

An Examination of Suicidal Ideations in Young Adults in Terms of Childhood Trauma and Intolerance to Uncertainty

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Abstract

Purpose: The main objective of this study is to examine the relationship between suicidal ideations in emerging adulthood and childhood trauma and intolerance to uncertainty among university students.

Design & Methodology: The research follows a correlational survey model. The sample of the study consists of 257 university students who are currently enrolled in the academic year 2022-2023.

Findings: The findings of the study show that childhood trauma and inhibitory anxiety, one of the sub-dimensions of intolerance of uncertainty, are important predictors of suicidal ideation. Accordingly, it can be said that individuals who have experienced childhood trauma and inhibitory anxiety are more likely to have suicidal ideation.

Implications & Suggestions: Based on the findings of this study, future research should specifically examine how certain types of childhood trauma (e.g., emotional neglect, physical abuse) are related to suicidal ideation and intolerance of uncertainty in emerging adulthood. Additionally, comparative studies could explore these variables among emerging adults with and without psychiatric diagnoses. Longitudinal research could also investigate the long-term impact of childhood trauma and intolerance of uncertainty on the development of suicidal ideation over time. Finally, it is recommended to develop and implement specific psychoeducational programs in university counseling centers focusing on coping with trauma and uncertainty, and to evaluate their effectiveness.

Genç Yetişkinlerde İntihar Düşüncelerinin Çocukluk Çağı Travması ve Belirsizliğe Tahammülsüzlük Açısından İncelenmesi

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Öz

Amaç: Bu çalışmanın temel amacı, üniversite öğrencilerinde beliren yetişkinlik dönemindeki intihar düşünceleri ile çocukluk çağı travması ve belirsizliğe tahammülsüzlük arasındaki ilişkiyi incelemektir.

Yöntem: Araştırma ilişkisel tarama modelindedir. Araştırmanın örneklemini 2022-2023 akademik yılında hâlihazırda kayıtlı olan 257 üniversite öğrencisi oluşturmaktadır.

Bulgular: Araştırmadan elde edilen bulgular, çocukluk çağı travması ve belirsizliğe tahammülsüzlüğün alt boyutlarından engelleyici kaygının intihar düşüncesinin önemli yordayıcıları olduğunu göstermektedir. Buna göre, çocukluk çağı travması yaşamış ve engelleyici kaygı yaşamakta olan bireylerin intihar düşüncesine sahip olma olasılıklarının daha yüksek olduğu söylenebilir.

Sonuçlar ve Öneriler: Bu çalışmanın bulgularına dayanarak, gelecekteki araştırmalarda belirli çocukluk çağı travma türlerinin (örneğin, duygusal ihmal, fiziksel istismar) beliren yetişkinlik dönemindeki intihar düşünceleri ve belirsizliğe tahammülsüzlük ile nasıl ilişkilendiğinin incelenmesi önerilmektedir. Ayrıca, psikiyatrik tanı almış ve almamış beliren yetişkinler arasında bu değişkenlerin karşılaştırmalı olarak araştırılması önemlidir. Uzunlamasına çalışmalarla, çocukluk çağı travmalarının ve belirsizliğe tahammülsüzlüğün (çoğunlukla engelleyici kaygı) zaman içinde intihar düşüncesine etkisinin izlenmesi de faydalı olabilir. Son olarak, üniversite danışma merkezlerinde, travma ile başa çıkma ve belirsizlikle baş etmeye yönelik spesifik psiko-eğitim programları geliştirilip etkinliklerinin değerlendirilmesi önerilmektedir.



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INTRODUCTION

The concept of emerging adulthood encompasses the developmental period between the ages of 18 and 29 (Arnett, 2000). Emerging adulthood is not only characterized by developmental challenges such as getting married or completing education, but also by social and emotional crises in family and peer relationships, which often lead to an increase in risky behaviors and psychological problems (Arnett, 2007; Schulenberg & Zarrett, 2006). Although sharing similarities with adolescence and adulthood, emerging adulthood is distinguished by prominent features such as identity exploration, indecisiveness, self-focus, feeling caught in-between, and a sense of limitless potential (McNamara-Barry et al., 2009; Morgan, 2013; Padilla-Walker, Son, & Nelson, 2019).

Adults pursuing university education also face challenges associated with their educational experiences. The coincidence of the onset of mental health disorders with the emerging adulthood period and the increasing number of university students seeking psychological counseling services for issues ranging from academic problems, anxiety, and depression to relationship and eating disorders, personality disorders, and suicidal ideation underscore the critical importance of this stage (Gallagher, 2014; Pedrelli et al., 2015; Rickwood et al., 2005).

Considering that university students are in the phase of emerging adulthood and may struggle to cope with various problems that arise during this period, it becomes essential to address their development of suicidal ideations and/or engagement in suicide attempts, which pose a life-threatening risk (Uncu, 2020). World Health Organization reports that suicide behavior ranks second among causes of death for individuals aged 15-29 and indicates that suicide is a global issue requiring preventive measures, not only in Turkey but worldwide (WHO, 2019).

The dynamic and complex nature of the suicide process involves multiple risk factors (Eskin, 2012). This complexity highlights the necessity for new research studies on suicide using various research designs. When examining studies related to suicide in the literature, studies conducted with clinical samples stand out. Specifically, there is a significant number of studies investigating the relationship between depression (Ak et al., 2013; Coyne et al., 2021; Gonzales, 2019), personality disorders (Chanen, Nicol, Betts & Thompson, 2020; Links, Kolla, Guimond & McMain, 2013; Marzilli, Cerniglia & Cimino, 2021; Tunç & Şahin, 2019), substance use disorders (Baykara & Atmaca, 2019; Goldstein, Haller, Mackinnon & Stewart, 2018; Roy, 2010), and suicide. Some studies also examine suicide in groups without psychiatric diagnoses, which are of critical importance in identifying risk factors for suicide (Emir-Öksüz & Bilge, 2014; Lamis & Lester, 2013). Expanding research on the relationship between suicide and non-psychiatric populations is important as it can inform the creation of targeted intervention programs to address suicidal behavior more effectively.

Research on the origins of problems such as depression, personality disorders, and substance use, which are believed to be associated with suicide, has shown a potential link to childhood trauma (Fergusson et al., 2013; Lam, 2018; Norman et al., 2012; Van Dijke, Hopman, & Ford, 2018). Childhood trauma refers to adverse experiences that negatively impact development in emotional, physical, cognitive, behavioral, and social domains. It is believed that individuals in emerging adulthood may experience difficulties in their daily lives, develop depressive moods, experience an increase in self-harm tendencies, and develop suicidal ideation as a result of various traumas experienced before the age of 18 (Höktem, 2020; Mitchell, Becker-Blease, & Soicher, 2021).

Another concept believed to predict suicidal ideations is intolerance of uncertainty. This concept refers to our propensity to exhibit negative responses in the affective-cognitive-behavioral triangle when faced with uncertain events and situations (Buhr & Dugas, 2002). Research indicates that both uncertainty and levels of intolerance of uncertainty can affect suicidal ideation (Gümüş & Sezgin, 2016; Mostafaie et al., 2015; Wu et al., 2020). Individual responses to uncertainty are influenced by their way of making sense of uncertainty or, in other words, their level of intolerance of uncertainty (Dugas et al., 2005). While some individuals can adapt and function well to uncertainty, others may experience difficulties in dealing with uncertain situations (Carleton, 2016).

Purpose and Importance of the Research

The literature contains numerous studies aiming to explain suicide, often focusing how various variables contribute to suicidal behaviour in order to protect public mental health. Studies conducted with different sample groups and variables can be considered milestones in the literature. Consistent with previous research, this study hypothesizes that intolerance of uncertainty and childhood traumas will have an impact on suicide. However, since no study has been found that examines these variables together, this research aims to address this gap and contribute new insights to the literature. Additionally, evaluating university students' suicidal ideation in terms of childhood traumas and intolerance of uncertainty can help identify protective and risk factors for suicide, which further highlights the importance of this research. This study can provide theoretical foundations and recommendations for preventive psychological counseling services for university students in the emerging adulthood period and contribute to mental health professionals. This study can provide mental health professionals with a theoretical foundation for understanding the psychological needs of the emerging adulthood period. It can also guide them in developing preventive counseling services for challenges specific to this stage. Thus, it contributes to designing more effective and personalized interventions. It should be noted as a limitation of the study that it does not include a group with psychiatric diagnoses. The aim of the study is not to assess the acute suicide risk of university students in the emerging adulthood period but to determine the relationship between various variables and suicidal ideation.

In light of the above information, the main objective of this research is to examine the relationship between suicidal ideation, childhood traumas, and intolerance of uncertainty among emerging adults in university. The research questions formulated based on the problem statement are as follows:

1. Is there a significant relationship between childhood traumas and suicidal ideation among university students in the emerging adulthood period?
2. Is there a significant relationship between intolerance of uncertainty and suicidal ideation among university students in the emerging adulthood period?
3. Are childhood traumas and sub-scales of intolerance of uncertainty significant predictors of suicidal ideation among university students in the emerging adulthood period?

METHOD

Research Design

The research design used in this study is correlational survey design. The correlational survey design aims to determine the relationships between two or more variables and obtain clues about cause-and-effect relationships (REF). In addition to determining the relationships between variables, the correlational survey design allows for the examination of one variable as the dependent variable and other variables

as independent variables (REF). In studies conducted to determine the relationships between variables, it is uncertain which variable influences another variable to what extent. On the other hand, in predictive studies, it is easy to see how much of the variation in the dependent variable is explained by the relevant variables (Creswell, 2016).

Sample

The sample of the study consists of 257 university students who were enrolled in the 2022-2023 academic year. As shown in Table 1, 197 of the participants are female, and 60 are male. The majority of the sample (n=119) falls within the 21-23 age group. Most of the participants (n=139) reside in state dormitories. The majority of the participants (n=170) do not have a romantic relationship. Convenience sampling method was employed in the study. In this method, the researcher selects a situation that is close and easily accessible. This sampling method is generally used when the researcher cannot use other sampling methods (Kılıç, 2013).

Table 1.
Frequencies and Percentage Distributions of Demographic Variables

Demographic Variable		Frequency	Percentage %
1. Gender	Female	197	76,7
	Male	60	23,3
2. Age Group	18-20	107	41,6
	21-23	120	46,4
	24-26	15	6
	27 and above	15	6
3. Residence State	With Family	79	30,7
		17	6,6
	With Friends		
	Dormitory	139	54
	Private Accommodation	9	3,5
	Single	13	5,2
4. Relationship Status	In a Relationship	78	30
	Married	7	2,7
	Divorced	172	67,3
Total		257	100

Data Collection Tools

Personal Information Form: A Personal Information Form developed by the researchers was used to collect participants' information regarding gender, age, place of residence, and marital status.

Childhood Trauma Questionnaire (CTQ): The Turkish adaptation of the 28-item Childhood Trauma Questionnaire, developed by Bernstein et al. (1994), was used in this study (Sar et al., 2012). The questionnaire assesses childhood sexual, physical, and emotional abuse, as well as neglect, through five subscales and a total score derived from all subscales, reflecting the overall experience of childhood

trauma. The Cronbach's alpha coefficient of the scale was found to be .93. Correlation coefficients were calculated for the subscales in the study conducted by Sar et al. (2012): emotional abuse ($r=0.90$, $p=0.001$), emotional neglect ($r=0.85$, $p<0.001$), physical abuse ($r=0.90$, $p<0.001$), sexual abuse ($r=0.73$, $p<0.001$), physical neglect ($r=0.77$, $p<0.001$). In calculating the total score of the questionnaire, scores obtained from positive statements (items 2, 5, 7, 13, 19, 26, 28) are reversed. The sum of the five subscale scores provides the total score of the questionnaire, ranging from 25 to 125. Although there are positive statements, there is no need to reverse the scores of the minimization-related items (items 10, 16, and 22) as they only measure denial of trauma and do not affect the total score. In this study, analyses were conducted based on the total score of the questionnaire. The Cronbach's alpha coefficient of the scale in this study was found to be .83.

Intolerance of Uncertainty Scale - Short Form (IUS-12): The scale, developed by Carleton et al. (2007), was adapted into Turkish by Sarıçam et al. (2014). The scale consists of 12 items and 2 subscales: prospective anxiety and inhibitory anxiety. The scale is a 5-point Likert scale and does not include any reverse-coded items. The total score of the scale is obtained by summing the scores of the subscales, ranging from 12 to 60. In the adaptation study of the scale, the Cronbach's alpha coefficients were found to be .88 for the overall scale, .84 for the prospective anxiety subscale, and .77 for the inhibitory anxiety subscale. In this study, analyses were conducted based on the total score of the scale. The Cronbach's alpha coefficient for the entire scale was .87.

Suicidal Ideation Scale: The Turkish validity and reliability study of the scale, which aims to determine the severity of suicidal ideation, was conducted by Dilbaz et al. (1995). The scale consists of 17 items. The total score obtained from the scale, which is answered with yes/no options, ranges from 0 to 17. Yes responses are scored as 1, and no responses are scored as 0. There are no reverse-coded items in the scale. Higher scores from the scale indicate the presence of significant suicidal ideation. In this study, the Cronbach's alpha coefficient of the scale was calculated as .84.

Data Analysis

After obtaining ethical approval from the XXX University Research and Publication Ethics Committee (Approval No: E-60263016-050.06.04-224138), data were collected using an online form that included demographic information and scales. Descriptive statistics and regression analysis were employed for analyzing the data obtained from the study. Statistical software packages were utilized, and a significance level of .05 was considered.

Before analyzing the data obtained in the study, their normality was examined using kurtosis and skewness coefficients. Values between -3 and +3 are considered indicative of a normal distribution (Tabachnick, Fidell, & Ullman, 2007). In this study, these values ranged from -0.392 to +0.056, suggesting that the data followed a normal distribution. Additionally, the p-values obtained from the Kolmogorov-Smirnov and Shapiro-Wilk tests were calculated as .200 and .153, respectively, indicating a normal distribution of the data. The presence of autocorrelation among the variables was assessed using the Durbin-Watson statistic, which yielded a value of 1.966 in this study. According to the Durbin-Watson statistic, a valid range of $0 < d < 4$ suggests no autocorrelation, with values close to zero indicating positive autocorrelation and values close to 4 indicating negative autocorrelation. Therefore, the Durbin-Watson statistic indicated no autocorrelation problem among the variables (Kalaycı, 2008).

To examine multicollinearity among the variables, a condition index value greater than 30 suggests the presence of multicollinearity. In this study, the condition index values were found to be 1.000 and 14.694,

indicating the absence of multicollinearity. The presence of multicollinearity among the independent variables was further assessed using the variance inflation factor (VIF), with a VIF value less than 10 indicating no multicollinearity. In this study, the VIF value for the independent variables was calculated as 1.018, suggesting the absence of multicollinearity. These findings indicate that the regression analysis was appropriate for the data (Büyüköztürk, 2009; Field, 2005).

FINDINGS

This section presents the descriptive analysis results of suicidal ideation, childhood trauma, and intolerance of uncertainty scale mean scores, followed by the results of the multiple linear regression analysis conducted to examine the relationships among the variables in the study.

Descriptive Statistics

The dependent variable in the study is suicidal ideation, and the independent variables are childhood trauma and intolerance of uncertainty. The mean, standard deviation, and minimum-maximum values of the dependent and independent variables are presented in Table 2.

Table 2.
Descriptive Statistics of Variables

Variables	\bar{x}	Ss	Min	Max
Suicidal Ideations	4,26	3,64088	0	16
Childhood Trauma	46,91	7,96136	35	70
Intolerance to Uncertainty	38,26	8,98958	14	60
Prospective Anxiety	22,93	5,08209	9	35
Inhibitory Anxiety	15,33	4,99722	5	25

Based on Table 2, it can be observed that participants obtained a minimum score of 0 and a maximum score of 16 on the Suicidal Ideations scale. Additionally, the arithmetic mean for participants' scores on the Suicidal Ideations scale was calculated as 4.26, with a standard deviation of 3.64.

Regarding the Childhood Trauma scale, participants received a minimum score of 35 and a maximum score of 70. The arithmetic mean for participants' scores on the Childhood Trauma scale was calculated as 46.91, with a standard deviation of 7.96.

For the Intolerance to Uncertainty scale, participants obtained a minimum score of 14 and a maximum score of 60. The arithmetic mean for participants' scores on the Intolerance to Uncertainty scale was calculated as 38.26, with a standard deviation of 8.99.

Regarding the Prospective Anxiety scale, participants received a minimum score of 9 and a maximum score of 35. The arithmetic mean for participants' scores on this scale was calculated as 22.93, with a standard deviation of 5.08.

Finally, for the Inhibitory Anxiety scale, participants obtained a minimum score of 5 and a maximum score of 25. The arithmetic mean for participants' scores on this scale was calculated as 15.33, with a standard deviation of 4.99.

Multiple Regression Analysis of Suicidal Ideation, Childhood Trauma, and Intolerance of Uncertainty

When examining Table 3, it can be observed that there is no significant difference in the mean scores of Suicidal Ideations, Childhood Trauma, Intolerance of Uncertainty, Prospective Anxiety, and Inhibitory Anxiety based on gender ($p > 0.05$). Specifically, for the Suicidal Ideations scale, the mean score for females was 4.24 ($Ss = 3.61$), while for males, it was 4.32 ($Ss = 3.78$), with no statistically significant difference ($t = -0.136$, $p = 0.892$). Similarly, on the Childhood Trauma scale, females scored a mean of 46.63 ($Ss = 7.85$), and males scored 47.83 ($Ss = 8.32$), showing no significant difference ($t = -1.021$, $p = 0.308$). For the Intolerance of Uncertainty scale, the mean score for females was 38.13 ($Ss = 9.13$), while for males, it was 38.70 ($Ss = 8.58$), again without a statistically significant difference ($t = -0.428$, $p = 0.669$). On the Prospective Anxiety scale, females scored a mean of 22.63 ($Ss = 5.13$), and males scored 23.93 ($Ss = 4.83$); although males had slightly higher scores, the difference was not statistically significant ($t = -1.747$, $p = 0.082$). Finally, for the Inhibitory Anxiety scale, females scored a mean of 15.50 ($Ss = 5.10$), while males scored 14.77 ($Ss = 4.62$), with no significant difference found ($t = 0.999$, $p = 0.319$). Overall, these results indicate that gender does not have a statistically significant effect on the mean scores for any of the scales examined.

Table 3.

t-Test Results for Suicidal Ideation, Childhood Trauma, and Intolerance of Uncertainty Scores According to Gender Variable

	Gender	n	\bar{x}	ss	Sd	t	p
Suicidal Ideations	Female	197	4,2437	,25700	3,60718	-,136	,892
	Male	60	4,3167	,48799	3,77993		
Childhood Trauma	Female	197	46,6345	,55928	7,84989	-1,021	,308
	Male	60	47,8333	1,07387	8,31818		
Intolerance of Uncertainty	Female	197	38,1320	,65034	9,12794	-,428	,669
	Male	60	38,7000	1,10758	8,57924		
Prospective Anxiety (sub-scale)	Female	197	22,6294	,36556	5,13091	-1,747	,082
	Male	60	23,9333	,62294	4,82531		
Inhibitory Anxiety (sub-scale)	Female	197	15,5025	,36369	5,10464	,999	,319
	Male	60	14,7667	,59677	4,62259		

The multiple linear regression analysis was conducted to determine how childhood trauma and sub-scales of intolerance of uncertainty, which are believed to have an impact on suicidal ideation, predict suicidal ideation. The results revealed that childhood trauma and intolerance of uncertainty variables together exhibited a significant relationship with suicidal ideation ($R=0.441$, $R^2=0.195$, $F_{(2-255)}=20,383$, $p<0.01$).

Table 4.

Results of Linear Multiple Regression Analysis Predicting Suicidal Ideation Levels by Childhood Trauma and Sub-scales Intolerance of Uncertainty Levels

Variable	B	Standart Error	β	t	p	Pairwise r	Patial r
ntercept	-5,120	1,456	-	-3,515	0,001	-	-
Childhood Trauma	,113	0,026	,246	4,327	0,000	,263	,244
Prospective Anxiety	,019	0,050	,026	,372	0,710	,023	,021
Inhibitory Anxiety	,239	0,051	,328	4,327	0,000	,283	,265
R=0,441	$R^2=0,195$						
$F_{(2-255)}=20,383$	p=0,000						

As shown in Table 4, the variables included in the model together account for 19.5% of the variance in suicidal ideation ($R^2=0.195$, $F(2,255)=20.383$, $p=0.000$). According to the standardized regression coefficients (β), the relative importance of the predictor variables on suicidal ideation is as follows: Inhibitory Anxiety ($\beta=0.328$) and Childhood Trauma ($\beta=0.246$).

Considering the significance tests of the regression coefficients, both Inhibitory Anxiety ($t=4.327$, $p=0.000$) and Childhood Trauma ($t=4.327$, $p=0.000$) are significant predictors of suicidal ideation. In contrast, Prospective Anxiety was not found to be a significant predictor ($\beta=0.026$, $t=0.372$, $p=0.710$).

When examining the relationships between the predictor variables and suicidal ideation, it is observed that Childhood Trauma has a correlation of $r=0.263$ and a partial correlation (controlling for the other variables) of $r=0.244$. Similarly, Inhibitory Anxiety shows a correlation of $r=0.283$ and a partial correlation of $r=0.265$. These findings highlight that Childhood Trauma and Inhibitory Anxiety are meaningful contributors to the variance in suicidal ideation, whereas Prospective Anxiety does not significantly predict suicidal ideation.

DISCUSSION AND CONCLUSION

In this study, the relationship between childhood trauma and intolerance of uncertainty and their predictive power on suicidal ideation in emerging adulthood was examined. The findings indicated that childhood trauma and intolerance of uncertainty were significant predictors of suicidal ideation. Thus, it can be suggested that individuals in emerging adulthood who have experienced childhood trauma and have high levels of intolerance of uncertainty are more likely to have suicidal ideations. The relative importance of the predictors on suicidal ideation in individuals in emerging adulthood was found to be intolerance of uncertainty followed by childhood trauma. Furthermore, the study revealed that there were no significant differences in suicidal ideation, childhood trauma, and intolerance of uncertainty levels based on gender.

The first finding of the study, regarding childhood trauma as a significant predictor of suicidal ideation, aligns with previous literature. Childhood trauma represents distressing experiences that can have long-term effects on individuals. Pournaghash-Tehrani, Zamanian, and Amini-Tehrani (2019) conducted a study with 487 university students in emerging adulthood and examined the relationship between childhood trauma, including sexual abuse, loss of family members, and mistreatment by caregivers, and

suicide risk. The results of their research indicated that young students were a vulnerable group requiring urgent protection and psychological support and interventions. Such traumas can lead to various psychological issues and contribute to the emergence of suicidal ideation. Additionally, childhood traumas can have a negative impact on individuals' psychological well-being and result in emotional, behavioral, cognitive difficulties, and even physical/chronic health problems (Crandall et al., 2020; Hill, Jones, & Haas, 2020; Lee, Kim & Terry, 2020). Recognizing childhood traumas accurately, early intervention, and providing appropriate support are crucial for protecting individuals' psychological well-being, preventing suicidal ideation. In conclusion, this study highlights the significant role of childhood trauma and intolerance of uncertainty in predicting suicidal ideation. Understanding and addressing these factors are essential for developing effective prevention and intervention strategies to protect individuals' mental health and prevent suicidal ideation.

Another important finding of the study is that Inhibitory Anxiety is a significant predictor of suicidal ideation. Inhibitory Anxiety refers to the tendency of individuals to experience heightened fear, hesitation, and avoidance behaviors when faced with uncertain, ambiguous, or stressful situations. This result is consistent with existing literature, which highlights the critical role of anxiety in the development of suicidal ideation (Allan et al., 2021; Wagler, 2019; Zerach & Levi-Belz, 2019).

Individuals with high levels of inhibitory anxiety often struggle to effectively manage uncertainty and stress, leading to cognitive and emotional overwhelm. They may perceive challenges or uncertainties as insurmountable, causing them to feel trapped or powerless. This sense of being unable to take control of their circumstances can escalate into feelings of helplessness and hopelessness—two emotional states that are strongly associated with suicidal ideation.

Moreover, inhibitory anxiety can interfere with problem-solving abilities and resilience, making it difficult for individuals to cope with adversity. The avoidance tendencies associated with this form of anxiety may limit their ability to seek help or engage in adaptive coping mechanisms, further exacerbating their emotional distress. Over time, the accumulation of these negative experiences and perceptions may lead to persistent thoughts of escape, including suicidal ideation, as a means to end their perceived suffering. This finding underscores the importance of addressing inhibitory anxiety in suicide prevention efforts.

Based on the findings of this research, it is recommended to conduct future studies with more specific focuses. For instance, future research could explore how specific types of childhood trauma (e.g., emotional neglect, physical abuse) are linked to suicidal ideation and intolerance of uncertainty (mostly inhibitory anxiety) in emerging adulthood. Comparative studies could examine differences in these variables among individuals with anxiety or depressive disorders versus those without psychiatric diagnoses. Additionally, longitudinal studies can be designed to track the impact of unresolved childhood trauma and intolerance of uncertainty on the development of suicidal ideation over time. Also interventions that focus on improving emotional regulation, fostering a sense of control, and building problem-solving skills can help mitigate the effects of inhibitory anxiety. Techniques such as cognitive-behavioral therapy (CBT), which targets maladaptive thoughts and behaviors, or mindfulness-based approaches that reduce fear responses to uncertainty, may be particularly effective. Addressing inhibitory anxiety not only alleviates immediate distress but also enhances individuals' long-term resilience, reducing their risk of developing suicidal thoughts. Finally, tailored psychoeducational programs that address trauma processing and coping strategies for uncertainty could be developed and implemented in university counseling centers, with their effectiveness rigorously evaluated through intervention-based research

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