data and confirmed that diminished mentalization exacerbates psychological pain, which in turn increases suicidal ideation.

Conclusions: The present study highlighted psychological pain as a critical mediator in the pathway from diminished mentalization to suicidal ideation. Interventions aimed at enhancing mentalization and reducing psychological pain should be a cornerstone of therapeutic and preventative strategies for women at risk of suicide.

Keywords: Mentalization, Suicidal Ideation, Pain, Women's Health

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1. Introduction

Suicidal ideation, defined as having thoughts, wishes, or plans about ending one's life, represents a severe and growing public health crisis, worldwide (1). While global suicide mortality rates are higher among men (16.5 per 100,000) compared with women (7.0 per 100,000), women exhibit higher rates of suicidal ideation (approximately 10-15% prevalence in women vs. 5-10% in men) and non-fatal suicide attempts across various age groups (2). This disparity highlights the unique psychological vulnerabilities and environmental stressors that disproportionately affect women. For those experiencing suicidal thoughts, the struggle is often characterized by profound feelings of hopelessness, unbearable emotional distress, and a sense of entrapment from which death appears to be the only escape (3). The lived experience of suicidal ideation is not merely a symptom of a disorder but a debilitating state of suffering that can severely impair daily functioning, relationships, and overall well-being (4). Understanding the complex psychological mechanisms that contribute to these thoughts is crucial for developing effective preventative and therapeutic interventions.

A deeper understanding of the pathways to suicidal ideation necessitates a closer examination of key psychological constructs. Mentalization, the capacity to understand one's own and others' mental states in terms of feelings, beliefs, desires, and intentions, has emerged as a cornerstone of psychological health (5). Mentalization facilitates emotional regulation, fosters empathy in interpersonal relationships, and supports the development of a coherent sense of self. It enables individuals to interpret social cues accurately and respond adaptively, which is critical for maintaining healthy social and individual functioning. Cultural and social factors, such as collectivist values in the Iranian society, may influence mentalization by

emphasizing interpersonal harmony, potentially impacting how emotional distress is processed (6). A strong mentalizing capacity allows individuals to reflect on their internal experiences without being overwhelmed by them, fostering emotional stability and resilience (7). Conversely, a deficit in mentalization can lead to feeling flooded by intense emotions, misinterpreting social cues, and experiencing a fragmented sense of self, all of which are recognized risk factors for psychopathology and, in extreme cases, suicidal behavior (8). For example, individuals with poor mentalization may struggle to contextualize their emotions, leading to misinterpretations of social rejection as personal failure, which can exacerbate feelings of isolation and distress. Deficient mentalization may prevent individuals from finding alternative solutions to their problems, as they are unable to conceptualize their suffering from a detached and reflective perspective (9, 10).

Another central variable in the study of suicidality is psychological pain (often termed "psychache"). Shneidman and Farberow (11) proposed that the common denominator in all suicidal acts is an overwhelming and unbearable feeling of psychache — a combination of intense emotional anguish, loneliness, hopelessness, and a sense of entrapment. A lack of mentalization can intensify psychological pain by hindering an individual's ability to process and regulate emotional distress. For instance, experimental research showed that individuals with low mentalization skills are more likely to experience prolonged emotional distress after social stressors, as they struggle to reframe or contextualize their experiences (12). This pain is not merely a consequence of mental illness but is considered the primary motivation for suicide, as the individual seeks to escape from this excruciating internal experience. So far, several studies validated the role of psychological pain as a critical predictor of suicidal thoughts and behaviors (12, 13). While psychache is a central driver of suicide, it is essential to explore what factors might lead to such an unbearable state. The present study posited that a lack of mentalization may prevent individuals from processing emotional distress, thereby intensifying feelings of psychological pain to an intolerable level, creating a fertile ground for suicidal thoughts to take root.

Despite the established links between these constructs, the specific interplay between mentalization, psychological pain, and suicidal ideation remains underexplored, particularly among women in non-Western cultural contexts. The lack of empirical studies examining psychological pain as a mediator in this relationship represents a significant research gap. Understanding this pathway is critical as it could inform targeted interventions to reduce suicidal ideation in vulnerable populations. The primary aim of the present study was to examine the correlation between mentalization and suicidal ideation in women with a history of suicidal thoughts, specifically by investigating the mediating role of psychological pain.

2. Methods

2.1. Design

This cross-sectional correlational study was conducted in 2024 to examine the associations among mentalization, psychological pain, and suicidal ideation.

2.2. Selection and Description of Participants

The statistical population for this study consisted of all women with suicidal ideation who were referred to psychology and counseling centers in Karaj, Iran. A convenience sampling method was employed to select 350 women from five major psychology and counseling centers in Karaj, selected based on their accessibility and high patient volume. This sampling approach may introduce selection bias, as these centers may serve populations with specific socioeconomic or clinical characteristics, potentially affecting the generalizability of the findings. The inclusion criteria were: being female, between 18 and 55 years of age, having a documented history of suicidal ideation, and providing informed consent to participate. The exclusion criteria were: a diagnosis of severe mental disorders, such as schizophrenia, bipolar disorder with psychotic features, or other psychotic disorders, which could impair the ability to understand and respond to questionnaires, as these conditions may confound the measurement of mentalization and psychological pain. The exclusion criteria also encompassed participants who did not sign the informed consent form. The participants were assured of the anonymity and confidentiality of their responses. The protocol gained approval from the university's Institutional

Review Board and fully complied with the ethical standards of the Declaration of Helsinki.

2.3. Sample Size Determination

The sample size was calculated based on the number of variables included in the study. Considering the three main variables (mentalization, psychological pain, and suicidal ideation) and the requirements of structural equation modeling (SEM), a sample of 350 participants was recruited using convenience sampling.

2.4. Data Collection and Measurements

2.4.1. Mentalization-Based Self-Report Scale (MBSS)

The Mentalization-Based Self-Report Scale (14) is a common self-report measure of mentalization capacity, featuring 28 items rated on a 5-point Likert scale (1=Strongly Disagree to 5=Strongly Agree), with higher scores denoting enhanced mentalization. The Persian version of MBSS showed robust content validity (CVI=0.92; CVR=0.85) and strong internal consistency (α=0.89) in validation efforts (15). In the present study, the Persian version of MBSS exhibited excellent reliability (α=0.91), supporting its use in the sample.

2.4.2. Beck Scale for Suicidal Ideation (BSS)

The Beck Scale for Suicidal Ideation (BSS) is a 19-item self-report tool evaluating suicidal ideation intensity, focusing on the severity of wishes, attitudes, and plans from the prior week. Items are rated 0–2, yielding totals of 0–38; elevated scores signal greater severity. Cutoffs include minimal (0–4), mild (5–16), and moderate-severe (17–38) (16). The Persian adaptation of BSS demonstrated solid content validity (CVI=0.90; CVR=0.82) (17) and prior internal consistency (α=0.79) (17). In this sample, reliability was robust (α=0.88).

2.4.3. Mental Pain Scale (MPS)

The Mental Pain Scale (18) of Orbach and co-workers is a 44-item self-report measure targeting psychological pain ("psychache"), evaluating nine dimensions: immutability, lack of control, narcissism/worthlessness, emotional turmoil, frozenness (stupor), alienation, confusion, social distancing, and emptiness (meaninglessness). Items use a 5-point Likert scale (1=Strongly Disagree to 5=Strongly Agree), where higher totals signify intensified pain. Essential in suicide research, it quantifies the core emotional distress driving suicidal acts. The Persian adaptation of MPS exhibited solid content validity (CVI=0.87; CVR=0.80) (19) and prior reliability (α=0.78) (19). In this study, the Persian adaptation of MPS achieved strong internal consistency (α=0.85).

2.5. Procedure

Data collection was conducted between February and May 2024. After obtaining ethical approval, researchers approached eligible participants at various psychology and counseling centers. Following an initial screening to confirm that participants met the inclusion criteria, the purpose of the study, confidentiality measures, and voluntary nature were explained. The participants were given a consent form to read and sign. Those who consented were then provided with a packet of self-report questionnaires to complete at their convenience. A research assistant was available to answer any questions and ensure the proper completion of the forms. Once the questionnaires were completed, they were collected in sealed envelopes to maintain anonymity and confidentiality.

2.6. Data Analysis

Data were processed using SPSS and AMOS version 27. Descriptive metrics (mean, SD, correlation) were derived for all variables, with Pearson coefficients evaluating bivariate associations. SEM verified the mediation hypothesis, probing direct/indirect paths from mentalization to suicidal ideation through psychological pain. Model fit was gauged via χ^2, CFI, and RMSEA indices, with significance at $P<0.05$.

3. Results

The demographic data of the participants indicated a diverse group of women. The age range of the sample was from 18 to 55 years, with a mean age of 32.15±8.42 years. The majority of the participants were married (65%), while the remaining were single or divorced. Education levels varied, with 40% having a high school diploma and 60% with a university degree. In terms of occupation, the sample was split between employed women (55%) and homemakers (45%).

Table 1 summarizes descriptive statistics for the study variables, encompassing mean and standard deviation values, normality indices (skewness and kurtosis), and intercorrelations. Mentalization averaged 52.34 (SD=8.76), psychological pain 26.87 (SD=6.23), and suicidal ideation 15.23 (SD=4.89). All skewness and kurtosis values fell within ±1, supporting parametric assumptions for SEM. Pearson correlations indicated significant links: mentalization negatively associated with psychological pain (r=−0.61, P<0.001) and suicidal ideation (r=−0.68, P<0.001), while psychological pain positively correlated with suicidal ideation (r=0.78, P<0.001).

SEM results confirmed robust fit for the mediation model. As detailed in Table 2, all indices satisfied or exceeded thresholds: $\chi^2/df = 2.34$ (<3.0), GFI=0.91 (>0.90), CFI=0.92 (>0.90), TLI=0.91 (>0.90), AGFI=0.87 (>0.85), and RMSEA=0.06 (<0.08). These metrics confirm the validity of the model.

Table 3 details the direct and indirect effects among variables. Mentalization exerted a significant negative direct impact on suicidal ideation (β=−0.28, SE=0.06, P=0.001) and on psychological pain (β=−0.52, SE=0.08, P=0.001), while psychological pain positively predicted suicidal ideation (β=0.45, SE=0.07, P=0.001). The indirect effect through psychological pain was significant (β=0.19, SE=0.04, P=0.001), confirming mediation. Figure 1 illustrates the final model.

4. Discussion

Our study provided crucial insights into the psychological mechanisms underlying suicidal ideation and contribute to the existing literature by empirically confirming a specific mediational pathway. The results supported the central hypothesis that while mentalization is directly correlated with suicidal ideation, its effect is significantly mediated by the experience of psychological pain.

The significant inverse link between mentalization and suicidal ideation underscores its protective function in comprehending mental states. Enhanced reflective capacity for personal emotions and inner experiences correlates with reduced suicidal thought severity, positioning strong mentalization as a buffer that helps manage emotional turmoil and avert self-harm ideation.

Table 1: Descriptive statistics and inter-variable correlations

Variable	Mean	SD	Skewness	Kurtosis	1	2	3
1- Mentalization	52.34	8.76	-0.23	0.18	1		
2- Psychological pain	26.87	6.23	0.31	-0.19	-0.61**	1	
3- Suicidal ideation	15.23	4.89	0.42	-0.33	-0.68**	0.78**	1

**P<0.001; SD: Standard Deviation

Table 2: Goodness-of-fit indices for the final mediation model

Fit index	Observed value	Acceptable value
χ^2/df	2.34	<3.0
GFI	0.91	>0.90
AGFI	0.87	>0.85
CFI	0.92	>0.90
TLI	0.91	>0.90
RMSEA	0.06	<0.08

χ^2/df: the ratio of chi-square to degree of freedom; GFI: Goodness of Fit Index; AGFI: Adjusted Goodness of Fit Index; CFI: Comparative Fit Index; TLI: Tucker–Lewis index; RMSEA: Root Mean Square Error of Approximation

Table 3: Direct and indirect effects of the final mediation model

Path	β	SE	P
Mentalization → Suicidal ideation	-0.28	0.06	0.001
Mentalization → Psychological pain	-0.52	0.08	0.001
Psychological pain → Suicidal ideation	0.45	007	0.001
Mentalization → Suicidal ideation through psychological pain	0.19	0.04	0.001

SE: Standard Error

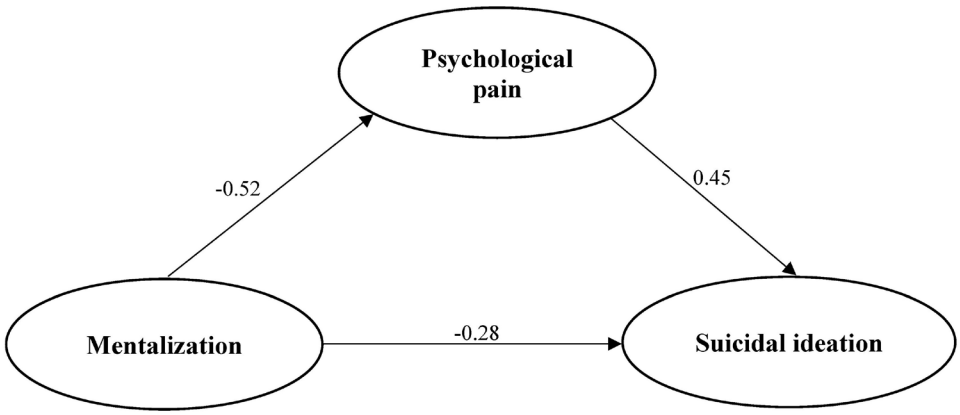

Figure 1: The figure shows the final research model of standardized path coefficients.

These results aligned with earlier studies linking mentalization to resilience and effective coping (5, 20). Notably, Nouraei and colleagues (5) reported that mentalization impairments robustly predicted suicide risk in clinical samples.

Furthermore, the study revealed a robust negative correlation between mentalization and psychological pain. This finding suggested that individuals with a higher capacity for mentalization are better equipped to process and regulate their emotional states, which prevents feelings of distress from escalating into unbearable psychache. Conversely, a poor ability to mentalize may lead to a feeling of being overwhelmed and unable to make sense of emotional turmoil, thereby intensifying psychological pain and suffering (21). The current results aligned with a growing body of evidence linking mentalizing skills to emotional regulation (22, 23). Consistent with our results, Nagy and co-workers (22) demonstrated that an inability to reflect on one's feelings was directly associated with greater emotional distress and psychological pain in individuals with self-harm behaviors. Another study by Ghanbari and co-workers (23) also highlighted the inverse correlation between mentalization and emotional dysregulation.

Consistent with the psychache theory proposed by Shneidman and Farberow (11), our results confirmed a strong positive correlation between psychological pain and suicidal ideation. The findings underscored that a heightened experience of psychological pain is a powerful and direct driver of suicidal thoughts. This supports the notion that the primary motivation for suicidal ideation is not a desire to die, but a desperate need to escape from an unbearable state of emotional anguish, hopelessness, and inner torment (13, 24). This result is widely supported by the existing literature. For example, a meta-analysis by Kirtley and colleagues (25) confirmed that psychological pain is a trans-diagnostic predictor of suicidal ideation and behavior. Similarly, a clinical study by Landi and colleagues (26) found that the intensity of a patient's psychological pain was the single most robust predictor of the severity of their suicidal ideation.

The pivotal result affirmed the strong mediation of psychological pain in the mentalization-suicidal ideation relationship. Diminished mentalization heightens suicidal risk chiefly through amplified psychological pain. This has vital clinical implications: suicide prevention for women with ideation should integrate mentalization training with direct pain mitigation strategies. Our framework charts novel therapeutic paths. Wang and co-workers (27) proposed a parallel mechanism, but this study delivers empirical substantiation in a focused demographic. Likewise, Amani and Heidari (28) established the mediating role of psychache between emotion dysregulation and suicidal ideation, reinforcing our conclusions.

4.1. Limitations

This study presented key limitations for future investigations and clinical use. First, the convenience sample from the psychology centers of Karaj, Iran limits the generalizability of the results to diverse women with suicidal ideation, potentially reflecting unique socioeconomic or clinical traits. Second, its cross-sectional nature hinders causal inferences between mentalization, psychological pain, and suicidal ideation; longitudinal research

is required to clarify pathways. Third, self-report tools (MBSS, BSS, MPS) risk biases like social desirability or recall errors. Fourth, barring women with severe disorders (e.g., psychosis) constrains relevance to complex cases. Finally, Iranian cultural influences—such as mental health stigma or gender-specific stressors—may affect associations, necessitating cross-cultural comparisons.

5. Conclusions

The present study furnished robust support for the mediation of psychological pain in the mentalization-suicidal ideation association among women, positioning it as a central link from reduced mentalization to elevated ideation. Therapists treating at-risk women should blend interventions fostering reflective functioning and pain relief to enhance outcomes. Future work should validate the model in varied demographics through longitudinal approaches to clarify causality.

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Authors' Contribution

Sahar Malehmir Chegini: Contributed to the conception and design of the study; acquisition, analysis, and interpretation of data; drafted of the initial manuscript. Nahid Havasi Soomar: Contributed to the conception and design of the study; interpretation of data; reviewed the manuscript critically for important intellectual content. Maryam Gholami Tooran Poshti: Contributed to the design of the study; analysis and interpretation of data; reviewed the manuscript critically for important intellectual content. All authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work, ensuring that questions related to the accuracy or integrity of any part of the work are appropriately addressed.

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Ethical Approval

The Institutional Review Board of the Islamic Azad University, Karaj Branch, Karaj, Iran approved the present study with the code of IR.IAU.K.REC.1404.068. Also, written informed consent was obtained from the participants.

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