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Examining the Relationship Between Ambivalence Over Emotional Expressiveness and Suicidal Ideation in Veterans: The Mediating Role of PTSD Symptoms

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A B S T R A C T

Purpose: This study aimed to examine the relationship between ambivalence over emotional expressiveness and suicidal ideation in veterans, with posttraumatic stress disorder (PTSD) symptoms considered as a mediating variable.

Methods and Materials: This descriptive-correlational, cross-sectional study included 100 Iran–Iraq War veterans hospitalized at Fajr Hospital who were recruited through convenience sampling. Participants completed the Ambivalence over Emotional Expressiveness Questionnaire, the Beck Scale for Suicide Ideation, and the Mississippi Scale for Combat-Related PTSD. Pearson's correlation was used to examine relationships among the variables. Structural equation modeling with maximum likelihood estimation was conducted in Mplus version 8 to test the mediation model. Normality was assessed using skewness and kurtosis, and multicollinearity was evaluated through variance inflation factors. Model fit was assessed using the chi-square-to-degrees-of-freedom ratio, comparative fit index, Tucker–Lewis index, and root-mean-square error of approximation. Bootstrapping was used to test the indirect effect.

Findings: Suicidal ideation was significantly correlated with ambivalence over emotional expressiveness and PTSD symptoms. Ambivalence over emotional expressiveness significantly predicted suicidal ideation in the model without the mediator. In the mediation model, ambivalence over emotional expressiveness significantly predicted PTSD symptoms, and PTSD symptoms significantly predicted suicidal ideation. However, the direct path from ambivalence over emotional expressiveness to suicidal ideation was not statistically significant after PTSD symptoms were entered into the model. The indirect effect of ambivalence over emotional expressiveness on suicidal ideation through PTSD symptoms was statistically significant. The structural model demonstrated acceptable fit to the data.

Conclusion: PTSD symptoms fully mediated the relationship between ambivalence over emotional expressiveness and suicidal ideation, suggesting that interventions targeting emotional-expression conflicts and trauma-related symptoms may help reduce suicidal ideation among veterans.

Keywords: *ambivalence over emotional expressiveness, posttraumatic stress disorder, suicidal ideation, veterans, mediation*

1. Introduction

Military service and exposure to war-related trauma can have enduring psychological consequences that persist long after individuals return from combat. Veterans may confront intrusive memories, hyperarousal, avoidance, emotional numbing, interpersonal difficulties, chronic physical problems, occupational disruption, and diminished social functioning. Among these consequences, posttraumatic stress disorder (PTSD) and suicidal ideation are particularly serious because they can threaten both psychological stability and survival. Public representations of veterans frequently emphasize the association of military service with PTSD and suicide, reflecting the extent to which these concerns have become central to clinical practice, public health policy, and social discourse surrounding veteran well-being (Whitley & Saucier, 2022). Although such representations may increase awareness, they also highlight the need for empirically grounded explanations of the psychological mechanisms through which trauma-related symptoms become associated with thoughts of death and suicide.

Suicidal ideation includes thoughts, wishes, plans, and cognitive preoccupations related to ending one's life. It ranges from passive desires for death to active consideration of suicide and may precede suicide attempts or completed suicide. Among veterans, suicidal ideation can emerge through the interaction of trauma exposure, psychiatric symptoms, physical disability, pain, social isolation, perceived burdensomeness, impaired interpersonal relationships, and difficulties adjusting to postwar life. The experience of combat may alter individuals' assumptions about personal safety, trust, control, and the predictability of the world. When such changes remain unresolved, they may contribute to hopelessness and psychological pain. Accordingly, identifying modifiable factors associated with suicidal ideation is essential for the development of preventive and therapeutic interventions in veteran populations.

PTSD is one of the most prominent psychiatric conditions associated with suicide risk following exposure to traumatic events. It is characterized by re-experiencing symptoms, avoidance of trauma-related stimuli, negative changes in cognition and mood, and heightened arousal and reactivity. These symptoms can disrupt sleep, emotional functioning, concentration, family relationships, occupational performance, and the individual's sense of continuity and meaning. Large-scale evidence has shown that individuals with PTSD experience an elevated risk of suicide compared with those without PTSD, even when important demographic and psychiatric variables are considered (Fox et al., 2021). This association is especially relevant for veterans because military trauma may involve repeated exposure to death, injury, threat, moral conflict, and the loss of comrades, all of which can intensify the severity and persistence of PTSD symptoms.

The relationship between PTSD and suicidal ideation has also been documented in occupational and community groups exposed to highly stressful or traumatic conditions. During the COVID-19 pandemic, symptoms of depression, anxiety, PTSD, and suicidal ideation were reported among public health workers who experienced prolonged occupational stress and exposure to crisis-related demands (Bryant-Genevier et al., 2021). Findings of this kind demonstrate that trauma-related symptoms and suicidal thoughts may co-occur across different populations and contexts. However, veterans may face additional risk because combat trauma is often accompanied by physical injury, disability, grief, identity disruption, and long-term difficulties with social reintegration. Therefore, the association between PTSD and suicidal ideation among veterans should be examined not only as a direct relationship but also as part of a broader network of emotional and cognitive processes.

Research involving veterans has provided further evidence that PTSD symptoms are closely related to suicide risk. Sexual and relational functioning, for example, may become impaired among veteran couples seeking treatment for PTSD, and such difficulties may be associated with elevated suicide risk (Khalifian et al., 2020). These findings underscore the interpersonal consequences of trauma and suggest that PTSD may increase suicidal vulnerability partly by weakening close relationships and reducing access to emotional support. Similarly, population-based research has examined whether factors such as cannabis use alter the association of PTSD with severe depression and suicidal ideation, illustrating the complexity of behavioral and psychiatric influences on suicide-related outcomes (Lake et al., 2020). Such evidence indicates that PTSD operates within a multifactorial system rather than as an isolated predictor.

The cognitive consequences of trauma are also relevant to understanding suicidal ideation. Individuals with PTSD may develop persistent negative beliefs about themselves, other people, and the future. They may interpret themselves as permanently damaged, powerless, guilty, or burdensome

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and may perceive their environment as uncontrollable and threatening. Research has shown that dysfunctional and recovery-related cognitions can influence the relationship among PTSD, stress, and suicidal ideation (Gomes et al., 2024). Dysfunctional cognitions may reinforce hopelessness and psychological pain, whereas recovery-oriented beliefs may promote resilience and perceived capacity for change. Therefore, the effect of PTSD symptoms on suicidal ideation may be strengthened or weakened by the ways in which individuals cognitively interpret their trauma and recovery.

Perceived burdensomeness represents another important mechanism linking PTSD treatment and suicidal ideation. Veterans experiencing severe trauma-related symptoms may believe that they have become a burden to family members, caregivers, or society. Physical disability, unemployment, dependence on others, emotional withdrawal, and recurrent psychiatric symptoms may intensify this perception. Evidence from outpatient veterans has indicated that evidence-based treatment for PTSD can decrease suicidal ideation partly through reductions in perceived burdensomeness (Blain et al., 2023). This finding has important clinical implications because it suggests that the treatment of PTSD may reduce suicide risk even when suicidal ideation is not the sole or primary treatment target. It also supports the view that trauma-related symptoms affect suicidal thinking through identifiable psychological pathways.

Nevertheless, not all individuals exposed to trauma or diagnosed with PTSD develop suicidal ideation. This variability suggests that emotional processes may influence how traumatic experiences are managed and whether distress becomes internalized. One such process is emotional competence, which includes the ability to identify, understand, express, tolerate, and regulate emotions. When emotional competence is limited, individuals may have difficulty recognizing their internal states, communicating distress, or seeking appropriate support. Research on self-injury has shown that emotional competence and dissociative symptoms are meaningfully related to severe psychological and behavioral difficulties (Otto et al., 2026). Although nonsuicidal self-injury and suicidal ideation are distinct phenomena, both may arise in contexts of overwhelming emotional distress, impaired emotion regulation, and limited access to adaptive coping strategies.

Emotion regulation refers to the processes through which individuals monitor, evaluate, and modify emotional reactions. Difficulties in emotion regulation may involve emotional avoidance, suppression, rumination, impulsivity, self-criticism, or an inability to use effective coping strategies. Recent longitudinal and person-centered research has identified emotional dysregulation as an important predictor of self-injurious behavioral patterns (Wang et al., 2026). Furthermore, maladaptive cognitive emotion-regulation strategies may explain how intolerance of uncertainty becomes associated with suicidal ideation through increased psychological pain (Wu et al., 2025). These findings suggest that the inability to manage complex or uncertain emotional experiences may increase vulnerability to suicide-related thinking.

The significance of emotion regulation is also supported by intervention research. A meta-analysis of emotion regulation-focused interventions found that targeting emotional processes can reduce nonsuicidal self-injury (Baek et al., 2026). Similarly, a systematic review and exploratory meta-analysis of interventions initiated during hospitalization for suicidal crises highlighted the clinical relevance of treatments directly targeting emotion regulation (Saccaro et al., 2026). Although these studies address populations and outcomes that are not identical to those of combat veterans, they support a general principle: emotional dysregulation is a modifiable transdiagnostic process associated with self-harm and suicidal crises. Therefore, emotional functioning should be considered when examining suicidal ideation among trauma-exposed veterans.

Ambivalence over emotional expressiveness is a specific emotional process that may be particularly relevant in this context. It refers to conflict concerning whether, when, and how emotions should be expressed. An individual may wish to communicate an emotion but simultaneously fear its consequences, or may express an emotion and subsequently regret doing so. Ambivalence can occur in relation to positive emotions, such as affection and gratitude, as well as negative emotions, such as anger, jealousy, grief, guilt, and fear. This conflict differs from simple emotional suppression because the individual experiences competing motivations regarding expression. As a result, emotional arousal may remain unresolved, interpersonal communication may become inconsistent, and opportunities for social support may be reduced.

For veterans, ambivalence over emotional expressiveness may be shaped by military norms, masculine role expectations, concerns about appearing weak, fear of being misunderstood, and the perceived need to protect family members from distressing experiences. Veterans may feel a strong desire to discuss traumatic memories while

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simultaneously avoiding disclosure because of shame, guilt, fear of judgment, or concern that others cannot understand combat experiences. They may also suppress grief, anger, or fear to maintain a sense of control. Over time, this conflict may contribute to emotional isolation, physiological arousal, rumination, and impaired interpersonal intimacy. Peer-led approaches focused on emotional distress and suicide prevention may be useful partly because they provide opportunities for disclosure within relationships characterized by shared experience and reduced stigma (Smith et al., 2026).

Ambivalence over emotional expression may also contribute to PTSD symptom maintenance. Avoidance is a central feature of PTSD, and avoiding emotional expression can function as an extension of avoidance of trauma-related memories and internal experiences. Although suppressing emotion may provide temporary relief, it may prevent emotional processing and reinforce the belief that trauma-related feelings are intolerable or dangerous. Phase-oriented interventions for complex trauma emphasize the importance of safety, compassion, emotional awareness, and gradual engagement with traumatic experiences (Willis et al., 2023). Such approaches imply that improvement requires not only a reduction in external stress but also a change in the individual's relationship with internal emotional experiences.

Mindfulness and self-compassion may serve as protective processes because they encourage nonjudgmental awareness of thoughts and emotions. Among trauma-exposed occupational groups, PTSD symptoms and mindfulness facets have been examined in relation to suicide risk, suggesting that the capacity to observe and tolerate internal experiences may influence the association between trauma symptoms and suicidal vulnerability (Stanley et al., 2019). In a post-disaster context, self-compassion was associated with suicide risk through gratitude and PTSD, further indicating that compassionate emotional processing may reduce trauma-related suicidal vulnerability (Liu et al., 2020). These findings are relevant to emotional-expression ambivalence because individuals who judge, fear, or reject their emotions may be less able to express them coherently and more likely to experience unresolved internal conflict.

The relationship between emotional difficulties and suicide-related outcomes has also been observed among adolescents with complex trauma and major depression. Complex PTSD has been associated with self-harm and suicide-related outcomes in treatment-seeking adolescents (Liu et al., 2024). Although adolescents and military veterans differ considerably in developmental history and trauma context, these findings illustrate that disturbances in self-organization, affect regulation, self-concept, and interpersonal functioning may accompany trauma-related suicidal vulnerability. They therefore strengthen the rationale for examining emotional conflict as an antecedent of PTSD symptoms and suicidal ideation.

The available evidence suggests several possible relationships among ambivalence over emotional expressiveness, PTSD symptoms, and suicidal ideation. First, emotional-expression ambivalence may be directly associated with suicidal ideation because unresolved emotional conflict can increase isolation, rumination, psychological pain, and difficulty seeking help. Second, ambivalence may intensify PTSD symptoms by promoting emotional avoidance and preventing adaptive processing of traumatic memories. Third, PTSD symptoms may subsequently increase suicidal ideation through hopelessness, perceived burdensomeness, cognitive rigidity, interpersonal disconnection, and chronic distress. Under this model, PTSD symptoms function as a mediator that explains how conflict over emotional expression becomes associated with suicidal ideation.

Examining this mediating pathway has practical importance. If ambivalence over emotional expressiveness is associated with suicidal ideation primarily through PTSD symptoms, interventions should address both emotional-expression conflicts and trauma-related psychopathology. Treatment may include emotional awareness, gradual disclosure, cognitive restructuring, mindfulness, self-compassion, interpersonal communication, peer support, and evidence-based trauma-focused therapy. Improving emotional expression may facilitate help-seeking and social connection, while reducing PTSD symptoms may decrease the psychological pain and hopelessness underlying suicidal thoughts. Such an integrated approach is consistent with evidence emphasizing emotion-focused interventions, peer-led support, and trauma treatment in suicide prevention (Baek et al., 2026; Saccaro et al., 2026; Smith et al., 2026).

Despite increasing attention to PTSD and suicide among veterans, fewer studies have investigated ambivalence over emotional expressiveness as a potential antecedent of suicidal ideation or tested PTSD symptoms as a mechanism connecting these variables. Much of the existing literature has focused on direct associations between PTSD and suicide risk, cognitive moderators, interpersonal risk factors, mindfulness, self-compassion, or general emotion-regulation difficulties (Fox et al., 2021; Gomes et al., 2024;

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Stanley et al., 2019). Examining emotional-expression ambivalence may extend this literature by identifying a clinically meaningful process that is relevant to veterans' trauma symptoms, interpersonal functioning, and willingness to communicate distress.

Therefore, the present study aimed to examine the relationship between ambivalence over emotional expressiveness and suicidal ideation among veterans and to determine whether PTSD symptoms mediate this relationship.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a descriptive-correlational and retrospective design. The statistical population consisted of male veterans hospitalized at Fajr Hospital in Tabriz, Iran. From this population, 100 participants were selected through convenience sampling. The inclusion criteria were veteran status, literacy and the ability to write, a diagnosis of PTSD, hospitalization at Fajr Hospital in Tabriz, and male sex. After the research proposal was approved by the Vice-Chancellor for Research of the University of Tabriz, permission was obtained to enter Fajr Hospital as the research setting. The researchers then visited the hospital wards designated for veterans and distributed the questionnaires among the participants. At the beginning of the questionnaire booklet, the veterans were provided with explanations regarding the purpose and importance of the study and instructions for completing each questionnaire. They were asked to answer all questions accurately and completely. To gain the veterans' trust and encourage their cooperation, they were assured that their information would remain completely confidential and that they could withdraw from the study at any stage without penalty. Ambivalence over emotional expressiveness, suicidal ideation, and PTSD symptoms were assessed using self-report questionnaires.

2.2. Measures

The Ambivalence over Emotional Expressiveness Questionnaire developed by King and Emmons (1990) consists of 28 items. Of these, 16 items assess ambivalence over the expression of positive emotions, and 12 items assess ambivalence over the expression of negative, entitlement-related emotions, such as jealousy and anger. The items are rated on a 5-point scale ranging from 1 (never) to 5 (always). Total scores range from 28 to 140, with higher scores indicating greater ambivalence over emotional expressiveness. In the study by King and Emmons (1990), Cronbach's alpha coefficients for the total scale, the ambivalence over the expression of positive emotions subscale, and the ambivalence over the expression of entitlement-related emotions subscale were .87, .83, and .77, respectively, indicating high internal consistency. In a study conducted by Rafieinia (2001) in an Iranian population, Cronbach's alpha coefficients were .87 for the total questionnaire, .83 for the ambivalence over the expression of positive emotions subscale, and .77 for the ambivalence over the expression of entitlement-related emotions subscale.

The Beck Scale for Suicide Ideation was developed by Beck in 1979 to assess an individual's risk of suicide. The scale provides a numerical estimate of the severity of suicidal thoughts and desires. It consists of 19 items rated on a 3-point scale ranging from 0, indicating the lowest severity, to 2, indicating the highest severity. The reliability and validity of the Beck Scale for Suicide Ideation have been confirmed in various studies. In the study by Danitz (2001), the Cronbach's alpha coefficient of the scale was .89, and its interrater reliability coefficient was .83. Its concurrent validity coefficient with the Suicide Risk Scale was also reported to be .69 (Dutcher & Dallery, 2004). In Iran, Anisi et al. (2004) reported reliability coefficients of .95 using Cronbach's alpha and .75 using the split-half method. In the same study, the concurrent validity coefficient between the scale and the depression subscale of the General Health Questionnaire was .76 (Anisi et al., 2004).

The Mississippi Scale for Combat-Related PTSD is a self-report instrument developed by Keane et al. in 1988 to assess the severity of PTSD symptoms. The scale contains 35 items, to which respondents provide answers on a 5-point scale. The response options are scored from 1 to 5. This instrument provides a semistructured diagnostic scoring format designed to identify PTSD and assess the severity of its symptoms. Its diagnostic sensitivity has been reported as 88%, specificity as 96%, one-month test–retest reliability as 77%, scoring reliability as 95%, internal consistency as 86%, and diagnostic agreement with a structured diagnostic interview based on the Diagnostic and Statistical Manual of Mental Disorders as approximately 86%. The Persian version of the scale has demonstrated a sensitivity of 91%, specificity of 78%, and two-week test–retest reliability of 95% (Keane et al., 1988).

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2.3. *Data Analysis*

Measures of central tendency and dispersion, including the mean and standard deviation, as well as frequency and percentage, were used to describe the data. Pearson's product–moment correlation coefficient was used to examine the relationships among the main study variables. The data for this part of the analysis were processed using SPSS version 24. Structural equation modeling was used to test the research hypotheses. However, several assumptions must be evaluated to ensure that structural equation modeling produces accurate and reliable estimates. One of these assumptions concerns the distribution of the data. The distribution of the data is directly related to the parameter-estimation method used in structural equation modeling. When data are normally distributed, the maximum likelihood estimator is used; when they are not normally distributed, alternative estimation methods should be employed (Enders, 2006). Skewness and kurtosis statistics were used to evaluate this assumption. The values of all these statistics ranged from −2 to +2, indicating that the study variables were normally distributed. Therefore, the maximum likelihood estimator was used. The variance inflation factor (VIF) was used to assess multicollinearity. VIF values should not exceed 3 for the assumption of the absence of multicollinearity to be met (Kim, 2019). According to the results, this condition was satisfied for the two dimensions of ambivalence over emotional expressiveness because their VIF values were below 3. However, the VIF values for the dimensions of suicidal ideation were greater than 3, indicating high multicollinearity among these dimensions. To address this problem, suicidal ideation was included in the model as a total score rather than as separate dimensions. Finally, for the regression coefficients, factor loadings, and other model parameters to be estimable, the model had to be identified. In other words, the model's degrees of freedom had to exceed the number of unknown parameters. For this purpose, within each latent factor, the factor loading of the indicator with the highest reliability was fixed at 1. This procedure ensured model identification. All calculations for this part of the analysis were performed using Mplus version 8.

3. Findings and Results

Table 1 presents the frequency distributions of age, marital status, educational attainment, socioeconomic status, employment status, cigarette use, and physical illness among the study participants.

Table 1

Frequency Distribution of the Participants' Demographic Characteristics

Variable	Category	Frequency	Percentage
Age (years)	46–56	19	19
	57–67	66	66
	68–78	15	15
	Total	100	100
Marital status	Married	73	73
	Single	24	24
	Widowed	2	2
	Divorced	1	1
	Total	100	100
Socioeconomic status	High	10	10
	Middle	68	68
	Low	22	22
	Total	100	100
Employment status	Full-time employment	14	14
	Part-time employment	26	26
	Retired	32	32
	Unemployed	25	25
	Other	3	3
	Total	100	100
Educational attainment	Primary education	9	9
	Lower secondary education	29	29
	High school diploma	37	37
	Associate degree	11	11

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	Bachelor's degree	10	10
	Master's degree	4	4
	Total	100	100
Cigarette use	Yes	80	80
	No	20	20
	Total	100	100
Physical illness	Yes	70	70
	No	30	30
	Total	100	100
Age, *M* (*SD*)	66.58 (6.07)		

Table 2 presents the correlation coefficients among the study variables.

Table 2

Pearson Correlation Coefficients Among the Main Study Variables

Variable	1	2	3	4	5	6	7	8
1. Ambivalence over the expression of positive emotions	1.00							
2. Ambivalence over the expression of negative emotions	.74**	1.00						
3. Total ambivalence over emotional expressiveness	.92**	.94**	1.00					
4. PTSD symptoms	.36**	.39**	.40**	1.00				
5. Desire for death	.22*	.25**	.26**	.79**	1.00			
6. Preparedness for suicide	.24*	.25**	.27**	.82**	.93**	1.00		
7. Desire to attempt suicide	.19	.19	.20*	.69**	.90**	.92**	1.00	
8. Total suicidal ideation	.22*	.23*	.24*	.78**	.97**	.97**	.96**	1.00

As shown in Table 2, total suicidal ideation was positively and significantly correlated with both dimensions of ambivalence over emotional expressiveness, the total ambivalence score, and the total PTSD symptom score. PTSD symptoms were also positively and significantly correlated with both dimensions and the total score of ambivalence over emotional expressiveness.

Before examining the primary research model, it was first necessary to determine whether the exogenous predictor variable, namely ambivalence over emotional expressiveness, had a significant effect on the endogenous criterion variable, namely suicidal ideation. In other words, this effect had to be significant without considering the mediator variable. As shown in Table 3, the standardized regression coefficient for the effect of ambivalence over emotional expressiveness on suicidal ideation was .25 and was statistically significant at $p < .01$. This finding indicates that ambivalence over emotional expressiveness had a significant effect on suicidal ideation.

Table 3

Structural Model of the Effect of Ambivalence Over Emotional Expressiveness on Suicidal Ideation

Path	β	SE	*t*	*p*
Ambivalence over emotional expressiveness → Suicidal ideation	.24	.10	2.17	.00

Figure 1 and Table 4 present the structural model analyzed in Mplus version 8 using the maximum likelihood estimation method, together with the standardized regression coefficients. In this model, ambivalence over emotional expressiveness was considered the exogenous predictor variable, PTSD symptoms were considered the mediator, and suicidal ideation was considered the criterion variable. Before interpreting the estimated coefficients, it was necessary to ensure that the proposed model adequately fitted the data. According to the results presented in Table 4, the chi-square-to-degrees-of-freedom ratio was below 3, the CFI and TLI values were greater than .90, and the RMSEA value was below .08. Collectively, these findings indicate that the hypothesized research model demonstrated an acceptable fit to the data.

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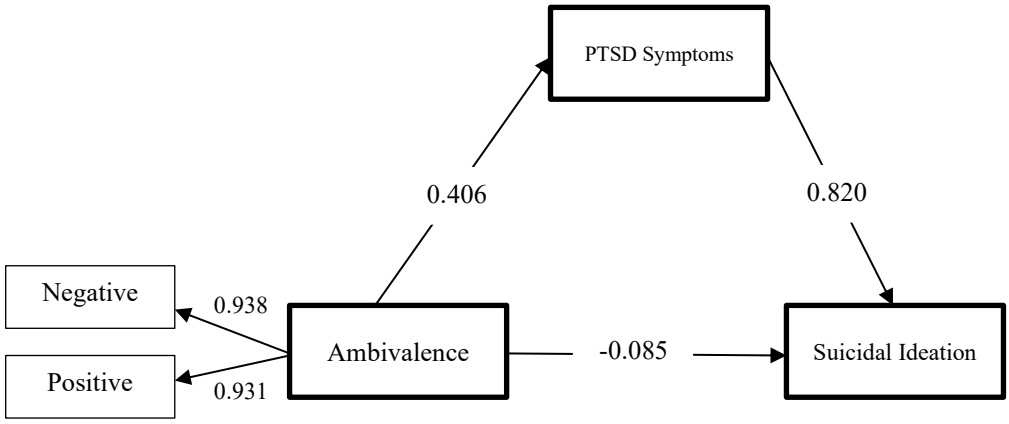
Table 4

Goodness-of-Fit Indices for the Hypothesized Model

Fit index	Obtained value	Acceptable value
Chi-square	30.77 (df = 12)	Nonsignificant
Chi-square-to-degrees-of-freedom ratio	2.56	Less than 3
CFI	.95	Greater than .90
TLI	.92	Greater than .90
RMSEA	.073	Less than .08

Figure 1

Structural Model Analysis Using Maximum Likelihood Estimation With Standardized Coefficients



According to the findings presented in Table 5, the direct regression coefficient for the effect of ambivalence over emotional expressiveness on suicidal ideation was not statistically significant (β = −.08, p = .34). This result indicates that ambivalence over emotional expressiveness did not have a direct effect on suicidal ideation. However, the path from ambivalence over emotional expressiveness to PTSD symptoms was statistically significant (β = .40, p = .00). In addition, the regression coefficient for the effect of PTSD symptoms on suicidal ideation was statistically significant (β = .82, p = .00).

Table 5

Standardized Direct Effects Estimated Using the Maximum Likelihood Method

Path	β	SE	*t*	*p*
Ambivalence over emotional expressiveness → Suicidal ideation	−.08	.09	.93	.34
Ambivalence over emotional expressiveness → PTSD symptoms	.40	.08	4.96	.00
PTSD symptoms → Suicidal ideation	.82	.05	15.26	.00

Bootstrapping was used to examine the mediating role of PTSD symptoms in the relationship between ambivalence over emotional expressiveness and suicidal ideation. As shown in Table 6, PTSD symptoms mediated the relationship between ambivalence over emotional expressiveness and suicidal ideation (β = .33, p = .00).

Table 6

Bootstrapping Test of the Mediating Role of PTSD Symptoms

Indirect path	β	SE	*t*	*p*
Ambivalence over emotional expressiveness → PTSD symptoms → Suicidal ideation	.33	.07	4.67	.00

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4. Discussion and Conclusion

The present study examined the relationship between ambivalence over emotional expressiveness and suicidal ideation among veterans, with PTSD symptoms considered as a mediating variable. The findings showed that ambivalence over emotional expressiveness was positively correlated with suicidal ideation and PTSD symptoms. PTSD symptoms were also strongly and positively associated with suicidal ideation. In the initial model, which did not include the mediator, ambivalence over emotional expressiveness significantly predicted suicidal ideation. However, after PTSD symptoms were entered into the structural model, the direct effect of ambivalence over emotional expressiveness on suicidal ideation was no longer statistically significant. At the same time, ambivalence over emotional expressiveness significantly predicted PTSD symptoms, and PTSD symptoms significantly predicted suicidal ideation. The bootstrapping analysis further confirmed that the indirect effect of ambivalence over emotional expressiveness on suicidal ideation through PTSD symptoms was significant. Overall, these findings support a full mediation model in which conflict over emotional expression is associated with suicidal ideation primarily through the intensification or maintenance of PTSD symptoms.

The positive association between PTSD symptoms and suicidal ideation is consistent with a substantial body of evidence showing that trauma-related psychopathology is a major risk factor for suicide-related thoughts and behaviors. In a large population-based cohort study, individuals diagnosed with PTSD showed an elevated risk of suicide compared with those without PTSD, demonstrating that trauma-related symptoms can have serious and potentially life-threatening consequences (Fox et al., 2021). Similar patterns have been observed in other trauma-exposed and high-stress populations. For example, depression, anxiety, PTSD symptoms, and suicidal ideation were simultaneously reported among public health workers exposed to prolonged crisis-related stress during the COVID-19 pandemic (Bryant-Genevier et al., 2021). Although the nature of occupational stress differs from combat exposure, these findings support the broader conclusion that persistent trauma symptoms are closely linked to suicidal vulnerability.

The present findings are also consistent with research conducted specifically among veterans and other occupational groups exposed to trauma. PTSD symptoms have been associated with increased suicide risk among military veterans, particularly when trauma-related distress disrupts intimate relationships, sexual functioning, and interpersonal connectedness (Khalifian et al., 2020). Among firefighters, PTSD symptoms have similarly been linked to suicide risk, while mindfulness-related capacities appeared relevant to the way trauma symptoms were experienced and managed (Stanley et al., 2019). Together, these findings suggest that PTSD symptoms may increase suicidal ideation not only through the severity of distress itself but also by weakening emotional awareness, interpersonal support, and the capacity to respond adaptively to painful internal experiences.

Several mechanisms may explain why PTSD symptoms had such a strong effect on suicidal ideation in the present study. PTSD is characterized by intrusive memories, avoidance, emotional numbing, hyperarousal, irritability, sleep disturbance, and persistent negative beliefs about the self and the future. These symptoms can create an enduring sense of psychological entrapment in which individuals feel unable to escape traumatic memories or restore their previous level of functioning. Veterans may additionally experience physical disability, chronic pain, loss of occupational roles, reduced independence, and difficulty reintegrating into family and social life. When such difficulties are interpreted as permanent and uncontrollable, suicidal ideation may emerge as a perceived means of ending intolerable psychological pain.

The role of trauma-related cognitions provides another explanation for the observed association. Dysfunctional beliefs about personal worth, safety, guilt, responsibility, and the possibility of recovery may strengthen the relationship between PTSD symptoms and suicidal ideation. Research has shown that dysfunctional and recovery-related cognitions influence the association among PTSD, stress, and suicidal ideation (Gomes et al., 2024). Veterans who interpret themselves as permanently damaged, morally compromised, weak, or incapable of recovery may be more likely to experience hopelessness and suicidal thoughts. Conversely, beliefs that recovery is possible and that distress can be managed may protect against the progression from trauma symptoms to suicidal ideation.

Perceived burdensomeness may also help explain the effect of PTSD symptoms on suicidal ideation. Veterans with persistent psychiatric symptoms or physical disabilities may believe that they impose emotional, financial, or caregiving burdens on their families. Such beliefs can be

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intensified by dependence on others, unemployment, reduced social participation, and difficulty fulfilling previously valued roles. Evidence from veterans receiving outpatient treatment has shown that evidence-based PTSD treatment can reduce suicidal ideation through reductions in perceived burdensomeness (Blain et al., 2023). This finding is consistent with the present results because it indicates that reducing PTSD symptoms may weaken a central interpersonal pathway leading to suicidal thinking.

The finding that ambivalence over emotional expressiveness significantly predicted PTSD symptoms is also theoretically meaningful. Ambivalence over emotional expressiveness involves simultaneous and conflicting desires to express and inhibit emotion. An individual may wish to communicate grief, fear, anger, affection, or vulnerability while also fearing rejection, loss of control, stigma, or negative judgment. For veterans, such conflicts may be intensified by military norms emphasizing emotional control, toughness, self-reliance, and endurance. These norms may discourage open discussion of trauma-related feelings even when the individual strongly needs emotional support.

Emotional-expression conflict may contribute to PTSD symptoms by reinforcing experiential avoidance. Avoidance is a central process in PTSD, and the suppression or inhibition of trauma-related emotions may prevent adaptive processing of traumatic memories. Although emotional avoidance may reduce distress temporarily, it can preserve the belief that traumatic feelings are dangerous or unmanageable. Over time, this process may intensify emotional numbing, intrusive symptoms, rumination, hyperarousal, and interpersonal withdrawal. The significant path from ambivalence over emotional expressiveness to PTSD symptoms in the present model is therefore compatible with trauma theories that emphasize the role of avoidance in the maintenance of posttraumatic psychopathology.

The association between emotional difficulties and trauma-related symptoms is supported by studies emphasizing emotional competence, dissociation, and emotion regulation. Deficits in identifying, understanding, and expressing emotions have been associated with dissociative symptoms and severe personality-related difficulties among individuals engaging in self-injury (Otto et al., 2026). Although the population and clinical outcome examined in that study differed from those of the present research, the findings support the proposition that impaired emotional competence can contribute to maladaptive responses to psychological distress. Similarly, emotional dysregulation has been identified as a predictor of different patterns of nonsuicidal self-injury, suggesting that difficulties managing intense affect are relevant to the development and persistence of harmful behavior (Wang et al., 2026).

The present findings are also consistent with evidence showing that maladaptive cognitive emotion-regulation strategies contribute to suicidal ideation. Intolerance of uncertainty has been found to predict suicidal ideation through maladaptive cognitive emotion regulation and psychological pain (Wu et al., 2025). Ambivalence over emotional expressiveness may operate through a related mechanism. When veterans are uncertain about the consequences of expressing emotion, they may repeatedly inhibit, reconsider, or regret emotional disclosure. This unresolved conflict may increase rumination and psychache while reducing the likelihood of seeking support. Consequently, emotional-expression ambivalence may contribute to the persistence of PTSD symptoms, which in turn increase suicidal ideation.

The finding that the direct effect of ambivalence over emotional expressiveness on suicidal ideation became nonsignificant after PTSD symptoms were included is particularly important. It suggests that ambivalence alone may not directly produce suicidal thinking. Instead, its effect may depend on whether it contributes to a more severe pattern of trauma-related symptoms. In other words, conflict over emotional expression may represent a vulnerability factor that becomes clinically dangerous when it reinforces avoidance, intrusive symptoms, negative cognitions, hyperarousal, and social disconnection. This interpretation is consistent with mediation research showing that PTSD can transmit the effects of broader emotional or psychological factors to suicide risk. For instance, PTSD symptoms have been found to mediate the relationship between self-compassion and suicide risk in a post-disaster context (Liu et al., 2020). The present study extends this line of reasoning by suggesting that PTSD symptoms may also mediate the association between emotional-expression conflict and suicidal ideation among veterans.

The full mediation pattern may further indicate that PTSD symptoms are a more proximal predictor of suicidal ideation than ambivalence over emotional expressiveness. Emotional ambivalence may function as a relatively stable interpersonal and emotional tendency, whereas PTSD symptoms represent an active clinical state characterized by distress, dysregulation, hopelessness, and impaired

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functioning. When both variables are included in the model, the more immediate effects of PTSD symptoms may account for the association between emotional ambivalence and suicidal ideation. This does not diminish the importance of ambivalence over emotional expressiveness; rather, it identifies the mechanism through which this emotional characteristic may become associated with suicide-related cognition.

The findings also align with evidence concerning complex PTSD, self-harm, and suicide. Among treatment-seeking adolescents with major depression, complex PTSD has been associated with self-harm and suicide-related outcomes (Liu et al., 2024). Complex trauma can disrupt affect regulation, self-concept, relationships, and the capacity to trust or seek help. Veterans with longstanding combat-related trauma may experience comparable disturbances, including emotional numbing, shame, alienation, and difficulty communicating internal experiences. These difficulties may strengthen the link between emotional-expression conflict and trauma symptoms and thereby increase suicidal ideation.

The mediating role of PTSD symptoms also has implications for understanding the relationship between emotional regulation and self-destructive outcomes. Meta-analytic evidence indicates that emotion regulation-focused interventions can reduce nonsuicidal self-injury (Baek et al., 2026). Furthermore, interventions targeting emotion regulation during hospitalization for suicidal crises have shown potential for reducing acute suicide-related distress and improving coping (Saccaro et al., 2026). These findings support the clinical significance of emotional processes observed in the present study. If ambivalence over emotional expressiveness contributes to PTSD symptoms, helping veterans identify, tolerate, and express emotions more adaptively may reduce the symptom burden that ultimately contributes to suicidal ideation.

Compassion-based and phase-oriented trauma interventions may also be relevant to the interpretation of the findings. Interventions for complex trauma often begin by establishing safety, emotional stabilization, and compassionate awareness before directly processing traumatic memories (Willis et al., 2023). This sequencing may be particularly important for veterans who experience strong conflict regarding emotional disclosure. Encouraging immediate and unrestricted expression without sufficient emotional safety may increase distress, whereas gradual and supported expression may reduce avoidance and improve trauma processing. The present findings therefore suggest that emotional expression should be addressed within a structured and trauma-informed framework rather than treated simply as the opposite of suppression.

The importance of supportive communication is also reinforced by research on peer-led models of emotional distress and suicide prevention. Peer-based interventions may facilitate disclosure because participants perceive greater understanding, credibility, and shared experience among peers (Smith et al., 2026). Veterans who are reluctant to express vulnerable emotions to family members or clinicians may be more willing to communicate with individuals who have experienced similar military and postdeployment challenges. By reducing stigma and increasing emotional validation, peer support may weaken ambivalence over expression and promote earlier help-seeking.

The present findings should also be considered within the broader public discourse surrounding veterans, PTSD, and suicide. Media coverage frequently portrays veterans through narratives centered on trauma and suicide (Whitley & Saucier, 2022). Although such coverage may increase public awareness, it may also reinforce stigma or the belief that PTSD inevitably leads to suicide. The results of this study suggest a more nuanced interpretation. PTSD symptoms constitute an important and modifiable pathway linking emotional difficulties to suicidal ideation. Therefore, suicide risk among veterans should not be viewed as an unavoidable consequence of combat exposure but as an outcome influenced by treatable emotional, cognitive, interpersonal, and trauma-related processes.

The results are also compatible with research examining behavioral and contextual factors that may modify the relationship between PTSD and suicidal ideation. For example, the association of PTSD with severe depression and suicidal ideation has been examined in relation to cannabis use, illustrating that trauma-related suicide risk can vary according to additional behavioral and clinical factors (Lake et al., 2020). The present study similarly demonstrates that PTSD should be understood as part of a network of interacting vulnerabilities. Emotional-expression ambivalence may be one of these vulnerabilities, while social support, substance use, depression, pain, and treatment engagement may represent additional factors requiring consideration.

Overall, the findings support an integrated conceptual model in which ambivalence over emotional expressiveness contributes to the severity of PTSD symptoms, and PTSD symptoms subsequently increase suicidal ideation. This

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model is consistent with previous research linking trauma symptoms to suicide risk, emotional dysregulation to self-harm, maladaptive emotion regulation to psychological pain, and PTSD treatment to reductions in suicidal ideation (Blain et al., 2023; Fox et al., 2021; Wu et al., 2025). The study adds to this literature by identifying emotional-expression ambivalence as a potentially relevant distal factor and PTSD symptoms as the proximal mechanism through which it is associated with suicidal ideation among veterans.

The findings of this study should be interpreted in light of several limitations. First, the cross-sectional and retrospective design prevents conclusions regarding temporal order and causality. Although the proposed model assumed that ambivalence over emotional expressiveness contributed to PTSD symptoms and that PTSD symptoms subsequently contributed to suicidal ideation, reciprocal relationships are also possible. Second, convenience sampling and the inclusion of only 100 male veterans hospitalized at a single center limit the generalizability of the findings to female veterans, nonhospitalized veterans, veterans from other regions, and individuals exposed to different forms of trauma. Third, all variables were assessed through self-report measures, which may have been affected by recall bias, social desirability, emotional avoidance, or underreporting of suicidal thoughts. Fourth, potentially important variables such as depression, hopelessness, perceived burdensomeness, chronic pain, substance use, social support, severity of physical disability, and psychiatric treatment history were not included in the model. Finally, the relatively small sample size may have restricted the precision and stability of the structural estimates.

Future studies should use longitudinal designs to establish the temporal relationships among ambivalence over emotional expressiveness, PTSD symptoms, and suicidal ideation. Larger and more diverse samples should be recruited from multiple hospitals, rehabilitation centers, veterans' organizations, and community settings. Researchers should also include female veterans and compare groups based on combat exposure, disability severity, hospitalization status, and treatment history. Future models could examine depression, hopelessness, psychache, perceived burdensomeness, social isolation, emotion-regulation difficulties, and social support as additional mediators or moderators. Clinical interviews and behavioral or physiological indicators should be used alongside self-report questionnaires to improve measurement validity. Intervention studies could also determine whether reducing emotional-expression ambivalence and PTSD symptoms leads to measurable decreases in suicidal ideation over time.

Mental health professionals working with veterans should routinely assess PTSD symptoms, suicidal ideation, and conflict regarding emotional expression. Suicide-risk assessment should not be limited to explicit plans or previous attempts but should also examine passive death wishes, hopelessness, perceived burdensomeness, emotional withdrawal, and reluctance to disclose distress. Trauma-focused treatment should incorporate emotional awareness, emotion-regulation training, gradual and safe emotional disclosure, cognitive restructuring, mindfulness, self-compassion, and interpersonal communication skills. Clinicians should avoid pressuring veterans to express traumatic emotions before sufficient safety and therapeutic trust have been established. Peer-support programs and family-based interventions may also help reduce stigma, improve emotional communication, and strengthen social connectedness. Veterans displaying severe PTSD symptoms or escalating suicidal ideation should receive coordinated psychiatric, psychological, medical, and crisis-management services.

Authors' Contributions

All authors significantly contributed to this study.

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.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

References

Baek, J., Lee, J., Park, W., & Kim, D. (2026). The effectiveness of emotion regulation-focused interventions on non-suicidal self-injury: A meta-analysis. *Cognitive therapy and research*, 1-15. https://doi.org/10.1007/s10608-026-10726-1

Blain, R. C., Martin, C. E., Ehlinger, C. C., & Chard, K. M. (2023). Evidence Based Treatment for Posttraumatic Stress Disorder Decreases Suicidal Ideation by Reducing Perceived Burdensomeness Among Veterans in an Outpatient Program. *Journal of Traumatic Stress*, *36*(6), 1138-1150. https://doi.org/10.1002/jts.23004

Bryant-Genevier, J., Rao, C. Y., Lopes-Cardozo, B., Kone, A., Rose, C., Thomas, I., & Byrkit, R. (2021). Symptoms of depression, anxiety, post-traumatic stress disorder, and suicidal ideation among state, tribal, local, and territorial public health workers during the COVID-19 pandemic: United States, March-April 2021. *Morbidity and Mortality Weekly Report*, *70*(26), 947.

Fox, V., Dalman, C., Dal, H., Hollander, A. C., Kirkbride, J. B., & Pitman, A. (2021). Suicide risk in people with post-traumatic stress disorder: A cohort study of 3.1 million people in Sweden. *Journal of affective disorders*, *279*, 609-616.

Gomes, K. D., Collette, T. L., Schlenk, M., Judkins, J., Sanchez-Cardona, I., Channer, B., & Moore, B. A. (2024). Posttraumatic Stress Disorder, Suicidal Ideation, and Stress: The Moderating Role of Dysfunctional and Recovery Cognitions. *Archives of Suicide Research*, *28*(2), 569-584. https://doi.org/10.1080/13811118.2023.2199798

Khalifian, C. E., Knopp, K., Wilks, C. R., Wooldridge, J., Sohn, M. J., Thomas, D., & Morland, L. A. (2020). The association between sexual functioning and suicide risk in US military veteran couples seeking treatment for post-traumatic stress disorder. *Archives of Sexual Behavior*, *49*(5), 1601-1613.

Lake, S., Kerr, T., Buxton, J., Walsh, Z., Marshall, B. D., Wood, E., & Milloy, M. J. (2020). Does cannabis use modify the effect of post-traumatic stress disorder on severe depression and suicidal ideation? Evidence from a population-based cross-sectional study of Canadians. *Journal of Psychopharmacology*, *34*(2), 181-188.

Liu, A., Wang, W., & Wu, X. (2020). Understanding the Relation Between Self-Compassion and Suicide Risk Among Adolescents in a Post-Disaster Context: Mediating Roles of Gratitude and Posttraumatic Stress Disorder. *Frontiers in psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.01541

Liu, H., Ho, G. W. K., Karatzias, T., Shevlin, M., Wong, K. H., & Hyland, P. (2024). Self-Harm, Suicide, and ICD-11 Complex Posttraumatic Stress Disorder in Treatment-Seeking Adolescents With Major Depression. *Journal of Child & Adolescent Trauma*, *17*(4), 1057-1066. https://doi.org/10.1007/s40653-024-00655-0

Otto, A., Jacob, R., Jarvers, I., Kandsperger, S., & Brunner, R. (2026). Relationship between Emotional Competence, Dissociative Symptoms and Borderline Personality Disorder Traits in Female Adolescents Engaging in Non-Suicidal Self-Injury. *Child and adolescent psychiatry and mental health*. https://doi.org/10.1186/s13034-026-01067-8

Saccaro, L. F., Giff, A. E., Parincu, Z., Piguet, C., Greiner, C., & Prada, P. (2026). Emotion regulation-targeted interventions initiated during hospitalization for suicidal crisis: a systematic review and exploratory meta-analysis. *Journal of affective disorders*, 121375. https://doi.org/10.1016/j.jad.2026.121375

Smith, D. G., Giugni, M., Gulliver, A., Fitzpatrick, S. J., Lamb, H., Ellis, L. A., & Banfield, M. (2026). Peer-Led Models Focussed on Emotional Distress and Suicide Prevention: A Scoping Review. *International journal of environmental research and public health*, *23*(2), 273. https://doi.org/10.3390/ijerph23020273

Stanley, I. H., Boffa, J. W., Tran, J. K., Schmidt, N. B., Joiner, T. E., & Vujanovic, A. A. (2019). Posttraumatic Stress Disorder Symptoms and Mindfulness Facets in Relation to Suicide Risk Among Firefighters. *Journal of Clinical Psychology*, *75*(4), 696-709. https://doi.org/10.1002/jclp.22748

Wang, Y., Bai, R., Liu, J., Xu, S., & Liu, X. (2026). Latent transition analysis of non-suicidal self-injury comorbidity patterns among adolescents: Predictive roles of impulsivity, emotional dysregulation, and core self-evaluations. *International Journal of Clinical and Health Psychology*, *26*(2), 100708. https://doi.org/10.1016/j.ijchp.2026.100708

Whitley, R., & Saucier, A. M. (2022). Media coverage of Canadian veterans, with a focus on post-traumatic stress disorder and suicide. *BMC psychiatry*, *22*(1), 1-11.

Willis, D. N., Dowling, A. P. C., Deehan, T., & O'Reilly, P. G. (2023). Exploring the Impact of Trauma and the Role of Compassion Before and After a Phase-orientated Intervention for Complex Trauma. *European Journal of Trauma & Dissociation*, *7*(1), 100308. https://www.sciencedirect.com/science/article/pii/S2468749922000503

Wu, J., Wang, C., Zheng, Y., Han, X., Guo, J., Cui, Y., Hu, J., Lin, M. P., & You, J. (2025). Intolerance of Uncertainty Predicts Suicidal Ideation Among Adolescents Through Maladaptive Cognitive Emotion Regulation Strategies and Psychache. *Suicide and Life-Threatening Behavior*, *55*(2). https://doi.org/10.1111/sltb.70001

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