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Abstract

According to the literature, psychological pain and entrapment are fundamental variables in the prediction of suicidal ideation. The aim of this paper is to analyse the moderating role of psychological pain in the relationship between entrapment-suicidal ideation. A sample of 620 participants between the ages of 18-35 years (51.1% women) was recruited through a quota sampling and administered an online questionnaire. Psychological pain and entrapment were significant predictors of suicidal ideation. Likewise, the interaction of both variables was also statistically significant, according to a moderating effect. These findings suggest that the use of measuring instruments that evaluate each other's constructs may improve the screening of people with suicidal ideation.

Keywords: entrapment; psychological pain; suicidal ideation; integrated motivational-volitional model; young adults

Entrapment and Psychological Pain as Proximal Variables of Suicidal Ideation: Study of Moderation

Worldwide, about 800,000 people die each year by suicide (WHO, 2018). Of the total number of suicides per year, one third are among young people (second cause of death among 15-29 years old; WHO, 2018). Despite efforts to understand and suicidal behavior prevent (i.e., ideas. communications and behaviors potentially linked to voluntary death), it has not yet been possible to clarify which risk factors have the greatest specificity and predictability (Barrigón & Baca-García, 2018; Franklin et al., 2017; Large, Galletly, Myles, Ryan, & Myles, 2017).

Numerous empirical evidences reveal that psychological pain plays a fundamental role in the prediction of suicidal ideation in people with and without a diagnosis of mental illness (Verrocchio et al., 2016). According to Shneidman's theory of

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suicide (1993), unbearable psychological pain is the common stimulus for all suicides, that is, suicidal behavior would be the means for the cessation of painful and intolerable consciousness. Therefore, the relevance of "classic" risk factors (e.g., previous mental illness) in predicting suicidal behavior would be contingent on the relationship of these factors to psychological pain.

The concept of psychological pain is not new in the literature on suicide. In the last 60 years, the literature has used various forms to mention psychological pain (i.e., mental pain, psychic pain, or *psychache*). Meerwijk and Weiss (2011) point out that the elements common to the different conceptions are: an unpleasant, lasting and unbearable feeling characterized by a perception of disablement or impairment of the self.

Numerous empirical studies have shown how psychological pain significantly contributes to the prediction of suicidal ideation and other behaviors (e.g., Ducasse et al., 2018), even in the presence of hopelessness and depression (e.g., Troister & Holden, 2013). Levinger, Holden, and Ben-Dor (2015) found higher levels of psychological pain in people who have made attempts on their lives compared to psychiatric patients without suicidal behavior and healthy controls. High levels of psychological pain have also been found to be associated with increased intensity and frequency

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of suicidal ideation in people who have a depressive episode requiring hospitalization (Olié, Guillaume, Jaussent, Courtet, & Jollant, 2010). Similarly, a fouryear longitudinal study has shown that psychological pain is the only statistically significant variable that was associated with ssschanges in suicidal ideation in a sample of students at high risk of suicide (Montemarano, Troister, Lambert, & Holden, 2018).

In the field of suicide, different psychological models have emerged that attempt to outline what variables are involved in different suicidal behaviors and how they are articulated. Among them, the Integrated Motivational-Volitional model (IMV; O'Connor, 2011; O'Connor & Kirtley, 2018) emerged with the purpose of elucidating which variables are primarily involved in the development of suicidal ideation(e.g., the perception of entrapment), which others are involved in the transit from ideation to suicidal action (e.g., access to lethal means), and which impact on suicidal risk through their influence on other constructs of the model (e.g., socially prescribed perfectionism). For this reason, IMV is composed of elements from other theoretical models of suicide that have substantial empirical evidence.

The central axis of IMV is its motivational phase, which orchestrates the relationship between the variables that are essentially linked to the development of suicidal ideation. IMV considers that suicidal ideation is the result of a psychological process that begins with a perception of defeat or failed struggle caused by a loss of social status, identity, or hierarchy. If the perception of defeat is not resolved, the likelihood of transitioning to a perception of entrapment increases. Entrapment can be defined as the perception that the motivation to escape from the stress or threat is blocked (externally or internally) by a lack of individual agency or absence of rescue by others. This phase, like the rest of the model, is composed of two levels according to the role played by its variables. In the first level, the variables that are essential in the formation of the suicidal ideation are positioned (i.e., defeat and entrapment). The transition from defeat to entrapment and from entrapment to suicidal ideation is regulated at a second level where a set of variables that play a moderating role are placed. The absence or presence of these variables increases or decreases the probability of transit.

Therefore, in IMV, the variable closest to suicide ideation is the perception of entrapment. The relationship between entrapment and suicidal ideation is moderated by a set of variables called motivational moderators. Within this type of moderator, variables such as reasons for living (Linehan, Goodstein, Nielsen, & Chiles, 1983) or lack of social support (Chang, Chan, & Yip, 2017), among others, are included. Based on the numerous empirical evidences that position psychological pain as a proximal variable of suicidal ideation, as well as the axiom: "without pain, there is no suicide" by Shneidman (2001), the present work aims to analyze the moderating role of psychological pain in the transit between entrapment and suicidal ideation. We hypothesize that there is an interaction between entrapment and psychological pain that enhances the magnitude of the relationship between entrapment and suicidal ideation.

Method

Participants

The participants were 620 persons resident in Spain and aged between 18 and 35 years (51.1% women, $M_{age} = 25.94$, $SD_{age} = 5.16$), who completed an online questionnaire. A sampling was carried out by quotas of sex, age, and educational level, according to the characteristics of the young adults in the Spanish population. The rest of the sociodemographic and clinical characteristics can be seen in Table 1.

Procedure

The participants were recruited by research team collaborators following quotas: 33% (50% women) aged 18-23, 33% (50% women) aged 24-29, 33% (50% women) aged 29-35, and a minimum of 33% and a maximum of 50% university graduates. The recruitment of participants was done through the social networks of our collaborators. The online questionnaire was composed of the scales of the study and other socio-demographic variables of interest such as age, sex, educational level, and marital status. All participants were informed of the purpose of the research, their voluntary status, the data protection law, and the mechanisms that guarantee their anonymity. At the beginning of the online questionnaire, participants signed an informed consent form. This study was approved by the Bioethics Committee on Human Research at the authors' University.

Instruments

Entrapment Scale (Gilbert & Allan, 1998) adapted to Spanish context (Ordóñez-Carrasco, Cuadrado, & Rojas, 2020). Self-administered scale of 16 items to measure the perception of being trapped (externally or internally). Response options are 5-point Likert type, from 0 (*not quite like me*) to 4 (*extremely like me*). The higher the score, the greater the perception of entrapment. The estimation of the internal consistency through

Cronbach's alpha coefficient of the scores of the Spanish version of the Entrapment Scale (Ordóñez-Carrasco et al., 2020) was .94. In the present study, the internal consistency through Cronbach's alpha was .96.

	N (%)
Age	<i>M</i> = 25.94 (<i>DT</i> = 5.16)
Sex	
Woman	317 (51.1%)
Man	294 (47.4%)
Other	9 (1.5%)
Completed education level	
No studies	19 (3.1%)
Primary education	18 (2.9%)
Secondary education	358 (58.4%)
Higher education	218 (35.6%)
Civil status	
Single	351 (57.4%)
Married / Common-law couple / Stable couple	241 (39.4%)
Divorced	19 (3.1%)
Widowed	1 (0.2%)
Work activity	
Student	260 (42.5%)
Homemaker	14 (2.3%)
Unemployed	42 (6.9%)
Employee	296 (48.4%)
Religion	
Catholic	253 (41.7%)
Muslim	10 (1.6%)
Protestant	11 (1.8%)
Agnostic	70 (11.5%)
Atheist	167 (27.5%)
Indifferent	96 (15.8%)
Mental and behavioural disorders (ICD-10 code)	
Substance-Related and Addictive Disorder (F19.9)	1 (0.2%)
Anxiety Disorder (F41.9)	7 (1.1%)
Major Depressive Disorder (F32.9)	4 (0.7%)
Feeding and Eating Disorder (F50.9)	1 (0.2%)
Attention-Deficit/Hyperactivity Disorder (F90.0)	2 (0.3%)
Mixed Anxiety-Depressive Disorder (F41.2)	2 (0.3%)
Borderline Personality Disorder (F60.3)	2 (0.3%)
Obsessive-Compulsive and Related Disorder (F42.9)	2 (0.3%)

Table 1. Socio-demographic and clinical characteristics of participants

Psychache Scale (Holden, Mehta, Cunningham, & McLeod, 2001) **adapted to Spanish context** (Ordóñez-Carrasco, Cuadrado, & Rojas, 2019). The answer options are of the 5-point Likert type. From item 1 to item 9, the answer options range from 1 (*never*) to 5 (*always*). From item 10 to item 13, the answer options range from 1 (*strongly disagree*) to 5 (*strongly agree*). The higher the score, the more unbearable and frequent the perception of psychological pain. The estimate of internal consistency through Cronbach's alpha of the Psychache Scale Spanish adaptation scores (Ordóñez-Carrasco et al., 2019) was .96. In the present study, the internal consistency through Cronbach's alpha was .96.

Active suicidal ideation. Suicidal desire was assessed through an indicator. Participants were asked to rate their agreement or disagreement with the following statement: "*I would like to kill myself* " at the time they responded to the questionnaire or during the two weeks prior to their participation. The response option is a 5-point Likert type, from 1

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(strongly disagree) to 5 (strongly agree). In order to obtain evidence of concurrent validity, this indicator was correlated with item 9 of the BDI-II (this item evaluates the intensity and presence of suicidal ideation). The result was .64, p < .001.

Statistical analyses

First, descriptive statistics of total scores and bivariate correlations between all study variables (i.e., entrapment, psychological pain, and suicidal ideation) were calculated. Prior to multiple linear regression analyses, for alleviate collinearity, the independent variables (i.e., entrapment and psychological pain) were centered by subtracting a variable's mean from all observations on that variable in the dataset. Subsequently, in order to evaluate the effect of entrapment and psychological pain on active suicidal ideation), a multiple linear regression model was performed (Model 1). Subsequently, in order to analyze the moderating effect of psychological pain on the relationship between entrapment and suicidal ideation, another multiple linear regression model was carried out (Model 2). The interaction variable between the total entrapment score and the total

psychological pain score (entrapment psychological pain) was added as an independent variable. A variable is considered a moderator when the p-value of the interaction (entrapment × psychological pain) is \leq .05. Finally, to deepen the analysis of the moderating role of psychological pain, the total sample was divided into four subgroups according to the degree of entrapment and psychological pain through the median of the total scores of both variables. These four subgroups formed a grouping variable in a non-parametric unifactorial ANOVA (Kruskal-Wallis test) to explore whether there were statistically significant differences between the four subgroups in suicidal ideation. All analyses were performed using the SPSS v.25.

Results

First, descriptive statistics of the total scores of the study variables (i.e., suicidal ideation, entrapment, and psychological pain) showed relatively low means in the total sample (Table 2). The correlation matrix showed positive, moderatestrong, and statistically significant associations between all study variables (Table 2).

Table 2. Means,	standard	deviations and	d matrix of	f correlations
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	Suicidal ideation	Psychological pain	Entrapment
Suicidal ideation	-	.51*	.52*
Psychological pain	-	-	.81*
Mean	1.24	23.32	11.13
Standard Deviation	0.64	11.53	12.90

**p* < .001

In relation to the two multiple regression models (Table 3), in Model 1 (R^2 = .29; p < .001), both independent variables (entrapment, β = .27; and psychological pain, β = .30) had a similar and statistically significant effect (p < .001) on suicidal ideation. In Model 2 (R^2 = .32; p < .001), in line with the existence of a moderating effect, the interaction variable between entrapment and psychological pain (β = .60) was statistically significant (p < .001). Figure 1 shows a graphic representation of the interaction effect between psychological pain and entrapment based on the procedures of Aiken and West (1991), Dawson (2014) and Dawson and Richter (2006). In this representation it is observed how the combined presence of high values in entrapment and psychological pain causes an effect superior to the sum of the individual effects (synergy).

In order to improve the understanding and direction of the moderating effect, the sample was

divided into four subgroups based on the median total psychological pain and entrapment scores (i.e., low psychological pain-low entrapment, high low psychological pain-low entrapment, psychological pain-high entrapment, and high psychological pain-high entrapment). Subsequently, а non-parametric unifactorial ANOVA (Kruskal-Wallis) showed the existence of statistically significant differences in suicidal ideation between the subgroups, H (3) = 88.590, p < .001. Pairwise comparison (with Bonferroni correction; p < .013) revealed statistically significant differences between the high psychological painhigh entrapment subgroup (average range = 363.02) and the rest of the subgroups: low psychological pain-low entrapment (average range = 268.26; p < .001), low psychological pain-high entrapment (average range = 287.15; p < .001) and high psychological pain-low entrapment (average range = 310.80; p = .003).

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	Model 1			Model 2				
	В	в	t	р	В	6	t	р
Intercept	0.724	-	12.863	< .001	0.950	-	13.442	< .001
Entrapment	0.015	0.272	4.719	< .001	0.005	0.093	1.398	.163
Psychological pain	0.015	0.297	5.141	< .001	-0.006	-0.123	-1.231	.219
Entrapment × Psychological pain	-	-	-	-	0.001	0.599	5.117	< .001
Model	Adj. R ² = .291			Adj. R ² = .319				
	F (2, 619) = 128.073			F (3, 61	9) = 97.59)7		
	<i>p</i> < .001			p < .001				
R ² Change	-			0.029				
Sig. F Change	-				p < .001			





Figure 1. Effect of interaction between entrapment and psychological pain on suicidal ideation

Discussion

The present study aimed to evaluate the possible role of psychological pain as a motivational moderator between entrapment and suicidal ideation. The result of the first multiple regression model showed that entrapment and psychological pain influence the prediction of suicidal ideation in a similar and statistically significant way. The finding is consistent with previous research. For example, Li et al. (2018) found that psychological pain and entrapment had a direct and statistically significant association with suicidal ideation in hospitalized psychiatric patients. Likewise, a metaanalysis found a strong association between entrapment and suicidal ideation (Siddaway, Taylor, Wood, & Schulz, 2015). Similarly, in relation to psychological pain, a meta-analysis revealed a higher level of psychological pain in people with

suicidal ideation than people without suicidal ideation (Ducasse et al., 2018). The above results were similar to those reported in the systematic review by Verrocchio et al. (2016), which highlights the strong association between psychological pain and suicidal ideation, regardless of the level of depression and the sample examined (i.e., military, prisoners, students, homeless, and clinical population).

The second model of multiple linear regression examined whether psychological pain played a moderating role in the relationship between entrapment and suicidal ideation. Subsequently, the direction of moderation was studied by comparing the average ranges of suicidal ideation among different subgroups according to the degree of psychological pain and entrapment. In line with our results, from the perspective of IMV (O'Connor,

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2011; O'Connor & Kirtley, 2018), psychological pain could be considered a facilitator or motivational enhancer in the model: a high degree of psychological pain would increase the relationship between entrapment and suicidal ideation. These findings are the first empirical evidence for the potential moderating role of psychological pain in IMV. Likewise, a study by Bloch-Elkouby et al. (2020) found a strong connection between entrapment and psychological pain. The authors suggest that psychological pain can capture the emotional dimension derived from the deep and urgent feeling of escaping or avoiding a life situation that is perceived as unbearable and unavoidable. Furthermore, entrapment can also impact on the degree of unbearability of psychological pain, since it tends to be more intolerable the more ineffective and protracted the management of stress caused by the unpleasant internal experience of pain. This prolonged and unsuccessful management of stress may be due to the presence of factors such as: the inability to solve problems, interpersonal conflicts, difficulty in communicating, or the perception that help, escape or rescue are absent; the latter being comparable to the concept of entrapment (Demirkol, Namli and Tamam, 2019; Verrocchio et al., 2016).

However, this study is not exempt from limitations. Its transversal design prevents the detection of possible temporal fluctuations and the influence of the context, aspects that could have an impact on the variables analysed. Similarly, this design makes it impossible to interpret the results in terms of causality. Furthermore, due to the clinical nature of the study variables, the use of data from the general population usually generates a clear range restriction that is evident in the floor effect of the values of suicidal ideation and the average total scores of entrapment and psychological pain. In future research, replication of the present study with other samples (e.g., clinical population) would amplify the generalization of the results obtained. Likewise, testing the theoretical assumptions of IMV through longitudinal studies and more complex multivariate models (i.e., more explanatory variables and more sophisticated techniques such as structural equation models or network analysis) would help clarify the contribution of these variables and their potential interaction in the prediction of suicidal ideation.

In short, this research provides empirical evidence on the moderating role of psychological pain in IMV and, in line with previous literature, places entrapment and psychological pain as relevant variables involved in the development of suicidal ideation in young adults. The findings obtained are not limited solely to the field of suicide research. In the clinical context, and specifically in Spain, the history and clinical reports aimed at evaluating people with potential suicidal risk are often deficient (Miret et al., 2010). Similarly, the use of psychometric scales adapted to the Spanish context to assess suicidal behavior is not effectively and protocolarily implemented in the day-to-day work of professionals in the clinical setting (Bech & Awata, 2009; Sáiz & Bobes, 2014). Therefore, the routine use of measurement instruments adapted to the context of application and that evaluate both constructs (i.e., entrapment and psychological pain) could improve the screening of suicidal ideation. Similarly, knowing the degree to which people perceive themselves as trapped, as well as knowing the intensity and frequency of their psychological pain, could help guide psychological intervention.

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