Designing a Model of Suicidal Beliefs Based on Emotional Expressivity with the Mediating Role of Fear of Negative Evaluation in Individuals with Gender Dysphoria

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Article Info

Article type:

Original Research

Section:

Clinical Psychology

ABSTRACT

Individuals with gender dysphoria report higher levels of harmful thoughts and beliefs compared to the general population. This highlights the importance of identifying factors that increase this group's vulnerability to suicidal thoughts and beliefs. The present study aimed to investigate the mediating effect of fear of negative evaluation in the relationship between emotional expressivity and suicidal beliefs in individuals with gender dysphoria. This study employed a correlational design and structural equation modeling. The study population consisted of all men and women with gender dysphoria in Tehran from March to September 2024. Of these, 267 individuals were selected as the sample using convenience sampling and based on the research criteria. Data collection instruments included the Beck Suicide Ideation Scale (Beck et al., 1988), the Emotional Expressivity Questionnaire (King & Emmons, 1990), and the Fear of Negative Evaluation Scale (Leary, 1983). Data analysis was conducted using SPSS and AMOS software through structural equation modeling. The results showed that the direct effect of emotional expressivity on suicidal beliefs and fear of negative evaluation was significantly negative (p < .001). The direct path from fear of negative evaluation to suicidal beliefs was significantly positive (p < .001). Examination of the indirect coefficients indicated that fear of negative evaluation played a mediating role in the relationship between emotional expressivity and suicidal beliefs (p < .001). Overall, the findings of this study indicate that emotional expressivity, through the mediating role of fear of negative evaluation, affects suicidal beliefs in individuals with gender dysphoria.

Keywords: *emotional expressivity, suicidal beliefs, fear of negative evaluation, gender dysphoria.*

1. Introduction

Suicidal ideation and behaviors represent a pressing global health concern and remain leading causes of mortality among adolescents and young adults. Recent empirical evidence underscores that suicide risk is not only a function of psychopathology but also shaped by interpersonal, cognitive, and emotional regulation factors (Villacura-Herrera et al., 2025). Understanding how these elements interact is particularly vital for vulnerable groups such as transgender and gender diverse individuals, who are disproportionately exposed to psychosocial stressors and stigma (Hunter et al., 2021; Wyman Battalen et al., 2021).

The complexity of suicide risk has led to the development of socio-ecological and network models that highlight the interplay of proximal and distal influences. For example, hopelessness, poor emotion regulation, and limited coping skills have been identified as key factors underlying suicidal ideation in adolescent populations (Villacura-Herrera et al., 2025). Complementary research utilizing umbrella reviews grounded in the socio-ecological framework emphasizes that suicide emerges from multilevel risk factors, ranging from individual vulnerabilities to family and community contexts (Prades-Caballero et al., 2025). Together, these findings suggest that research examining suicidal ideation must adopt multidimensional approaches that incorporate psychological, social, and emotional dynamics.

One psychological process that has received increasing attention is fear of negative evaluation. Originally conceptualized as a core feature of social anxiety, this construct reflects the distress experienced when individuals anticipate judgment or disapproval from others. A growing body of longitudinal research demonstrates that fear of negative evaluation is bidirectionally associated with suicidal ideation, with interpersonal needs such as thwarted belongingness serving as mediating factors (Chen et al., 2024). This underscores the need to consider evaluative fears within suicide risk frameworks. Relatedly, ambivalence about emotional expression has also been found to interact with fear of evaluation and self-compassion, further shaping risk profiles for psychological distress (Huang & Wang, 2024).

Adolescence is a sensitive developmental period in which social evaluation becomes particularly salient, and difficulties in regulating emotional responses to perceived judgment may heighten vulnerability. Longitudinal analyses suggest that both fear of positive and negative evaluation are associated with maladaptive emotion regulation patterns, ultimately contributing to psychopathology and self-destructive ideation (Tsarpalis-Fragkoulidis et al., 2024). In fact, impulsivity traits have been found to moderate the link between fear of negative evaluation and suicidal ideation among college students, pointing to individual differences in the strength of these associations (Lindquist et al., 2023).

The ability or inability to express emotions also plays a central role in suicide research. Emotional expressivity has been described as a double-edged sword: while open expression may reduce perceived burdensomeness and thwarted belongingness, suppression of emotions can heighten distress and increase suicidal ideation (Kassing et al., 2022). Large-scale reviews of emotion regulation further suggest that strategies such as expressive suppression amplify depression and social anxiety, both of which are strongly tied to suicidal outcomes (Dryman & Heimberg, 2018). Emotion dysregulation more broadly has been confirmed as a robust predictor of suicidal risk across studies and populations (Rogante et al., 2024).

In gender and sexual minority populations, these mechanisms may be intensified due to the additional burden of minority stress. Experiences of stigma, discrimination, and enacted prejudice are consistently associated with poor emotion regulation and elevated distress. For example, daily experiences of enacted stigma among transgender and gender diverse young adults have been linked with heightened negative affect, and coping self-efficacy moderates these associations (Dyar et al., 2024). Similarly, large surveys of discrimination reveal strong associations with suicidal ideation severity, suicide attempts, and depressive symptoms among sexual and gender minority youth (Wyman Battalen et al., 2021). These findings point to the importance of integrating emotion regulation, minority stress, and interpersonal risk factors in understanding suicidal processes.

Gender dysphoria in particular has been identified as a high-risk condition for suicide. Content analyses of individuals living with gender dysphoria document profound physical and psychosocial challenges, including stigma, identity struggles, and barriers to care (Ghiasi et al., 2024). Epidemiological data show that the mean age of diagnosis is decreasing, reflecting both earlier identification and potentially earlier onset of distress (Sun et al., 2023). Systematic reviews highlight the alarming prevalence of suicidal ideation and self-harming behaviors in this population, especially among adolescents and young adults (Marconi et al., 2023; Thompson et al., 2022). A global meta-analysis further revealed disproportionately high rates

of suicidal thoughts and attempts in transgender populations, confirming the elevated risk profile (Kohnepoushi et al., 2023).

Hospital-based studies underscore the severity of this issue, with gender dysphoria among pediatric and transitional-aged youth frequently documented in cases of suicidal behaviors requiring inpatient care (Faruki et al., 2023). Research on minority stress adds that trans and gender diverse adolescents face compounding risks related to social rejection and structural barriers (Hunter et al., 2021). Importantly, clinical outcomes also vary depending on gender-affirming interventions. A national database study indicated that gender-specific mental health risks persist even after gender-affirming surgery, pointing to the need for ongoing psychological support alongside medical transition (Lewis et al., 2025).

Parallel findings in non-binary youth reveal similarly heightened risks. A systematic review and meta-analysis confirmed that non-binary adolescents experience high rates of mental health challenges, including suicidal ideation, necessitating tailored intervention frameworks (Klinger et al., 2024). These data further align with broader reviews indicating that suicide among transgender and gender nonconforming populations represents a persistent and urgent public health challenge worldwide (Narang et al., 2018).

The role of cognitive and interpretive biases has also emerged in understanding suicidal pathways. Inflexible negative interpretations, for example, dampen positive emotions, contributing to depression and social anxiety, which in turn foster suicidal ideation (Everaert et al., 2020). Relatedly, psychotic experiences have been linked with difficulties in emotion regulation and higher suicidal ideation among general adolescent populations (Wastler & Núñez, 2022). These findings emphasize that rigid cognitive styles and perceptual disturbances can intensify risk beyond traditional affective predictors.

Conversely, protective factors such as self-compassion and gratitude have been found to mitigate suicide risk. Research in post-disaster contexts demonstrated that self-compassion reduced suicidal risk among adolescents by promoting gratitude and buffering against posttraumatic stress disorder (Liu et al., 2020). However, such resilience mechanisms may be undermined in contexts of gender dysphoria, minority stress, or rigid emotion suppression.

From a methodological perspective, the field has moved toward nuanced behavioral assessments and real-time indicators of suicide risk. Studies conducted in psychiatric emergency departments show that behavioral measures can be effective in identifying youth at imminent risk (Shin et al., 2024). Similarly, socio-ecological umbrella reviews stress that adolescent suicide prevention must address family dynamics, community supports, and policy-level interventions in addition to individual vulnerabilities (Prades-Caballero et al., 2025).

The convergence of these findings suggests a multi-layered model of suicide in gender diverse populations. Emotional expressivity, fear of negative evaluation, and emotion regulation strategies interact with minority stress and structural inequities to shape trajectories of suicidal ideation. Expression and suppression of emotion influence feelings of belongingness and burdensomeness (Kassing et al., 2022), evaluative fears heighten vulnerability (Chen et al., 2024), and stigma-driven emotion dysregulation exacerbates distress (Dyar et al., 2024; Rogante et al., 2024). Simultaneously, resilience factors such as self-compassion (Liu et al., 2020) or adaptive coping (Villacura-Herrera et al., 2025) may provide partial buffers, though these are often insufficient in high-risk contexts.

In sum, the current body of literature reveals that suicidal ideation in individuals with gender dysphoria and gender diverse identities cannot be explained by psychopathology alone. Instead, it reflects the interplay of emotion dysregulation, evaluative fears, minority stress, and disrupted interpersonal needs.

2. Methods and Materials

2.1. Study Design and Participants

This study was fundamental in nature and employed a correlational design. The relationships among the research variables were examined using structural equation modeling (SEM). The statistical population consisted of all individuals with gender dysphoria in Tehran in 2024 (those who had received a confirmed diagnosis of gender dysphoria by the Legal Medicine Organization by 2024 and had referred to medical centers and clinics in Tehran, such as the Yarigar Clinic and Dr. Najjarzadegan's Clinic. Additionally, individuals referred to support centers such as the Gender Dysphoria Patient Support Unit of the Welfare Organization and specialized psychology clinics formed the basis for the sampling framework). In SEM, sample size may range between 10 to 20 observations per estimated parameter (Kline, 2016). Moreover, a minimum sample size of 200 participants is considered defensible (Kline, 2016). Based on this perspective and the six estimated parameters in the

research model, the optimal sample size was estimated between 60 and 120. To increase the accuracy of sampling, account for potential participant dropout or incomplete responses, and ensure the defensibility of the sample size, the target number was increased to 300. After data collection and review, questionnaires from 33 participants were excluded due to incomplete responses, resulting in 267 questionnaires for final analysis.

The sample was selected using convenience sampling from March to September 2024, based on research criteria. Inclusion criteria were informed consent to participate, age 17 years or older (Sun et al., 2023), minimum education of lower secondary school, a confirmed diagnosis of gender dysphoria by a specialist psychologist, and the absence of physical illness or psychosis as diagnosed by a specialist. Exclusion criteria included unwillingness to participate in the study and invalid questionnaires (defined as those with at least 5% of items left unanswered). Ethical considerations included obtaining informed consent, maintaining confidentiality and anonymity of participants' information, and ensuring no harm to them.

2.2. Measures

Beck Scale for Suicide Ideation (BSSI): This 19-item instrument was developed by Beck et al. in 1988. Each item is scored on an ordinal scale from 0 to 2, with total scores ranging from 0 to 38. Respondents first answer five screening items; if item five is endorsed positively (scores of 1 or 2), they proceed to the remaining items. Otherwise, the questionnaire is not completed. Scores of 0–5 indicate suicidal thoughts, 6–19 indicate suicide preparation, and 20–38 indicate suicide intent. Beck et al. (1988) administered the self-report BSSI to 50 psychiatric inpatients with mixed diagnoses and 55 outpatients with affective disorders, both in paper-pencil and computer formats. Results showed correlations of .90 between self-report and clinically rated versions for both inpatients and outpatients, supporting strong concurrent validity. Cronbach's alpha was also .90 for both formats, indicating strong internal consistency (Beck et al., 1988). In Iran, Esfahani et al. (2015) reported Cronbach's alpha coefficients of .80 for both the screening section and the total scale. Convergent validity analyses showed positive correlations with depression (r = .57) and the Symptom Checklist (r = .51), and a negative correlation with social support (r = –.43). In the present study, Cronbach's alpha for the BSSI was .90.

Emotional Expressivity Questionnaire (EEQ): This 16-item tool was developed by King and Emmons in 1990. It assesses three subscales: positive expressivity, negative expressivity, and intimacy expressivity. Responses are provided on a Likert scale ranging from strongly disagree (= 0) to strongly agree (= 5). Items 7, 8, and 9 are reverse-scored. The total score ranges from 16 to 80, with higher scores indicating greater emotional expressivity. King and Emmons (1990) reported Cronbach's alpha coefficients of .68, .65, .59, and .68 for the total scale, positive expressivity, negative expressivity, and intimacy expressivity, respectively. Convergent validity was demonstrated through correlations with the Multidimensional Personality Questionnaire and the Bradburn Positive and Negative Affect Scale. In Iran, Alavi et al. (2017) reported convergent validity correlations of the Persian EEQ with the Beck Depression Inventory (r = .35) and Social Phobia measures (r = .43). Cronbach's alpha coefficients for the total scale and its subscales ranged between .77 and .86, Spearman–Brown coefficients between .77 and .88, and test–retest reliability between .72 and .79 (Alavi et al., 2017). In the present study, Cronbach's alpha coefficients were .64 for positive expressivity, .70 for intimacy expressivity, .64 for negative expressivity, and .66 for the overall scale.

Brief Fear of Negative Evaluation Scale (BFNES-B): This 12-item instrument was developed by Leary in 1983. Items are rated on a 5-point scale (1 = never true to 5 = almost always true). Total scores range from 12 to 60, with higher scores reflecting greater anxiety and fear of negative evaluation. Convergent validity analysis demonstrated a strong correlation with the long-form version of the scale (r = .96). Cronbach's alpha was .96, and test–retest reliability after four weeks was .75 (Leary, 1983). In Iran, Shokri et al. (2008) reported Cronbach's alpha coefficients of .87 for the positively keyed factor, .84 for the total scale, and .47 for the negatively keyed factor. Convergent validity was confirmed by a significant correlation with the Academic Expectations Stress Inventory (r = .43). In the present study, Cronbach's alpha for the total scale was .89.

2.3. Data Analysis

Data analysis was conducted using descriptive indices (mean and standard deviation), Pearson correlation test, SEM, path analysis, and bootstrapping for testing mediation effects in the proposed model. Analyses were performed using SPSS version 26 and AMOS version 23.

3. Findings and Results

The participants in this study were 267 individuals with gender dysphoria (71.9% male; 28.1% female) in Tehran. The frequency distribution of respondents by age showed that 67.4% (180 individuals) were between 18 and 30 years old, 18.4% (49 individuals) were younger than 18 years, 12.7% (34 individuals) were between 30 and 50 years old, and 1.5% (4 individuals) were 50 years or older. Regarding educational levels, 56.6% (151 individuals) had a diploma or lower, 18.7% (50 individuals) had a bachelor's degree, 16.1% (43 individuals) had an associate degree, 7.9% (21 individuals) had a master's degree or higher, and 0.7% (2 individuals) had a doctoral degree. Additionally, 95.5% (255 individuals) reported being single, while 4.5% (12 individuals) reported being married. Table 1 presents

descriptive indices and Pearson correlation coefficients among the research variables.

According to the results of Table 1, the relationships among the research variables largely matched the expected pathways, and it was determined that the relationship between emotional expressivity and suicidal thoughts was negative and significant (p < .05). A positive and significant correlation was found between fear of negative evaluation and suicidal thoughts (p < .05). The relationship between emotional expressivity and fear of negative evaluation was also significant and negative (p < .05). Therefore, there was a significant linear relationship among the research variables. After ensuring correlations among the components, the assumptions of structural equation modeling were examined.

Table 1

Correlation matrix, mean, and standard deviation of research variables

Variables	1	2	3	4	5	6	Mean	Standard Deviation	Skewness	Kurtosis
1. Positive expressivity	–						20.737	5.399	0.068	–0.729
2. Negative expressivity	0.412	–					13.547	3.279	–0.372	–0.536
3. Intimacy expressivity	0.439	0.355	–				15.139	4.041	–0.134	1.025
4. Emotional expressivity	0.745	0.713	0.722	–			49.303	9.552	–0.125	0.440
5. Fear of negative evaluation	–0.349	–0.254	–0.350	–0.360	–		36.606	11.020	–0.098	0.955
6. Suicidal thoughts	–0.453	–0.259	–0.339	–0.415	0.578	–	4.075	2.905	0.122	1.194

Structural equation modeling requires the evaluation of assumptions regarding univariate and multivariate normality of the distribution of variables, absence of multicollinearity, and independence of errors. Based on the results in Table 1, skewness and kurtosis values of the research variables were within ±2 for skewness and ±7 for kurtosis, indicating normal distribution (Schumacker & Lomax, 2012). In the multivariate normality test, the absolute critical ratio of Mardia's coefficient was 2.243; therefore, it was concluded that the joint distribution of all variables was normal. Examination of multicollinearity using tolerance and

variance inflation factor (VIF) indices showed that tolerance coefficients for emotional expressivity and fear of negative evaluation as predictor variables in the model ranged from .79 to .84. The VIF values ranged from 1.18 to 1.26, thus indicating absence of multicollinearity. The independence of errors assumption was also confirmed using the Durbin–Watson statistic (DW = 1.80). After testing the assumptions, model evaluation was carried out using path analysis in AMOS software. Figure 1 presents the final standardized model.

Table 2

Standardized coefficients of direct paths in the proposed model

Paths	Unstandardized coefficients	Standardized coefficients	Standard error	Critical ratio	p-value
Emotional expressivity → Suicidal beliefs	–.44	–.38	.093	–4.73	< .001
Fear of negative evaluation → Suicidal beliefs	.10	.39	.016	6.46	< .001
Emotional expressivity → Fear of negative evaluation	–2.21	–.50	.36	–6.01	< .001

According to the results in Table 2, the direct effect of emotional expressivity on suicidal beliefs among individuals

with gender dysphoria was negative and significant (β = –.38, p < .001). Another finding indicated that the direct effect

of fear of negative evaluation on suicidal beliefs was positive and significant (β = .39, p < .001). Furthermore, the direct effect of emotional expressivity on fear of negative evaluation was significant and negative (β = –.50, p < .001).

Table 3

Bootstrap results for indirect paths in the proposed model

Paths	Standardized coefficients	Standard error	Lower bound	Upper bound	p-value
Emotional expressivity → Fear of negative evaluation → Suicidal beliefs	–.37	.06	–.68	–.47	< .001

The bootstrap test in Table 3 showed that the indirect effect of emotional expressivity on suicidal beliefs through the mediating role of fear of negative evaluation was significant and negative (β = –.37, p < .001). Based on this result, it can be concluded that fear of negative evaluation mediates the relationship between the exogenous variable (emotional expressivity) and the endogenous variable (suicidal beliefs) in individuals with gender dysphoria.
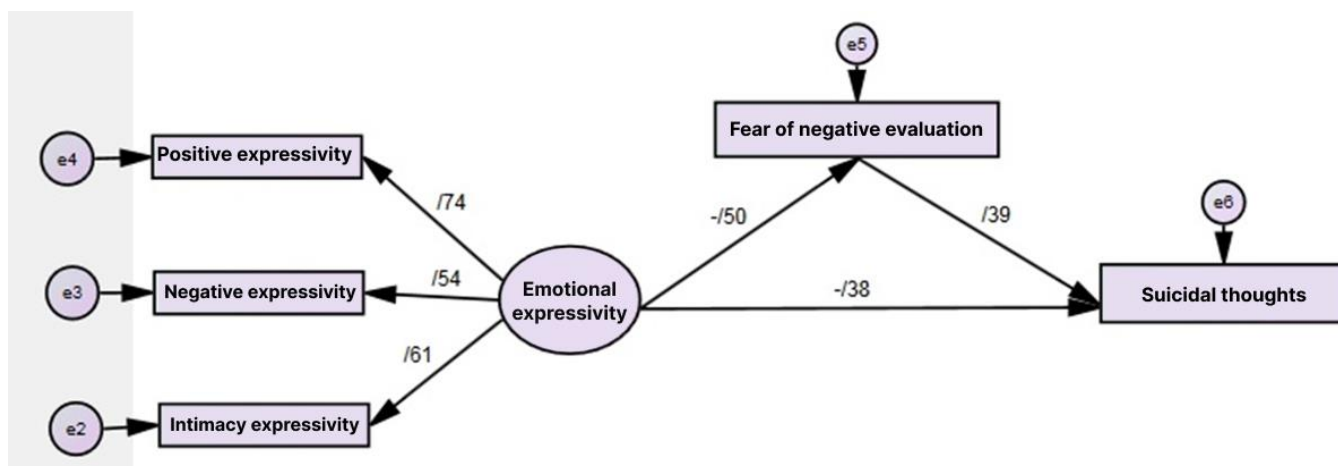
Table 4

Model fit indices

Index	χ²/df	GFI	AGFI	CFI	NFI	IFI	TLI	RMSEA
Criterion	≤ 3	≥ .90	≥ .85	≥ .90	≥ .90	≥ .90	≥ .90	≤ .08
Model	1.40	.99	.96	.99	.98	.99	.98	.039

According to the results in Table 4, the fit indices indicated a good fit of the proposed model with the data; therefore, the proposed model demonstrated an acceptable fit.

Figure 1

Model with Beta Coefficients

4. Discussion and Conclusion

The present study examined the mediating role of fear of negative evaluation in the relationship between emotional expressivity and suicidal beliefs among individuals with gender dysphoria. The findings revealed that emotional expressivity had a significant negative direct effect on suicidal beliefs, suggesting that individuals who are more capable of openly expressing their emotions are less likely to endorse suicidal cognitions. At the same time, fear of negative evaluation exerted a significant positive effect on suicidal beliefs, underscoring that heightened concern about being judged by others increases vulnerability to suicidal thinking. Importantly, fear of negative evaluation mediated the relationship between emotional expressivity and suicidal beliefs, confirming that expressive limitations contribute to

suicidal risk partly through the amplification of evaluative fears. These results provide new insights into the psychological mechanisms that underlie suicide risk in the gender dysphoria population, a group already at disproportionate risk for self-harm and suicidal behavior.

The direct negative association observed between emotional expressivity and suicidal beliefs is consistent with prior evidence demonstrating that the ability to communicate emotions reduces perceived burdensomeness and enhances interpersonal connectedness (Kassing et al., 2022). Individuals who suppress their emotions may experience increased distress, alienation, and reduced access to social support, which in turn fosters suicidal ideation. A broad review of emotion regulation strategies has indicated that expressive suppression is consistently linked to heightened depression and social anxiety, conditions strongly associated with suicidal risk (Dryman & Heimberg, 2018). Moreover, difficulties in emotion regulation have been identified as one of the most reliable predictors of suicidal behaviors across diverse populations (Rogante et al., 2024). These converging findings suggest that improving emotional expressivity represents a key pathway for mitigating suicide risk.

The strong positive effect of fear of negative evaluation on suicidal beliefs is in line with research showing that evaluative fears create intense interpersonal distress that fuels suicidality. Longitudinal analyses among Chinese adolescents demonstrated bidirectional relationships between fear of negative evaluation and suicidal ideation, with interpersonal needs playing a mediating role (Chen et al., 2024). Similarly, college student samples indicate that fear of negative evaluation is significantly correlated with suicidal ideation, and impulsivity-like traits further exacerbate this relationship (Lindquist et al., 2023). Findings from developmental studies have also confirmed that both fear of positive and negative evaluation are linked to maladaptive emotion regulation in adolescence, heightening psychopathology and suicidal risk (Tsarpalis-Fragkoulidis et al., 2024). Together, these results corroborate the present findings and emphasize that fear of negative evaluation is not merely an epiphenomenon but an important driver of suicidal cognition.

The mediating role of fear of negative evaluation provides a more nuanced understanding of how expressive processes influence suicide risk. Emotional expressivity may buffer against suicidal beliefs by reducing evaluative fears, thereby fostering interpersonal security. Conversely, when individuals struggle to express themselves authentically, they may become more preoccupied with others' judgments,

which in turn fosters suicidal ideation. This pathway aligns with evidence that difficulties in emotional expression often co-occur with ambivalence about self-presentation, which magnifies self-consciousness and evaluative concerns (Huang & Wang, 2024). Furthermore, minority stress research consistently documents that gender and sexual minority individuals face elevated levels of rejection and scrutiny, magnifying evaluative fears and their link to suicidality (Hunter et al., 2021; Wyman Battalen et al., 2021).

These mechanisms are particularly critical to understand in the context of gender dysphoria. Individuals with gender dysphoria face complex psychosocial challenges, including stigma, misgendering, and systemic barriers to care (Ghiasi et al., 2024). These stressors exacerbate vulnerability to suicide by intensifying evaluative fears and restricting authentic emotional expression. Epidemiological evidence highlights that suicidal ideation and self-harming behaviors are disproportionately high among adolescents and young adults with gender dysphoria (Marconi et al., 2023; Thompson et al., 2022). A meta-analysis further confirmed that the prevalence of suicidal thoughts and attempts in transgender populations far exceeds that of the general population (Kohnepoushi et al., 2023). The present study's findings resonate with these data by clarifying how interpersonal-evaluative mechanisms may link psychosocial stressors to suicidal beliefs in this high-risk group.

Clinical research also supports these results. Hospital-based analyses reveal that pediatric and transitional-aged youth with gender dysphoria are frequently hospitalized for suicidal behaviors (Faruki et al., 2023). Moreover, while gender-affirming medical interventions can improve well-being, they do not fully eliminate mental health disparities. National database analyses show that gender-specific mental health risks persist even after gender-affirming surgery, highlighting the need for psychological interventions alongside medical care (Lewis et al., 2025). Likewise, meta-analytic reviews indicate that non-binary youth experience similarly elevated risks of suicidal ideation and other mental health challenges (Klinger et al., 2024). This body of evidence underscores that structural interventions must be complemented by psychological supports targeting emotion regulation and evaluative fears.

From a cognitive perspective, the results are also consistent with findings that inflexible negative interpretations dampen positive emotions, perpetuating depression and social anxiety, which in turn heighten suicidal ideation (Everaert et al., 2020). Evaluative fears

may contribute to such interpretive biases, leading individuals to consistently anticipate rejection or disapproval. In populations with gender dysphoria, these cognitive styles may be reinforced by repeated experiences of stigma and discrimination (Narang et al., 2018). Psychotic-like experiences have also been linked to emotion regulation difficulties and suicidal ideation in general adolescent populations (Wastler & Núñez, 2022), further underscoring that maladaptive cognitive and perceptual processes amplify risk when evaluative concerns are salient.

Protective factors, while not the focus of the present study, deserve consideration. Research has shown that self-compassion can reduce suicide risk by promoting gratitude and buffering against posttraumatic stress disorder in adolescents (Liu et al., 2020). Similarly, adaptive coping skills and flexible emotion regulation strategies have been identified as protective elements that counteract hopelessness and psychopathology in adolescent populations (Villacura-Herrera et al., 2025). However, in the presence of overwhelming evaluative fears and suppressed expressivity, these protective factors may not suffice. This may explain why, despite the availability of some resilience resources, suicide rates remain disproportionately high among gender diverse populations.

The findings also align with recent work highlighting the importance of behavioral indicators of suicide risk. Studies in psychiatric emergency departments suggest that behavioral measures can effectively identify high-risk youth (Shin et al., 2024). Expressivity and evaluative fears represent behavioral and cognitive markers that could be integrated into such assessments. Their inclusion may enhance the predictive power of clinical evaluations, particularly in gender diverse populations where traditional psychiatric markers may not fully capture risk trajectories.

Another critical dimension is the role of enacted stigma. Daily experiences of discrimination among transgender and gender diverse young adults are associated with heightened negative affect, and coping self-efficacy plays a moderating role (Dyar et al., 2024). These findings highlight how minority stress amplifies the pathways identified in this study. Suppressed emotional expression in stigmatizing environments may further heighten evaluative fears, exacerbating suicidal ideation. The current results therefore add to a growing literature linking minority stress, emotion regulation, and suicidality (Hunter et al., 2021; Wyman Battalen et al., 2021).

In addition, cultural variations must be considered. Research among Asian American subgroups found differences in the relationship between emotion expressivity, suicidal ideation, and explanatory factors compared with White emerging adults (Polanco-Roman et al., 2024). This suggests that cultural norms surrounding expression and evaluation may shape the pathways observed. The fact that evaluative fears mediated the relationship between emotional expressivity and suicidal beliefs in the present study could reflect the compounded cultural pressures placed on individuals with gender dysphoria, particularly in societies where stigma is pervasive.

Taken together, the findings contribute to a growing consensus that suicidal ideation cannot be reduced to psychiatric diagnoses alone but is embedded within broader emotional, interpersonal, and cultural contexts. Emotion regulation difficulties (Dryman & Heimberg, 2018; Rogante et al., 2024), evaluative fears (Chen et al., 2024; Lindquist et al., 2023), and minority stress (Dyar et al., 2024; Hunter et al., 2021) represent interlocking vulnerabilities that interact to shape suicidal trajectories. The present results underscore the importance of addressing these mechanisms in suicide prevention efforts, particularly for individuals with gender dysphoria, who are disproportionately burdened by evaluative concerns and expressive constraints.

This study is not without limitations. First, the cross-sectional design precludes causal inference; while fear of negative evaluation was found to mediate the relationship between emotional expressivity and suicidal beliefs, longitudinal data are necessary to establish temporal precedence. Second, the reliance on self-report instruments introduces potential biases, such as social desirability and recall errors, which may have influenced participants' responses. Third, the sample was drawn from a single metropolitan area and consisted solely of individuals formally diagnosed with gender dysphoria, which limits the generalizability of the findings to broader or undiagnosed populations. Finally, unmeasured variables such as social support, cultural background, and access to gender-affirming care may have influenced the observed relationships, suggesting the need for more comprehensive models.

Future research should employ longitudinal and experimental designs to clarify the causal pathways linking emotional expressivity, evaluative fears, and suicidal ideation. Cross-cultural studies are also needed to examine whether the mediating role of fear of negative evaluation varies across cultural contexts where norms surrounding emotional expression differ. Expanding samples to include non-binary and gender nonconforming individuals will

provide a more inclusive understanding of risk processes. Moreover, future work should incorporate multimethod assessments, including behavioral and physiological measures of emotion regulation and evaluation concerns, to overcome limitations of self-report. Intervention studies testing programs aimed at enhancing expressivity and reducing evaluative fears would also help translate these findings into effective prevention strategies.

Clinicians working with individuals with gender dysphoria should integrate interventions that promote healthy emotional expressivity while simultaneously addressing evaluative fears. Therapeutic approaches may include skills training to reduce expressive suppression, cognitive-behavioral strategies to reframe evaluative concerns, and group-based interventions to foster belongingness and reduce perceived burdensomeness. School-based and community-level programs should target stigma reduction to create environments that minimize evaluative threats and support authentic self-expression. By focusing on these psychological mechanisms, practitioners can provide more tailored and effective care to reduce suicidal risk in this vulnerable population.

Authors' Contributions

Authors contributed equally to this article.

Declaration

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

Transparency Statement

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

Acknowledgments

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

Declaration of Interest

The authors report no conflict of interest.

Funding

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

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This study received an ethics code, IR.IAU.ARAK.REC.1403.146, from the Research Ethics Committee of Arak University of Medical Sciences.

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