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The Role of Psychological Flexibility in the Relationship Between Positive Childhood Experiences and Suicidal Ideation

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A B S T R A C T

This study examined the role of psychological flexibility in the relationship between positive childhood experiences and suicidal ideation among Iranian adults. The study used a descriptive-correlational design and included 286 participants aged 20 to 40 years who were recruited through online convenience sampling. Data were collected using the Beck Scale for Suicide Ideation, developed by Beck et al. (1979), the Benevolent Childhood Experiences Scale, developed by Narayan et al. (2018), and the Psychological Flexibility Questionnaire, developed by Ben-Itzhak et al. (2014). Data were analyzed using Pearson correlation and structural equation modeling. Positive childhood experiences were positively associated with psychological flexibility ($r = .42$, $p < .001$) and negatively associated with suicidal ideation ($r = -.38$, $p < .001$). Psychological flexibility was also negatively associated with suicidal ideation ($r = -.47$, $p < .001$). The proposed mediation model showed an adequate fit to the data ($\chi^2/df = 2.13$, GFI = .93, CFI = .96, IFI = .96, NFI = .94, RMSEA = .063). Positive childhood experiences had a significant positive effect on psychological flexibility ($\beta = .42$, $p < .001$), whereas psychological flexibility had a significant negative effect on suicidal ideation ($\beta = -.38$, $p < .001$). The indirect effect of positive childhood experiences on suicidal ideation through psychological flexibility was also significant ($\beta = -.16$, 95% CI [−.23, −.10]), supporting a partial mediating role of psychological flexibility. These findings suggest that positive childhood experiences may be associated with lower suicidal ideation both directly and indirectly through greater psychological flexibility. Psychological flexibility may therefore represent an important protective mechanism in understanding and preventing suicidal ideation.

Keywords: *positive childhood experiences, psychological flexibility, suicidal ideation, mediation, adults*

1. Introduction

Suicide and self-harm have been described in previous research as ways of avoiding or escaping from distressing experiences (1). Individuals who engage in self-injurious behavior often do so when faced with overwhelming negative emotions (2). Suicide accounts for more than 800,000 deaths worldwide each year, and each suicide is estimated to affect between 6 and 135 other people. It has also been suggested that approximately one in five individuals is exposed to suicide at some point in their lifetime (3). Suicidal behavior includes suicidal ideation, suicide attempts, and completed suicide. Suicidal ideation exists along a continuum, ranging from a passive wish to die and active suicidal thoughts to having a specific plan accompanied by a genuine intention to act on it. Suicide attempts refer to intentional acts directed toward ending one's life and tend to occur more frequently among younger individuals; some estimates suggest that attempts may be up to 20 times more common than completed suicides. Completed suicide refers to an intentional act that results in death (4).

A substantial body of research in recent years has shown that adverse childhood experiences, including violence, neglect, and family instability, are associated with an increased risk of psychological distress in adulthood, such as depression, anxiety, and suicidal ideation. In contrast, positive childhood experiences, including feelings of safety, affection, belonging, and healthy relationships with others, have been recognized as important psychological resources that may reduce the harmful effects of adversity and strengthen resilience in the face of psychological stress. Positive childhood experiences are not only associated with lower levels of psychological distress, but may also serve as a psychological buffer when adverse childhood experiences are present, reducing or even counteracting some of their negative effects (5). Favorable experiences during childhood may also support positive emotional functioning and contribute to greater flexibility, which in turn may help individuals maintain better psychological well-being when confronted with negative life events (6). Over time, such experiences may also contribute to greater resilience and a stronger capacity to tolerate difficult circumstances later in life (7).

Positive childhood experiences, including emotional security, receiving affection, and healthy family relationships, may contribute to the development of emotion-regulation processes and internal psychological resources that are reflected in characteristics such as psychological flexibility (8). Individuals who adopt a more flexible and accepting attitude toward distressing situations tend to perceive stressful events as less threatening and more manageable (9). Psychological flexibility refers to the ability to adapt one's thoughts and behaviors in response to changing circumstances and emotional experiences (10). Individuals with higher psychological flexibility are more likely to respond to psychological stress through acceptance, present-moment awareness, and actions that are consistent with their personal values rather than through avoidance or emotional suppression (8). In contrast, psychological inflexibility, particularly in the form of experiential avoidance or excessive psychological entanglement, may contribute to ineffective coping, psychological dysfunction, and poorer emotional processing in response to stressful events (11).

Given these findings, attention to protective factors is important alongside the identification of risk factors associated with suicidal ideation. Positive childhood experiences may reduce the likelihood of suicidal ideation by strengthening a sense of safety, supporting emotion regulation, and improving the ability to adapt to difficult circumstances. Psychological flexibility may be one of the mechanisms that helps explain the relationship between positive childhood experiences and suicidal ideation, as individuals with greater flexibility tend to respond more adaptively to difficult emotions and stressful situations. Although many studies have examined adverse childhood experiences in relation to suicide, comparatively less attention has been given to positive childhood experiences and to the role psychological flexibility may play in this relationship. Examining these factors may contribute to a better understanding of protective processes and inform the development of more effective preventive interventions. Accordingly, the present study aimed to examine the role of psychological flexibility in the relationship between positive childhood experiences and suicidal ideation.

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2. Methods and Materials

2.1. Research Design and Participants

The present study was applied in purpose and descriptive-correlational in design. The study population consisted of Iranian adults aged 20 to 40 years during the first half of 2026. Participants were recruited through convenience sampling using online platforms, and a total of 286 individuals took part in the study. The inclusion criteria were being between 20 and 40 years of age, being Iranian, being able to read and write in Persian, providing informed consent to participate, and completing the questionnaires. Incomplete questionnaires and responses showing invalid or distorted response patterns were excluded from the analyses.

2.2. Instruments

Beck Scale for Suicide Ideation (BSSI). The Beck Scale for Suicide Ideation was developed by Beck et al. (1979). It is a 19-item self-report instrument designed to assess suicidal attitudes, thoughts, and planning. The first five items serve as screening items. Participants who receive a score of zero on all five screening items are considered unlikely to present suicide risk. Scores ranging from 1 to 5 indicate suicidal thoughts, scores from 6 to 19 indicate greater readiness for suicide, and scores from 20 to 38 indicate suicidal intent. Total scores range from 0 to 38. Beck et al. reported a criterion validity coefficient of .73 based on the correlation between this scale and the Hamilton scale. Test–retest reliability was reported as .91, and internal consistency was also .91. In a study by Eghdami and Fouladchang, confirmatory factor analysis was used to examine the validity of the instrument, and acceptable fit indices were reported. Cronbach's alpha was .93.

Benevolent Childhood Experiences Scale (BCES). This questionnaire was developed by Narayan et al. (2018). It consists of 10 items, each answered as yes (1) or no (0). Total scores range from 0 to 10, with higher scores indicating a greater number of positive childhood experiences. Narayan et al. reported a test–retest reliability coefficient of .80 and provided evidence of good predictive and discriminant validity (Narayan et al., 2018). For the Persian version, internal consistency and split-half reliability coefficients were reported as .77 and .73, respectively. The one-factor structure of the questionnaire also showed good construct validity (CFI = .94, GFI = .91, IFI = .95, NNFI = .94, NFI = .92, RMSEA = .072; Bagheri, 1403). In the present study, Cronbach's alpha for this questionnaire was .67. The one-factor structure also showed acceptable construct validity (CFI = .93, GFI = .95, IFI = .93, NNFI = .90, RMSEA = .056).

Psychological Flexibility Questionnaire (PFQ). This questionnaire was developed by Ben-Itzhak et al. in 2014. It contains 20 items and five subscales: positive perception of change, referring to viewing change as a positive challenge and being able to adapt to it; perception of oneself as flexible, referring to seeing oneself as an adaptable person who is attentive and responsive to internal and external changes; perception of oneself as open and innovative, referring to seeing oneself as interested in new and different experiences; perception of reality as dynamic and changeable, reflecting the view that reality is relative and subject to change and may become clearer through conflict; and perception of reality as multifaceted, reflecting the belief that there is more than one way to understand and manage a situation. Each item is rated on a six-point Likert scale ranging from never (1) to very much (6). Total scores range from 20 to 120, with higher scores indicating greater psychological flexibility.

In the original study, the questionnaire showed high internal consistency, with a Cronbach's alpha of .91. Construct validity was examined using exploratory factor analysis based on principal component analysis with Varimax rotation. The five factors explained 66.8% of the total variance. Evidence of convergent validity was also obtained through positive correlations with measures of openness and self-efficacy. For the Persian version, Cronbach's alpha was reported as .89 for the total scale and .82, .79, .80, .84, and .77 for the five subscales, respectively. In the present study, Cronbach's alpha for the total questionnaire was .93. The five-factor structure also showed good construct validity (CFI = .98, GFI = .87, IFI = .98, NNFI = .97, NFI = .96, RMSEA = .073).

2.3. Procedure

After the electronic version of the questionnaires was prepared, the study link was distributed through online platforms to eligible individuals. On the first page of the survey, participants were provided with information about

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the general purpose of the study, the voluntary nature of participation, confidentiality of the data, and their right to withdraw at any point. Participants proceeded to the questionnaires only after providing informed consent. To protect confidentiality, no directly identifying information was collected, and all data were analyzed at the group level. Because the survey included a measure of suicidal ideation, information on how to access professional psychological and psychiatric services was provided at the end of the questionnaire.

2.4. Data Analysis

After the data were screened and incomplete or invalid questionnaires were removed, descriptive statistics including means, standard deviations, frequencies, and percentages were used to summarize participant characteristics and the study variables. Before conducting the main analyses, the statistical assumptions and distributional properties of the data were examined. Pearson correlation analysis and structural equation modeling were then used to examine the relationships among positive childhood experiences, psychological flexibility, and suicidal ideation and to test the proposed research model. Model fit was evaluated using indices including CFI, GFI, IFI, NFI, and RMSEA. Data were analyzed using SPSS version 26 and AMOS version 24, with the significance level set at .05.

3. Findings and Results

Data from 286 adults aged 20 to 40 years were analyzed. The participants had a mean age of 29.66 years (SD = 5.71). Of the total sample, 172 (60.1%) were women and 114 (39.9%) were men. In terms of age, 25.5% were 20–25 years old, 30.1% were 26–30, 24.8% were 31–35, and 19.6% were 36–40. Most participants were single (57.0%), followed by married (38.8%) and divorced or widowed (4.2%). Regarding education, 16.8% had a high school diploma or lower, 58.0% had an associate's or bachelor's degree, and 25.2% had a master's degree or higher. In terms of employment, 52.1% were employed, 21.3% were students, 15.0% were unemployed, and 11.5% were homemakers or reported another employment status.

Table 1 presents the descriptive statistics and correlations among the study variables. Positive childhood experiences were positively correlated with psychological flexibility (r = .42, p < .001) and negatively correlated with suicidal ideation (r = −.38, p < .001). Psychological flexibility was also negatively correlated with suicidal ideation (r = −.47, p < .001).

Table 1

Descriptive Statistics and Correlations Among the Study Variables

Variable	M	SD	Skewness	Kurtosis	1	2	3
1. Positive childhood experiences	6.91	2.06	−0.48	−0.41	1		
2. Psychological flexibility	83.46	16.72	−0.21	−0.36	.42***	1	
3. Suicidal ideation	5.81	6.23	1.38	1.74	−.38***	−.47***	1

Before testing the model, the relevant statistical assumptions were examined. Skewness values ranged from −0.48 to 1.38 and kurtosis values from −0.41 to 1.74, indicating no severe departure from normality. Mahalanobis distance indicated no severe multivariate outliers. The Durbin–Watson statistic was 1.91, supporting the independence of errors. Tolerance values were .82 for both predictor variables, and the VIF was 1.22, indicating no multicollinearity. Inspection of the residual scatterplot also supported the assumptions of linearity and homoscedasticity.

The proposed mediation model was tested using structural equation modeling. The chi-square to degrees-of-freedom ratio was 2.13. The model also showed satisfactory fit indices: GFI = .93, CFI = .96, IFI = .96, NFI = .94, and RMSEA = .063. Overall, these values indicated an adequate fit of the proposed model to the data.

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Table 2

Fit Indices for the Proposed Model

Fit Index	χ^2/df	GFI	CFI	IFI	NFI	RMSEA
Value	2.13	.93	.96	.96	.94	.063

Positive childhood experiences had a positive and significant effect on psychological flexibility (β = .42, p < .001). Psychological flexibility, in turn, had a negative and significant effect on suicidal ideation (β = −.38, p < .001). The direct effect of positive childhood experiences on suicidal ideation also remained negative and significant after psychological flexibility was included in the model (β = −.22, p < .001).

Table 3

Direct Path Coefficients

Path	B	SE	β	CR	*p*
Positive childhood experiences → Psychological flexibility	3.41	.39	.42	8.74	< .001
Psychological flexibility → Suicidal ideation	−.142	.021	−.38	−6.76	< .001
Positive childhood experiences → Suicidal ideation	−.666	.184	−.22	−3.62	< .001

The indirect effect was examined using bootstrapping with 5,000 resamples. The standardized indirect effect of positive childhood experiences on suicidal ideation through psychological flexibility was −.16, with a 95% confidence interval ranging from −.23 to −.10. Because the confidence interval did not include zero, the indirect effect was significant.

The total effect of positive childhood experiences on suicidal ideation was −.38. Because the direct effect remained significant after psychological flexibility was included in the model, the findings supported partial mediation.

Figure 1

Mediation Model

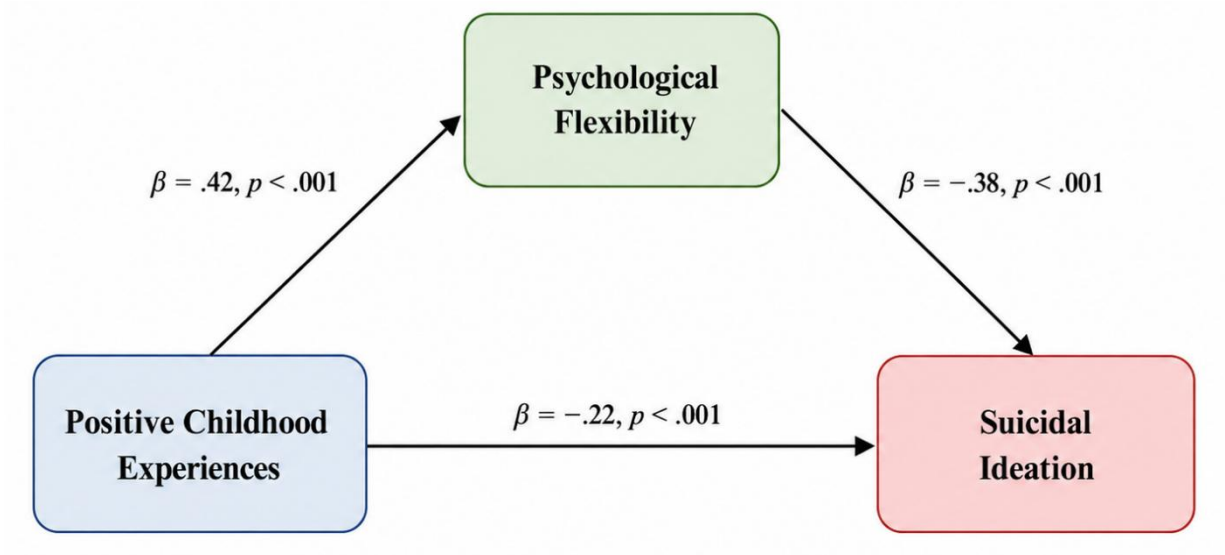

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Table 4

Direct, Indirect, and Total Effects of Positive Childhood Experiences on Suicidal Ideation

Effect	β	95% CI Lower	95% CI Upper	Result
Direct effect	−.22	−.34	−.10	Significant
Indirect effect through psychological flexibility	−.16	−.23	−.10	Significant
Total effect	−.38	−.49	−.27	Significant

Positive childhood experiences explained 18% of the variance in psychological flexibility (R^2 = .18). Together, positive childhood experiences and psychological flexibility explained 26% of the variance in suicidal ideation (R^2 = .26). These findings indicate that positive childhood experiences were associated with lower suicidal ideation both directly and indirectly through greater psychological flexibility.

4. Discussion and Conclusion

The present study examined the role of psychological flexibility in the relationship between positive childhood experiences and suicidal ideation among adults aged 20 to 40 years. The findings showed that positive childhood experiences were positively associated with psychological flexibility and negatively associated with suicidal ideation. Psychological flexibility was also negatively related to suicidal ideation and mediated the relationship between positive childhood experiences and suicidal ideation. Overall, these findings were consistent with those reported by Akbulut (2025), Bunting et al. (2023), Bryan et al. (2015), Misitano et al. (2024), and Vangölü et al. (2026) (12-16).

The first finding indicated a positive relationship between positive childhood experiences and psychological flexibility. One possible explanation is that children who grow up in an environment characterized by affection, safety, support, and trustworthy relationships have more opportunities to face difficult situations while knowing that they are not alone and can turn to others for help when needed. Such experiences allow children to tolerate unpleasant emotions, try different ways of solving problems, and change their response when one approach does not work. Over time, repeated experiences of this kind may strengthen the belief that facing a problem does not necessarily mean being helpless or losing control, and that one can adjust the way a problem is approached depending on the circumstances (17, 18). Positive childhood experiences may therefore provide a foundation for developing the ability to adapt one's thoughts and behavior to changing circumstances. People who have experienced safety, support, and opportunities to work through difficulties in a reliable environment from an early age may also be more likely in adulthood to avoid becoming locked into a single response when faced with change or psychological distress. Instead, they may be better able to modify their responses according to the demands of the situation, which is a central feature of psychological flexibility (19).

The second finding showed that positive childhood experiences were negatively associated with suicidal ideation. One explanation for this relationship is that receiving affection and support and feeling safe during childhood can contribute to the development of a sense of belonging and self-worth. Individuals who repeatedly experienced in their early relationships that they mattered to others and could rely on support during difficult times may be less likely later in life to see themselves as completely alone, rejected, or unimportant. A person's sense of belonging and perceived value within interpersonal relationships are particularly relevant to the development or reduction of suicidal desire, as thwarted belongingness and the perception of being a burden to others can increase vulnerability to suicidal thoughts and desires (20). Positive childhood experiences may therefore create an internal sense of "being supported" and "mattering to others," making thoughts such as "no one is there for me" or "my existence does not matter to anyone" less likely to take hold. Early experiences of support may also make it easier to seek help later in life because receiving help is neither unfamiliar nor strongly associated with an expectation of rejection (17). As a result, even under severe stress, interpersonal resources and a sense of belonging may remain available, reducing the likelihood that psychological suffering develops into suicidal ideation.

Another finding was that psychological flexibility was negatively related to suicidal ideation. This association can

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be understood in terms of how individuals respond to difficult circumstances. Under intense psychological pressure, a person may gradually come to feel that the situation cannot change and that there is no way out. When someone becomes stuck in a particular pattern of thinking or responding, negative thoughts may repeat themselves while alternative ways of dealing with the problem receive less attention. Psychological flexibility, by contrast, allows a person to choose a different response when the current one is ineffective, reconsider an initial interpretation of the situation, and adapt behavior to the circumstances (19). Thus, even when a person is experiencing severe distress, greater psychological flexibility may help prevent the belief that only one option remains for ending the situation.

The relationship between psychological flexibility and suicidal ideation can also be understood through the way people respond to distressing internal experiences. When a person's main goal becomes immediately escaping painful thoughts, emotions, and sensations, any option that appears to promise an end to that pain may become more salient. In such circumstances, suicidal thoughts may also become more prominent as a possible means of escaping psychological suffering. Persistent avoidance of unpleasant experiences can narrow a person's range of responses and reduce the likelihood of using other ways to tolerate or manage the situation (21). Greater psychological flexibility, on the other hand, may help individuals recognize that experiencing negative emotions does not require immediate action. This can preserve other options until the intensity of the crisis decreases, including problem-solving, changing aspects of the situation, temporarily stepping away from it, or seeking support. From this perspective, psychological flexibility does not eliminate suffering; rather, it prevents suffering from narrowing a person's choices to a single response.

The main finding of the study showed that positive childhood experiences were also associated with suicidal ideation indirectly through psychological flexibility. One way to explain this finding is that childhood experiences do not remain merely as memories of the past; they may also shape how people respond to difficulties later in life. A child who receives support and companionship when experiencing fear, distress, or failure gradually learns that unpleasant situations can be endured, that intense emotions do not last forever, and that there is more than one way to respond to a problem. In this sense, safety and support during childhood may contribute to the development of a way of coping in which the person is less dependent on rigid or immediate reactions (18, 19).

This way of responding becomes especially important in adulthood and during periods of severe stress. A person who is better able to adjust how they respond to a situation may be less likely during a crisis to evaluate the entire situation solely through the lens of their current distress. They may be able to tolerate painful feelings for a period of time, try another approach, seek help from someone they trust, or delay making decisions until the emotional intensity has decreased. When this ability is limited, however, a person may more quickly conclude that the situation will continue indefinitely and that there is no alternative way to change it. Under such conditions, suicide may occupy more mental space as a possible way of ending the suffering. Psychological flexibility can therefore be understood as one mechanism through which some of the effects of positive early experiences are carried forward into the way people cope with present-day stress and adversity (16).

At the same time, the mediating role of psychological flexibility does not mean that the entire relationship between positive childhood experiences and suicidal ideation can be explained through this pathway alone. Positive childhood experiences may also directly strengthen other psychological and interpersonal resources, including a sense of belonging, trust in others, self-worth, and willingness to receive support (17). These resources are especially important during a crisis because feeling that one has a place in relationships and believing that support is available may protect against feelings of loneliness and insignificance, both of which are closely related to suicidal desire (20). Positive childhood experiences may therefore be associated with lower suicidal ideation in two ways: directly, by helping preserve a sense of belonging and support, and indirectly, by providing a foundation for psychological flexibility and more adaptive responses to stress and crisis.

Taken together, the findings suggest that experiences of safety, affection, and support during the early years of life may contribute both to a more positive view of oneself and one's relationships with others and to a greater capacity to deal adaptively with later difficulties. Consequently, when

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individuals with such experiences encounter psychological distress in adulthood, they may be more likely to continue seeing themselves as having options, being able to seek help, and having some possibility of changing their circumstances. Psychological flexibility is particularly important in this process because it can prevent current suffering from becoming the sole basis for decision-making and help preserve access to alternative responses. In this way, positive childhood experiences and psychological flexibility may work together to reduce the likelihood that suicidal ideation develops or persists.

4.1. Study Limitations

The present study had several limitations that should be considered when interpreting the findings. First, because the study used a cross-sectional and correlational design, no definitive conclusions can be drawn about causal relationships among positive childhood experiences, psychological flexibility, and suicidal ideation. Second, the data were collected using self-report measures, which makes them potentially vulnerable to response bias, socially desirable responding, and, in particular, underreporting of suicidal ideation. The assessment of positive childhood experiences also relied on participants' retrospective recall, and their current psychological state may have influenced how they remembered and reported past experiences.

The use of convenience sampling through online platforms may further limit the generalizability of the findings to the broader population of Iranian adults. Individuals who had access to online platforms and were willing to participate in the study may differ in meaningful ways from other members of the population. In addition, the sample was restricted to adults between the ages of 20 and 40, so the findings should be generalized cautiously to adolescents, older adults, or individuals with a history of suicide attempts. Finally, several factors known to be associated with suicidal ideation, including depression, hopelessness, social support, and a history of psychological disorders, were not controlled for in the present study and may have contributed to the observed relationships.

4.2. Research and Practical Recommendations

In light of these limitations, future studies should use longitudinal designs to examine more precisely how positive childhood experiences and psychological flexibility are related to changes in suicidal ideation over time. Research involving larger and more diverse samples in terms of age, socioeconomic status, place of residence, and psychological characteristics could also improve the generalizability of the findings. Testing the same model among individuals with a history of suicidal ideation or suicide attempts, as well as other high-risk groups, may provide a clearer understanding of the protective role of psychological flexibility.

Combining self-report measures with clinical interviews may also improve the accuracy of assessments of suicidal ideation and childhood experiences. Future studies could additionally incorporate variables such as depression, hopelessness, belongingness, social support, and emotion regulation into the model to identify other pathways that may explain the relationship between positive childhood experiences and suicidal ideation. Given the role of psychological flexibility observed in the present study, it may also be useful to develop and evaluate interventions aimed at improving people's ability to adapt to difficult circumstances, tolerate unpleasant emotions, change how they approach problems, and use alternative responses. Such interventions could be considered as part of broader suicide-prevention programs.

Authors' Contributions

All authors contributed substantially to the study and to manuscript development, and all approved the final version.

Declaration

The authors declare that artificial intelligence tools were used only to assist with language editing, translation, and improvement of the manuscript's readability. All conceptualization, study design, data collection, data analysis, interpretation of findings, and final approval of the manuscript were performed by the authors. The authors take full responsibility for the accuracy, integrity, and originality of the content.

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study placed a high emphasis on ethical considerations. Informed consent obtained from all participants, ensuring they are fully aware of the nature of the study and their role in it. Confidentiality strictly maintained, with data anonymized to protect individual privacy. The study adhered to the ethical guidelines for research with human subjects as outlined in the Declaration of Helsinki.

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