

Volume 10, n 3, 2022

Clinical Psychology

Psychological inflexibility components as trans-diagnostic predictors of emotional symptomatology and suicide risk among young adults

Marge A. Sierra^{1*}, Eliana Ortiz¹

Abstract

Trans-diagnostic approaches assume that most mental health disorders are behavioral manifestations of few functional units that represent a psychological risk towards the development of symptomatology. Psychological inflexibility is one of these trans-diagnostic units and evidence suggest that its components are risk factors that can predict emotional symptomatology and suicide risk levels. The present study aims to establish two classification models that predict the probability of having clinical levels of emotional symptomatology and higher suicide risk based on psychological inflexibility components. 513 people consented and completed an online survey as the only evaluation moment including Depression Anxiety and Stress Scales-21, Acceptance and Action Questionnaire - II, Cognitive Fusion Questionnaire, Perseverative Thinking Questionnaire, Valuing Questionnaire and Generalized Pliance Questionnaire as instruments. Participants had a mean age of approximately 27 years, the majority of them were cisgender, heterosexual and identified as women. Two dichotomous variables were created to classify clinical and high-risk cases, these variables were used as dependent on a backwards conditional binary logistic regression for each. Results show that psychological inflexibility is a trans-diagnostic risk factor for both emotional symptomatology and suicide risk. However, not every component was confirmed as a significant predictor. Experiential avoidance, cognitive fusion and repetitive negative thinking are supported as trans-diagnostic risk factors for emotional symptomatology, while only experiential avoidance and generalized pliance were predictive of a higher risk of committing suicide. In conclusion, the proposed models could be useful to identify clinical symptomatology or a higher risk of suicide, which is essential for the design and implementation of preventive interventions.

¹ Psychology Department, Universidad Católica de Colombia, Avenida, Colombia

E-mail corresponding author: masierra34@ucatolica.edu.co

Keywords:

Psychological Inflexibility; Emotional Symptomatology; Suicide Risk Contextual Behavioral Science; Risk Factors.

Received: 1 September 2022

Accepted: 14 December 2022

Published: 28 December 2022

Citation: Sierra., M.A., Ortiz, E. (2022). Psychological inflexibility components as trans-diagnostic predictors of emotional symptomatology and suicide risk among young adults. *Mediterranean Journal of Clinical Psychology* 10(3).

<https://doi.org/10.13129/2282-1619/mjcp-3565>



1. Introduction

Several clinical approaches embrace a trans-diagnostic view of psychopathology that assumes that most mental health disorders are behavioral manifestations of relatively few core underlying functional units, processes or dimensions that represent a risk predisposing the individual towards the development of symptomatology (Barlow et al., 2014, 2017; Eaton et al., 2015; Hayes et al., 2012; Kessler et al., 2011; Krueger & Eaton, 2015; Levin et al., 2016). For Contextual Behavioral Science (Contextual Behavioral Science i.e. CBS; Hayes et al., 2012; Levin et al., 2016) psychological inflexibility is one of these trans-diagnostic units and is directly related to the development, course, and prognosis of emotional symptoms.

A person is psychologically inflexible when in the presence of psychological distress, they use consistently ineffective behavioral regulation strategies that in the long-term paradoxically worsen their symptoms and compromise their quality of life (Hayes et al., 2001, 2011; Törneke et al., 2008, 2016; Wilson & Luciano, 2002). Existing evidence suggests that psychological inflexibility (Faustino, 2020, 2021; Hayes et al., 2012; Kashdan & Rottenberg, 2010; Levin et al., 2014; Tyndall et al., 2018) and some of its trans-diagnostic components (i.e. experiential avoidance, cognitive fusion and repetitive negative thinking) are risk factors that predict emotional symptomatology (Bardeen & Fergus, 2014; Chawla & Ostafin, 2007; Cookson et al., 2019; Hayes et al., 1996; Law & Tucker, 2018; McEvoy et al., 2013; Monestès et al., 2018; Nolen-Hoeksema et al., 2008; Segerstrom et al., 2000; Sorg et al., 2012) and suicide risk (Chou et al., 2018; Ducasse et al., 2014; Ellis & Rufino, 2016; Krafft et al., 2019; Walser et al., 2015).

Under the trans-diagnostic view, “emotional disorders” is used as an umbrella term which includes the diagnoses sharing the following characteristics: a) presence of private events that generate intense and recurrent distress, b) aversive reactions to such private events, and c) consistent efforts to mitigate, escape, or avoid them (Barlow et al., 2014, 2017; Bullis et al., 2019). In general, “emotional disorders” make reference to depressive and anxiety disorders (Bullis et al., 2019), but other diagnostic categories such as obsessive-compulsive disorders (Thompson et al., 2022; Twohig et al., 2014, 2015, 2018), post-traumatic stress disorders (Cheng et al., 2021; Davis, 2017; Eshun, 2020; Miron et al., 2015; Ogbeide et al., 2020; Richardson et al., 2020), eating disorders (Koushiou et al., 2020, 2021; Merwin et al., 2010; Morton et al., 2020) or even psychotic disorders (González-Menéndez et al., 2021; Popa et al., 2022; Wakefield et al., 2018; White et al., 2012) also feature (although with some variation) the inflexible behavioral pattern described above (Kashdan & Rottenberg, 2010; Levin et al., 2014). On the other hand, genetic predisposition, earlier pubertal timing, executive functioning deficits, some personality traits, stressful life events, environmental factors, psychological inflexibility components and

mood or eating disruptions, among other biopsychosocial processes have been found to be risk factors for emotional symptomatology (Dagleish et al., 2020; Eaton et al., 2015; Krueger & Eaton, 2015; Lynch, 2021).

Suicide is defined as a multi-causal phenomenon that cannot be attributed to a single triggering event and occurs in the context of several risk factors that converge to worsen risk (WHO, 2014; 2019). Evidence shows that LGBTIQ+ youth (Aranmolate et al., 2017; Haas et al., 2010; Plöderl et al., 2013), specifically transgender (Bauer et al., 2015; Guz et al., 2021; Tebbe & Moradi et al., 2016; Testa & Hendricks, 2015; Wolford-Clevenger et al., 2017) and non-binary (Aparicio-García et al., 2018; Rimes et al., 2019) persons are in a higher risk of suicide due to discrimination, trauma, abuse, violence and marginalization among many other factors. Likewise, young adults that abused psychoactive substances (PSA) (Cantão & Botti, 2016; Chiappini et al., 2021; Martinotti et al., 2021; Pawlowska & Szymańska, 2021; Pereira-Morales et al., 2017) or suffered emotional disorders (Bostwick & Pankratz, 2000; Hawton et al., 2013; Herres et al., 2019; Kanwar et al., 2013) were also at a higher risk for suicide. A Colombian study found that 22% of their participants were at risk of suicide and 9.7% had attempted it during the past year (Gómez, 2020). Additionally, emotional symptomatology, history of mental health disorders, family suicide attempts, impulsivity and previous suicide attempts were predictive of higher suicide risk with the latter two actually having a mediating role (Gómez, 2020).

To contribute to the evaluation and prevention of emotional disorders and suicide among Colombian youngsters, the present study aims to: a) confirm the predictive role and quantify the contribution of psychological inflexibility components and other risk factors and b) establish two statistical classification models that accurately predict the probability of having clinical and non-clinical symptomatology, as well as being on higher and lower suicide risk based on psychological inflexibility and emotional symptomatology assessments.

2. Method

A quantitative non-experimental, cross-sectional correlational-causal design is used, having a single measurement for the variables of interest within a group of participants without experimental manipulation (Hernández-Sampieri et al., 2014). A predictive associative strategy with latent variables is applied to analyze the role of the psychological inflexibility components and other risk factors in predicting the probability of presenting clinical or non-clinical levels of emotional symptoms and higher or lower risk of suicide (Ato et al., 2013).

2.1 Participants

513 young persons between 18 and 39 years old consented and completed an online survey that served as the only evaluation moment for the present study. Participants had a mean age of approximately 27 years ($SD=5.71$), the vast majority of them were cisgender (97.9%; $n=502$), heterosexual (80.5%, $n=413$), assigned female at birth (81.9%; $n=420$) and identified as women (81.5%; $n=418$). Most of them were also single (79.1%; $n=406$), had an undergraduate university degree (48.5%; $n=249$), lived in Bogotá D.C. (62.6%; $n=312$) or any other urban area (92.6%; $n=475$). Regarding economic factors, the majority of the sample was unemployed (44.8%; $n=230$) and classified on the medium-low tier of the socioeconomic classification model (National Administrative Department of Statistics i.e. DANE, 2022) used in Colombia (48.7%; $n=250$). Only 30% ($n=154$) had people under their care, 39% ($n=200$) had a formal job and 29.9% ($n=152$) reported working more than 40 hours at week. Almost none of them were part of a vulnerable group (95.9%; $n=492$) or lived with a neurodivergence condition (96.5 %; $n=415$). However, some of them had a history of depression (29.4%; $n=151$), anxiety (34.5%; $n=177$), psychosis (3.7%; $n=19$) and eating disorders (5.7%; $n=29$). Only 8.4% ($n=43$) participants reported consuming any PAS and the most commonly used substance was cannabis (4.9%; $n=25$). Most of the sample was not receiving any mental health treatment (81.5%; $n=418$), but some of them were under psychological (9.9%; $n=51$), pharmacological (2.9%; $n=15$) or both treatments (5.7%; $n=29$). Tables 1 and 2 present in detail the descriptive statistics and normality tests for every variable under analysis.

Table 1. Descriptive Statistics for Categorical Variables

Sociodemographic				Psychological History				
Variable	Category	Freq	%	Variable	Category	Freq	%	
Sex	XX - Female	420	81.9	Vulnerable Group	None	492	95.9	
	XY - Male	93	18.1		Armed Conflict Victim	6	1.2	
Gender Identity	Cisgender	502	97.9		Ethnic / Racial Origin	4	0.8	
	Transgender	11	2.1		Functional Diversity	4	0.8	
Gender Expression	Men	88	17.2		Household Head	7	1.4	
	Women	418	81.5		Neurodivergence	Yes	18	3.5
	Non Binary	7	1.4			No	415	96.5
Sexual Orientation	Heterosexual	413	80.5		History of Depression	Yes	151	29.4
	Homosexual	24	4.7		No	362	70.6	
	Bisexual	53	10.3		History of Anxiety	Yes	177	34.5
	Pansexual	20	3.9	No	336	65.5		
	Asexual	3	0.6	History of Psychosis	Yes	19	3.7	
Marital Status	Single	406	79.1	No	494	96.3		
	Married	25	4.9	History of Eating Disorders	None	484	94.3	
	Free/ Civil Union	71	13.8		Anorexia	3	0.6	
	Divorced	11	2.1		Bulimia	4	0.8	
Living/Birth Place	Cundinamarca	192	37.4		Both	2	0.4	
	Bogotá D.C.	321	62.6		Other	20	3.9	

Living Area	Urban	475	92.6	PAS Consumption	Yes	43	8.4
	Rural	38	7.4		No	470	91.6
Last Grade of Schooling	High School	91	17.7	Substance Used	None	473	92.2
	Technical / Technological	94	18.3		Cannabis	25	4.9
	Undergraduate	249	48.5		Alcohol	3	0.6
	Universitary	79	15.4		Tobacco	3	0.6
	Postgraduate				Multiple	9	1.8
Socioeconomic							
Dependents	Yes	154	30	Current Treatment	None	418	81.5
	No	359	70		Psychological	51	9.9
Socioeconomic Classification	Very low	31	6	Classificatory Dependent Variables	Pharmacological	15	2.9
	Low	184	35.9		Both	29	5.7
	Medium Low	250	48.7		Emotional	333	64.9
	Medium High	42	8.2		Symptomatology	180	35.1
	High	6	1.2		Suicide Risk	Higher Risk	194
Employment Status	Unemployed	230	44.8	Lower Risk	319	62.2	
	Formal	200	39				
	Informal	83	16.2				
Weekly Working Hours	Unemployed	230	44.8				
	< Part-time	36	7				
	Part-time	44	8.6				
	Full-time	51	10				
	> Full-time	152	29.6				

Table 2. Descriptive Statistics for Quantitative Variables

Variable	Mean	SD	K-S	Sig
Age	26.82	5.71	.08	.00
AAQ-II	30.06	11.19	.06	.00
CFQ	32.66	11.71	.08	.00
PTQ	35.80	15.90	.06	.00
GPQ	30.11	13.15	.06	.00
VQ-Prog	17.04	7.05	.07	.00
VQ-Obs	18	7.46	.10	.00
DASS-D	11	6.08	.09	.00
DASS-A	8.15	5.17	.09	.00
DASS-S	11.49	5.11	.08	.00
DASS-T	30.64	14.66	.05	.00
MINI-C	9.65	9.84	.16	.00

Note: SD= Standard Deviation; K-S= Kolmogorov-Smirnov Test; AAQ-II= Acceptance and Action Questionnaire; CFQ= Cognitive Fusion Questionnaire; PTQ= Perseverative Thinking Questionnaire; GPQ= Generalized Pliance Questionnaire; VQ-Prog= Valuing Questionnaire Progress Subscale; VQ-Obs= Valuing Questionnaire Obstruction Subscale; DASS-D = DASS-21 Depression Subscale; DASS-A = DASS-21 Anxiety Subscale; DASS-S = DASS-21 Scale Stress Subscale; DASS-T = DASS-21 Total General Distress Score; MINI-C= Mini-International Neuropsychiatric Interview – Suicidal Ideation Subsection

2.2 Procedure

Participants consented through a virtual form to participate in an emotional distress survey that inquired: sociodemographic (i.e. sex, gender identity, gender expression, sexual orientation, marital status, place of birth and/or residence, type of area of residence, last grade of schooling), socioeconomic (i.e. dependents, socioeconomic classification, employment status, hours worked per week) and psychological history aspects (i.e. being part of a vulnerable group, neurodivergent condition, history of depression, anxiety, psychotic or eating disorders, PAS consumption, substance consumed, current mental health treatment). The survey also included a single-time psychometric assessment of emotional symptomatology, suicide risk and psychological flexibility components (see instruments and variables section).

Ethical Considerations:

The procedures followed in this study were approved by the Ethics Committee of Universidad Católica de Colombia according to Act No.13 from October 19th 2020. Informed consent made explicit the conditions of strict confidentiality under which the data obtained was handled, in coherence and in full compliance with the Declaration of Helsinki (WMA, 2013) and Colombian Laws 1090 (regulates the practice of psychology and sets out its bioethical and deontological code), 1266 (Habeas Data) and 1581 (regulates the protection of personal data). In addition, there was total transparency regarding the purpose of the evaluation and the participants were informed that they were free to stop answering at any time without any consequence.

2.3 Instruments and variables

2.3.1 *Psychological Inflexibility Components*

Acceptance and Action Questionnaire (AAQ-II; Original: Bond et al., 2011; Validation Colombia: Ruiz et al., 2016): AAQ-II is a psychometric instrument to assess experiential avoidance, a behavioral pattern in which the individual systematically attempts to escape or postpone the experience of discomfort triggered by certain verbal and contextual events (Chawla & Ostafin, 2007; Cookson et al., 2019; Hayes et al., 1996, 2011). It consists of 7 items that score on a seven-point Likert-type scale (1= Never true; 7= Always true). Its *Cronbach's a* is 0.91 for the general population in Colombia.

Cognitive Fusion Questionnaire (CFQ; Gillanders et al., 2014; Validation Colombia: Ruiz et al., 2017): CFQ is a psychometric instrument to assess cognitive fusion, an inflexible behavioral regulation pattern that is under control of the emotional and discriminative functions that certain verbal events possess (Bardeen & Fergus, 2016; Cookson et al., 2019; Dionne et al., 2014, Hayes et al., 2011, 2001; Ruiz, Gil-Luciano et al., 2022; Wilson & Luciano, 2002). In other

words, the tendency to take literally, over analyze and act according to thoughts and verbal rules that foster inflexible behavioral repertoires. It consists of 7 items that score on a seven-point Likert-type scale (1= Never true; 7= Always true). Its *Cronbach's a* is 0.93 for the general population in Colombia.

Perseverative Thinking Questionnaire (PTQ; Ehring et al., 2011; Validation Colombia: Ruiz et al., in progress): PTQ is a psychometric instrument to evaluate repetitive negative thinking, a behavioral pattern characterized by the repetitive occurrence of verbal events which contents are considered negative, aversive, intrusive, and difficult to control or avoid (Ehring & Watkins, 2008; McLaughlin & Nolen-Hoeksema, 2011; Segerstrom et al., 2000; Watkins, 2008; Watkins et al, 2005). It consists of 15 items that score on a four-point Likert-type scale (0= Never; 4= Almost always). According to preliminary data, its *Cronbach's a* is 0.96 for the general population in Colombia.

Generalized Pliance Questionnaire (GPQ; Original: Ruiz, Suárez-Falcón et al., 2018): GPQ is a psychometric instrument for the evaluation of generalized pliance, which is an inflexible pattern of rule governed behavior that is motivated by socially mediated consequences and maintained by insensitivity to reinforcement contingencies available in the environment, given a verbal rule specifying an ineffective contingency (Hayes et al, 1986; Monestès et al., 2018; O'Connor et al., 2018; Ruiz, Suárez-Falcón et al., 2018). It consists of 9 items that score on a seven-point Likert-type scale (1= Never true; 7= Always true). Its *Cronbach's a* is 0.95 for the general population in Colombia.

Valuing Questionnaire (VQ; Original: Smout et al., 2014; Validation Colombia: Ruiz, Odriozola-González et al, 2022): VQ is a psychometric instrument consisting of two subscales that assess progress and obstruction in values, understanding the latter as abstract formative augmenting-type rules that establish important directions that a person can follow in order give meaning to their life. Obstruction refers specifically to cognitive fusion with motivational augmenting-type rules which content is valued as aversive, generally establishing consequential and discriminative functions of avoidance or escape through which the person moves away from that which is valuable at a personal level (Gil-Luciano et al., 2019; Hayes et al., 2001, 2011; Luciano, 2017; Mallot, 1989, Zettle & Hayes, 1982). It consists of 10 items that score on a seven-point Likert-type scale (0= Not at all true; 6= completely true). *Cronbach's a* was 0.81 for the progress subscale and 0.79 for the obstruction subscale in the original version.

Clinical Variables

Depression Anxiety and Stress Scale (DASS-21; Original: Antony et al., 1998; Colombian Version: Ruiz et al., 2017): DASS-21 is a psychometric instrument that includes three subscales that assesses the presence and severity of depression, anxiety and stress related symptoms during the last week. It consists of 21 items that score on a four-point Likert-type scale (0= It has not happened to me; 3= It has happened to me a lot, or most of the time). Cut-off points are established to indicate the severity of symptoms in each subscale. Depression: 5-6 mild depression, 7-10 moderate depression, 11-13 severe depression, 14 or more, extremely severe depression; Anxiety: 4 mild anxiety, 5-7 moderate anxiety, 8-9 severe anxiety, 10 or more, extremely severe anxiety; Stress: 8-9 mild stress, 10-12 moderate stress, 13-16 severe stress, 17 or more, extremely severe stress. On the other hand, due to its hierarchical factor structure (Lovibond & Lovibond, 1995) the total summative score of the DASS-21 can be used as a trans-diagnostic emotional symptomatology outcome with a clinical cut-off score of 25 (Ruiz et al., 2018, 2020). Its measures reliably (*Cronbach's a* =.0.83) for the general population in Colombia.

Mini-International Neuropsychiatric Interview – Suicidal Ideation Subsection (MINI-C; Sheehan et al., 1998): MINI-C is a subsection of the Mini-International Neuropsychiatric Interview that assesses suicidal risk during the last month. This subsection consists of six yes or no questions that score differentially, representing different levels of severity on suicidal risk. Thinking that you'd like to die or be better off dead scores 1, actually wanting to hurt yourself scores 2 and thinking about suicide scores 6. Having a previous suicide attempt during the lifetime always score as 4. On the other hand, recent planning or attempting to commit suicide will score 10. Cut-off points are established to indicate the severity of the risk 1-5 is considered mild, 6-9 moderate and more than 10 high. Reliability analysis for the scale shown the instrument was appropriately assessing suicide risk on this study (*McDonald's ω* =.81; *Cronbach's a* =.70).

2.4 Data analysis

In order to characterize the sample, descriptive statistics and normality tests were computed for all the variables, none of which behaved normally (see Table 2). Two dichotomous dependent variables were also created to classify clinical (cut-off point 25 for DASS-Total) and high-risk (cut-off point 10 for MINI-C) cases according to the participant's scores. A binary logistic regression (BLR; Field, 2009) was executed for each of the classificatory dependent variables.

3. Results

3.1 Binary Logistic Regressions

Emotional Symptomatology: A backwards conditional BLR was computed with the dichotomic version of emotional symptomatology (clinical vs. non-clinical) as classificatory dependent variable and including MINI-C, AAQ-II, CFQ, PTQ, GPQ and VQ scores along with gender expression, sexual orientation, marital status, dependents, socioeconomic classification, PAS consumption, consumed substance and history of depression, anxiety, psychotic or eating disorders as predictive variables.

The overall percentage of correct classification for the model without any predictors included was 64.9%. Among the included significant predictors cognitive fusion contributed the most (OR=1.09), followed by experiential avoidance (OR=1.08), suicide risk (OR=1.07), and repetitive negative thinking (OR=1.04). Prediction is possible using the following equation $y = \frac{1}{1 + e^{(6.30 - 0.068 x_1 - 0.080 x_2 - 0.089 x_3 - 0.041 x_4)}}$. This model appropriately classified 93.1% of clinical cases and 76.6% of NON-clinical cases, with an overall classification percentage of 86.9%. That model also accounts for 48% (Nagelkerke's R^2) to 66% (Cox & Snell's R^2) of the variability found on emotional symptomatology levels.

Suicide Risk: Accordingly, another backwards conditional BLR was computed with the dichotomic version of suicide risk (higher risk vs. lower risk) as classificatory dependent variable and including DASS-D, DASS-A, DASS-S, DASS-T, AAQ-II, CFQ, PTQ, GPQ and VQ scores along with gender identity, gender expression, sexual orientation, marital status, last grade of schooling, working hours, neurodivergence, PAS consumption, consumed substance and history of depression, anxiety, psychotic or eating disorders as predictive variables.

The overall percentage of correct classification for the model without any predictors included was 62.2%. BLR for suicide risk shows that among the included significant predictors, the consumed substance contributed the most (OR=5.03) followed by history of depression (OR=3.73), sexual orientation (OR=1.59), depression symptoms (OR=1.22), anxiety symptoms (OR=1.06), experiential avoidance (OR=1.05), generalized pliance (OR=.96) and PAS consumption (OR=.12). Although gender identity and marital status were not significant predictors on themselves, both variables were included by the model and contributed with high odds ratio (OR= 6.49 and OR= 1.31 respectively). Prediction is possible using following equation:

$$y = \frac{1}{1 + e^{(7.55 - 0.201 x_1 - 0.060 x_2 - 0.054 x_3 + 0.035 x_4 - 1.87 x_5 - 0.465 x_6 - 0.272 x_7 - 1.317 x_8 + 2.065 x_9 - 1.617 x_{10})}}$$

The model adequately classified 70.6% of the higher risk cases and 85.9% of the lower risk cases, with an overall classification percentage of 80.1%. Said model also accounts for 39% (Nagelkerke's R^2) to 54% (Cox & Snell's R^2) of the variability in suicide risk.

4. Discussion

As previous research has shown psychological inflexibility is a risk factor for both emotional symptomatology and suicide risk (Ellis & Rufino, 2016; Faustino et al., 2021; Kashdan & Rottenberg, 2010; Krafft et al., 2019; Levin et al., 2014; Walser et al., 2015). However, not every single component evaluated is confirmed as a significant predictor. Only cognitive fusion (Bardeen & Fergus, 2014; Cookson et al., 2019), experiential avoidance (Bardeen & Fergus, 2014; Chawla & Ostafin, 2007; Cookson et al., 2019) and repetitive negative thinking (Law & Tucker, 2018; McEvoy et al., 2013; Sorg et al., 2012; Toro et al., 2020), are confirmed as trans-diagnostic risk factors that predict the probability of showing clinical levels of emotional symptomatology. On the other hand, experiential avoidance and generalized pliance were the only components supported as trans-diagnostic risk factors that predicted a higher risk of committing suicide (Ellis & Rufino, 2016; Krafft et al., 2019). These findings are discussed in more detail below.

Previous reviews have suggested that experiential avoidance (Chawla & Ostafin, 2007) is related to several mental health disorders. Furthermore, empirical studies suggest that it has an interactive effect (Bardeen & Fergus, 2014) and a bidirectional relationship (Cookson et al., 2019) with cognitive fusion, implying that higher levels of these psychological inflexibility components would make a person more prone to develop emotional symptomatology. On the other hand, repetitive negative thinking has been found to mediate negative affect (Toro et al., 2020) and moderate its relationship with anxiety symptoms (Sorg et al., 2012), as well as being associated with anxiety and depressive disorders (McEvoy et al., 2013). High levels of repetitive negative thinking are also associated with comorbidity among mental health disorders (McEvoy et al., 2013), which supports its role as a trans-diagnostic functional unit. The predictive role of these psychological inflexibility components is supported by the results featured on the present study which also clarify how much each component would contribute to the development of emotional symptomatology and invite to consider the unexplored relationships between them.

Existing reviews (Law & Tucker, 2018) and empirical research imply that experiential avoidance predict suicidal ideation and has a strong relationship with cognitive fusion and emotional symptomatology (Krafft et al., 2019). Additionally, experiential avoidance decreases concurrently when clients respond to treatment independently of their symptomatology scores, supporting the hypothesis of suicide as last resort experiential avoidance strategy for people that

experience extreme discomfort (Ellis & Rufino, 2016). Although cognitive fusion was not confirmed as a trans-diagnostic predictor in the present study it's important to remember that generalized pliance could be conceptualized as cognitive fusion with verbal rules that make the person insensitive to available reinforcement contingencies (Hayes et al., 1986; Monestès et al., 2017; O'Connor et al., 2018). The latter would imply that people whom experience suicidal ideation might be acting according to verbal rules with aversive contents (within a deictic relational framing) imposed by themselves or others (Cookson et al., 2019; Gil-Luciano et al., 2019; Hayes et al., 2001, 2011; Luciano, 2017; Mallot, 1989, Zettle & Hayes, 1982), in this case said rules would have a discriminative function of avoidance that specify suicide as the only way to stop the experienced distress.

None of the included sociodemographic, socioeconomic or psychological history variables were confirmed as significant predictors for clinical levels of emotional symptomatology. Only suicide risk as assessed by MINI-C seems to be a trans-diagnostic psychological risk factor, which makes sense considering that higher levels of emotional symptomatology have always been directly associated to suicide risk (Bostwick & Pankratz, 2000; Hawton et al., 2013; Herres et al., 2019; Kanwar et al., 2013). However, in this case the relationship is reversed confirming that suicide risk assessment is critical for an appropriate evaluation of the severity of emotional symptomatology.

In coherence with previous research, there is a higher risk of suicide for transgender people (Bauer et al., 2015; Guz et al., 2021; Tebbe & Moradi et al., 2016; Wolford-Clevenger et al., 2017), non-binary individuals (Aparicio-García et al., 2018; Rimes et al., 2019), persons with a non-hegemonic sexual orientation (Aranmolate et al., 2017; Haas et al., 2010; Plöderl et al., 2013), consumers of one or multiple PAS (Cantão & Botti, 2016; Chiappini et al., 2021; Martinotti et al., 2021; Pawlowska & Szymańska, 2021; Pereira-Morales et al., 2017), people going through a process of sentimental separation (Hyman et al., 2012; Love et al., 2018), those who have a history of depressive disorders (Hawton et al., 2013; Herres et al., 2019), or current symptoms of depression and anxiety (Kanwar et al., 2013; Khan et al., 2002).

The present study has some limitations. Cross-sectional studies cannot solely establish causality, further longitudinal studies that show concurrent and consistent increases of psychological inflexibility components and emotional symptomatology (e.g. Dereix-Calonge et al., 2020; Hernández-López et al., 2021; Landi et al., 2022; Ruiz & Odriozola-González, 2015; Spinhoven et al., 2014) or suicide risk (e.g. Chou et al., 2018; DeBeer et al., 2018; Krafft et al., 2019) over time are also needed as stated on the latest ACBS task-force report (Hayes et al., 2021). The proposed models do not specify the relationship between the components of inflexibility, nor

its interaction with other risk factors. Other cross-sectional correlational-causal studies might include different variables such as previous suicide attempts (Gómez, 2020; Nördstrom et al., 1995; Suokas et al., 2001), self-harm (Adrian et al., 2010; Burke et al., 2016; Wilkinson, 2011), traumatic experiences (Bryan, 2016; Carlson et al., 2016; Chang et al., 2016; DeBeer et al., 2014; Dvir et al., 2014), divorce (Kyung-Sook et al., 2018; Stack & Scourfield, 2013; Yip et al., 2015) emotional dysregulation (Aldea & Rice, 2006; Denning et al., 2022; Dvir et al., 2014; Haliczzer et al., 2021; Law et al., 2015) or neurodivergence (Hedley et al., 2018; 2022; Retz et al., 2012; Van Stralen, 2016) among others. Exploring the predictive role and the relationship that said variables share between each other and with psychological inflexibility components might contribute to explain further the development of emotional symptomatology and suicide risk in the context of their multicausal and complex nature.

Social desirability needs to be considered as a possible influence on self-reported responses specially regarding emotional symptomatology, substance use and other sensible subjects (Latkin et al., 2017). Most of the participants identified as women (81.5%) which might limit the generalizability of the results to men. Another study with Colombian youngsters had a very similar men (28%) to women (72%) proportion (Gómez, 2020), suggesting this pattern might be common among Colombian samples. However, men's limited participation might also be explained at least partially by the influence of stereotypical gender roles that may lead men to refrain from participating at all (Barrett et al., 1998; Fischer, 1993; Fiske & Taylor, 1991; Madden et al., 2000; Sigmon et al., 2005).

In conclusion, the previously described classificatory models are useful to predict the probability of showing clinical levels of emotional symptoms or a higher risk of suicide, based on the assessment of certain components of psychological inflexibility (e.g. experiential avoidance, cognitive fusion, repetitive negative thinking, generalized pliance) and some of their sociodemographic characteristics (e.g. gender identity, sexual orientation, relationship/marital status) and psychological history (e.g. suicide risk, PAS consumption, current or previous emotional symptomatology). This is essential for the design and implementation of preventive trans-diagnostic interventions that promote psychological flexibility and mental health among the most vulnerable youngsters.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any potential conflict of interest.

References

1. Adrian, M., Zeman, J., Erdley, C., Lisa, L., & Sim, L. (2010). Emotional Dysregulation and Interpersonal Difficulties as Risk Factors for Nonsuicidal Self-Injury in Adolescent Girls. *Journal of Abnormal Child Psychology*, 39(3), 389–400. <https://doi.org/10.1007/s10802-010-9465-3>
2. Aldea, M. A., & Rice, K. G. (2006). The role of emotional dysregulation in perfectionism and psychological distress. *Journal of Counseling Psychology*, 53(4), 498–510. <https://doi.org/10.1037/0022-0167.53.4.498>
3. Antony, M.M., Bieling, P.J., Cox, B.J., Enns, M.W., & Swinson, R.P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales (DASS) in clinical groups and a community sample. *Psychological Assessment*, 10, 176-181. <https://doi.org/10.1037/1040-3590.10.2.176>
4. Aparicio-García, M., Díaz-Ramiro, E., Rubio-Valdehita, S., López-Núñez, M., & García-Nieto, I. (2018). Health and Well-Being of Cisgender, Transgender and Non-Binary Young People. *International Journal of Environmental Research and Public Health*, 15(10), 2133. <https://doi.org/10.3390/ijerph15102133>
5. Aranmolate, R., Bogan, D.R., Hoard, T., Mawson, A.R. (2017) Suicide Risk Factors among LGBTQ Youth: Review. *JSM Schizophr* 2(2): 1011.
6. Ato, M., López-García, J. J., & Benavente, A. (2013). Un sistema de clasificación de los diseños de investigación en psicología. *Anales de Psicología*, 29(3). <https://doi.org/10.6018/analesps.29.3.178511>
7. Bardeen, J. R., & Fergus, T. A. (2016). The interactive effect of cognitive fusion and experiential avoidance on anxiety, depression, stress and posttraumatic stress symptoms. *Journal of Contextual Behavioral Science*, 5, 1–6. <https://doi.org/10.1016/j.jcbs.2016.02.002>
8. Barlow, D. H., Farchione, T. J., Fairholme, C. P., Ellard, K. K., Boisseau, C. L., Allen, L. B., & Ehrenreich-May, J. (2017). *Unified protocol for transdiagnostic treatment of emotional disorders: Therapist guide (2nd edn)*. Oxford University Press.
9. Barlow, D. H., Sauer-Zavala, S., Carl, J. R., Bullis, J. R., & Ellard, K. K. (2014). The nature, diagnosis, and treatment of neuroticism: Back to the future. *Clinical Psychological Science*, 2(3), 344–365. <https://doi.org/10.1177/2167702613505532>
10. Barrett, L. F., Robin, L., Pietromonaco, P. R., & Eyssell, K. M. (1998). Are Women the “More Emotional” Sex? Evidence From Emotional Experiences in Social Context. *Cognition & Emotion*, 12(4), 555–578. <https://doi.org/10.1080/026999398379565>
11. Bauer, G. R., Scheim, A. I., Pyne, J., Travers, R., & Hammond, R. (2015). Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. *BMC Public Health*, 15(1). <https://doi.org/10.1186/s12889-015-1867-2>
12. Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., ... Zettle, R. D. (2011). Preliminary Psychometric Properties of the Acceptance and Action Questionnaire–II: A Revised Measure of Psychological Inflexibility and Experiential Avoidance. *Behavior Therapy*, 42(4), 676–688. <https://doi.org/10.1016/j.beth.2011.03.007>
13. Bostwick, J. M., & Pankratz, V. S. (2000). Affective Disorders and Suicide Risk: A Reexamination. *American Journal of Psychiatry*, 157(12), 1925–1932. <https://doi.org/10.1176/appi.ajp.157.12.1925>

14. Bryan, C. J. (2016). Treating PTSD Within the Context of Heightened Suicide Risk. *Current Psychiatry Reports*, 18(8). <https://doi.org/10.1007/s11920-016-0708-z>
15. Bullis, J. R., Boettcher, H., Sauer-Zavala, S., Farchione, T. J., & Barlow, D. H. (2019). What is an emotional disorder? A transdiagnostic mechanistic definition with implications for assessment, treatment, and prevention. *Clinical Psychology: Science and Practice*, 26(2), e12278. <https://doi.org/10.1111/cpsp.12278>
16. Burke, T. A., Hamilton, J. L., Cohen, J. N., Stange, J. P., & Alloy, L. B. (2016). Identifying a physical indicator of suicide risk: Non-suicidal self-injury scars predict suicidal ideation and suicide attempts. *Comprehensive Psychiatry*, 65, 79–87. <https://doi.org/10.1016/j.comppsy.2015.10.008>
17. Cantão, L., & Botti, N. C. L. (2016). Comportamento suicida entre dependentes químicos. *Revista Brasileira de Enfermagem*, 69(2), 389–396. <https://doi.org/10.1590/0034-7167.2016690224i>
18. Carlson, E. B., Palmieri, P. A., Field, N. P., Dalenberg, C. J., Macia, K. S., & Spain, D. A. (2016). Contributions of risk and protective factors to prediction of psychological symptoms after traumatic experiences. *Comprehensive Psychiatry*, 69, 106–115. <https://doi.org/10.1016/j.comppsy.2016.04.022>
19. Chang, E. C., Yu, T., Chang, O. D., & Hirsch, J. K. (2016). Hope and trauma: Examining a diathesis-stress model in predicting depressive and anxious symptoms in college students. *Personality and Individual Differences*, 96, 52–54. <https://doi.org/10.1016/j.paid.2016.02.060>
20. Chawla, N., & Ostafin, B. (2007). Experiential avoidance as a functional dimensional approach to psychopathology: An empirical review. *Journal of Clinical Psychology*, 63(9), 871–890. <https://doi.org/10.1002/jclp.20400>
21. Cheng, Z. H., Lozier, C. C., Lewis, M. M., O'Neil, M. E., Luoma, J. B., & Morasco, B. J. (2021). Investigating the role of psychological inflexibility, mindfulness, and self-compassion in PTSD. *Journal of Contextual Behavioral Science*, 22, 102–107. <https://doi.org/10.1016/j.jcbs.2021.10.004>
22. Chiappini, S., Mosca, A., Miuli, A., Santovito, M. C., Orsolini, L., Corkery, J. M., ... Schifano, F. (2021). New Psychoactive Substances and Suicidality: A Systematic Review of the Current Literature. *Medicina*, 57(6), 580. <https://doi.org/10.3390/medicina57060580>
23. Chou, W. P., Yen, C. F., & Liu, T. L. (2018). Predicting Effects of Psychological Inflexibility/Experiential Avoidance and Stress Coping Strategies for Internet Addiction, Significant Depression, and Suicidality in College Students: A Prospective Study. *International journal of environmental research and public health*, 15(4), 788. <https://doi.org/10.3390/ijerph15040788>
24. Cookson, C., Luzon, O., Newland, J., & Kingston, J. (2019). Examining the role of cognitive fusion and experiential avoidance in predicting anxiety and depression. *Psychology and Psychotherapy: Theory, Research and Practice*. <https://doi.org/10.1111/papt.12233>
25. Dalgleish, T., Black, M., Johnston, D., & Bevan, A. (2020). Transdiagnostic approaches to mental health problems: Current status and future directions. *Journal of Consulting and Clinical Psychology*, 88(3), 179–195. <https://doi.org/10.1037/ccp0000482>
26. Davis, E. K. (2017). *A Systematic Review of Posttraumatic Growth in Firefighters and an Investigation into Post-Traumatic Stress Symptoms in Ambulance Clinicians: Severity and Associations with Self Compassion, Psychological Inflexibility and Wellbeing* [PhD Dissertation]. University of Edinburgh.

27. DeBeer, B. B., Kimbrel, N. A., Meyer, E. C., Gulliver, S. B., & Morissette, S. B. (2014). Combined PTSD and depressive symptoms interact with post-deployment social support to predict suicidal ideation in Operation Enduring Freedom and Operation Iraqi Freedom veterans. *Psychiatry Research, 216*(3), 357–362. <https://doi.org/10.1016/j.psychres.2014.02.010>
28. DeBeer, B. B., Meyer, E. C., Kimbrel, N. A., Kittel, J. A., Gulliver, S. B., & Morissette, S. B. (2018). Psychological Inflexibility Predicts of Suicidal Ideation Over Time in Veterans of the Conflicts in Iraq and Afghanistan. *Suicide & life-threatening behavior, 48*(6), 627–641. <https://doi.org/10.1111/sltb.12388>
29. Denning, D. M., Perry, T. R., Reilly, E. E., Berner, L. A., Velkoff, E. A., Kaye, W. H., Wierenga, C. E., & Brown, T. A. (2022). Associations of suicide risk with emotional reactivity, dysregulation, and eating disorder treatment outcomes. *Suicide and Life-Threatening Behavior, 00*, 1-14. <https://doi.org/10.1111/sltb.12907>
30. Departamento Administrativo Nacional de Estadística (DANE) (2022) *Preguntas frecuentes estratificación*. https://www.dane.gov.co/files/geoestadistica/Preguntas_frecuentes_estratificacion.pdf
31. Dereix-Calonge, I., Ruiz, F.J., Betancourt, V., & Flórez, C. L. (2020). Repetitive negative thinking longitudinally predicts the psychological adjustment of clinical psychology trainees. *Behavioral Psychology, 28*, 227-243.
32. Dionne, F., Ngô, T.-L., & Blais, M.-C. (2014). Le modèle de la flexibilité psychologique : une approche nouvelle de la santé mentale. *Numéro Thématique, 38*(2), 111–130. <https://doi.org/10.7202/1023992ar>
33. Ducasse, D., René, E., Béziat, S., Guillaume, S., Courtet, P., & Olié, E. (2014). Acceptance and Commitment Therapy for management of suicidal patients: A pilot study. *Psychotherapy and Psychosomatics, 83*, 374-376. <https://doi.org/10.1159/000365974>
34. Dvir, Y., Ford, J. D., Hill, M., & Frazier, J. A. (2014). Childhood Maltreatment, Emotional Dysregulation, and Psychiatric Comorbidities. *Harvard Review of Psychiatry, 22*(3), 149–161. <https://doi.org/10.1097/hrp.0000000000000014>
35. Eaton, N. R., Rodriguez-Seijas, C., Carragher, N., & Krueger, R. F. (2015). Transdiagnostic factors of psychopathology and substance use disorders: a review. *Social Psychiatry and Psychiatric Epidemiology, 50*(2), 171–182. <https://doi.org/10.1007/s00127-014-1001-2>
36. Ehring, T., Zetsche, U., Weidacker, K., Wahl, K., Schönfeld, S., & Ehlers, A. (2011). The Perseverative Thinking Questionnaire (PTQ): Validation of a content-independent measure of repetitive negative thinking. *Journal of Behavior Therapy and Experimental Psychiatry, 42*(2), 225–232. <https://doi.org/10.1016/j.jbtep.2010.12.003>
37. Ehring, T., & Watkins, E. R. (2008). Repetitive Negative Thinking as a Transdiagnostic Process. *International Journal of Cognitive Therapy, 1*(3), 192–205. <https://doi.org/10.1521/ijct.2008.1.3.192>
38. Ellis, T. E., & Rufino, K. A. (2016). Change in experiential avoidance is associated with reduced suicidal ideation over the course of psychiatric hospitalization. *Archives of Suicide Research, 20*, 426-437. <https://doi.org/10.1080/13811118.2015.1093983>
39. Eshun, E. A. (2020). *Moderating role of psychological flexibility on the relationship between post traumatic stress disorder (PTSD) and health functioning of victims of defilement* [MA Thesis]. University of Cape Coast.

40. Faustino, B. (2020). Transdiagnostic perspective on psychological inflexibility and emotional dysregulation. *Behavioural and Cognitive Psychotherapy*, 49(2), 233–246. <https://doi.org/10.1017/s1352465820000600>
41. Faustino, B., Vasco, A. B., Farinha-Fernandes, A., & Delgado, J. (2021). Psychological inflexibility as a transdiagnostic construct: relationships between cognitive fusion, psychological well-being and symptomatology. *Current Psychology*. <https://doi.org/10.1007/s12144-021-01943-w>
42. Field, A. P. (2009). *Discovering statistics using SPSS: and sex and drugs and rock 'n' roll (3rd edn)*. SAGE Publications.
43. Fischer, A. H. (1993). Sex Differences in Emotionality: Fact or Stereotype? *Feminism & Psychology*, 3(3), 303–318. <https://doi.org/10.1177/0959353593033002>
44. Fiske, S. T., & Taylor, S. E. (1991). *Social cognition (2nd ed.)*. McGraw-Hill
45. Gil-Luciano, B., Calderón-Hurtado, T., Tovar, D., Sebastián, B., & Ruiz, F. J. (2019). How are triggers for repetitive negative thinking organized? A relational frame analysis. *Psicothema*, 31(1), 53-59. <https://doi.org/10.7334/psicothema2018.133>.
46. Gillanders, D. T., Bolderston, H., Bond, F. W., Dempster, M., Flaxman, P. E., Campbell, L., ... Remington, B. (2014). The Development and Initial Validation of the Cognitive Fusion Questionnaire. *Behavior Therapy*, 45(1), 83–101. <https://doi.org/10.1016/j.beth.2013.09.001>
47. Gómez, A.S. (2020). Psychosocial Factors and Clinical Predictors of Suicide Risk in College Students. *Mediterranean Journal of Clinical Psychology*, 8(3). <https://doi.org/10.6092/2282-1619/mjcp-2602>
48. González-Menéndez, A., Arboleya Faedo, T., González-Pando, D., Ordoñez-Cambor, N., García-Vega, E., & Paino, M. (2021). Psychological Inflexibility in People with Chronic Psychosis: The Mediating Role of Self-Stigma and Social Functioning. *International Journal of Environmental Research and Public Health*, 18(23), 12376. <https://doi.org/10.3390/ijerph182312376>
49. Guz, S., Kattari, S. K., Atteberry-Ash, B., Klemmer, C. L., Call, J., & Kattari, L. (2021). Depression and Suicide Risk at the Cross-Section of Sexual Orientation and Gender Identity for Youth. *Journal of Adolescent Health*, 68(2), 317–323. <https://doi.org/10.1016/j.jadohealth.2020.06.008>
50. Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., ... Clayton, P. J. (2010). Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations. *Journal of Homosexuality*, 58(1), 10–51. <https://doi.org/10.1080/00918369.2011.534038>
51. Haliczzer, L. A., Harnedy, L. E., Oakley, M., & Dixon-Gordon, K. L. (2021). Clarifying the Role of Multiple Self-Damaging Behaviors in the Association Between Emotion Dysregulation and Suicide Risk Among College Students. *The Journal of Primary Prevention*, 42(5), 473–492. <https://doi.org/10.1007/s10935-021-00639-y>
52. Hawton, K., Casañas, I., Comabella, C., Haw, C., & Saunders, K. (2013). Risk factors for suicide in individuals with depression: A systematic review. *Journal of Affective Disorders*, 147(1-3), 17–28. <https://doi.org/10.1016/j.jad.2013.01.004>
53. Hayes, S. C., Barnes-Holmes, D., & Roche, B. (2001). *Relational frame theory: A post-Skinnerian account of human language and cognition*. Kluwer Academic/Plenum.

54. Hayes, S. C., Barnes-Holmes, D., & Wilson, K. G. (2012). Contextual Behavioral Science: Creating a science more adequate to the challenge of the human condition. *Journal of Contextual Behavioral Science*, *1*(1-2), 1–16. <https://doi.org/10.1016/j.jcbs.2012.09.004>
55. Hayes, S. C., Brownstein, A. J., Zettle, R. D., Rosenfarb, I., & Korn, Z. (1986). Rule-Governed Behavior and Sensitivity to Changing Consequences of Responding. *Journal of the Experimental Analysis of Behavior*, *45*(3), 237–256. <https://doi.org/10.1901/Jeab.1986.45-237>
56. Hayes, S. C., Merwin, R. M., McHugh, L., Sandoz, E. K., A-Tjak, J. G. L., Ruiz, F. J., ... McCracken, L. M. (2021). Report of the ACBS Task Force on the strategies and tactics of contextual behavioral science research. *Journal of Contextual Behavioral Science*, *20*, 172–183. <https://doi.org/10.1016/j.jcbs.2021.03.007>
57. Hayes, S. C., Pistorello, J., & Levin, M. E. (2012). Acceptance and Commitment Therapy as a Unified Model of Behavior Change. *The Counseling Psychologist*, *40*(7), 976–1002. <https://doi.org/10.1177/0011000012460836>
58. Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change (2nd edn)*. The Guilford Press
59. Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, *64*(6), 1152–1168. <https://doi.org/10.1037/0022-006x.64.6.1152>
60. Hedley, D., Hayward, S. M., Clarke, A., Uljarević, M., & Stokes, M. A. (2022). Suicide and Autism: A Lifespan Perspective. *End of Life and People with Intellectual and Developmental Disability*, 59–94. https://doi.org/10.1007/978-3-030-98697-1_3
61. Hedley, D., Uljarević, M., Foley, K.-R., Richdale, A., & Trollor, J. (2018). Risk and protective factors underlying depression and suicidal ideation in Autism Spectrum Disorder. *Depression and Anxiety*, *35*(7), 648–657. <https://doi.org/10.1002/da.22759>
62. Hernández-López, M., Cepeda-Benito, A., Díaz-Pavón, P., & Rodríguez-Valverde, M. (2021). Psychological inflexibility and mental health symptoms during the COVID-19 lockdown in Spain: A longitudinal study. *Journal of contextual behavioral science*, *19*, 42–49. <https://doi.org/10.1016/j.jcbs.2020.12.002>
63. Hernández-Sampieri, R., Fernández-Collado, C., & Baptista-Lucio, P. (2014). *Metodología de la investigación*. (6a. ed.). McGraw-Hill.
64. Herres, J., Shearer, A., Kodish, T., Kim, B., Wang, S. B., & Diamond, G. S. (2019). Differences in Suicide Risk Severity Among Suicidal Youth With Anxiety Disorders. *Crisis*, *40*(5), 333–339. <https://doi.org/10.1027/0227-5910/a000571>
65. Hyman, J., Ireland, R., Frost, L., & Cottrell, L. (2012). Suicide Incidence and Risk Factors in an Active Duty US Military Population. *American Journal of Public Health*, *102*(S1), S138–S146. <https://doi.org/10.2105/ajph.2011.300484>
66. Kanwar, A., Malik, S., Prokop, L. J., Sim, L. A., Feldstein, D., Wang, Z., & Murad, M. H. (2013). The association between anxiety disorders and suicidal behaviors: a systematic review and meta-analysis. *Depression and Anxiety*, *30*: 917–929. <https://doi.org/10.1002/da.22074>

67. Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review*, 30(7), 865–878. <https://doi.org/10.1016/j.cpr.2010.03.001>
68. Khan, A., Leventhal, R. M., Khan, S., & Brown, W. A. (2002). Suicide risk in patients with anxiety disorders: a meta-analysis of the FDA database. *Journal of Affective Disorders*, 68(2-3), 183–190. [https://doi.org/10.1016/s0165-0327\(01\)00354-8](https://doi.org/10.1016/s0165-0327(01)00354-8)
69. Kessler, R. C., Ormel, J., Petukhova, M., McLaughlin, K. A., Green, J. G., Russo, L. J., Stein, D. J., Zaslavsky, A. M., Aguilar-Gaxiola, S., Alonso, J., Andrade, L., Benjet, C., de Girolamo, G., de Graaf, R., Demyttenaere, K., Fayyad, J., Haro, J. M., Hu, C. y., Karam, A., Lee, S., ... Ustün, T. B. (2011). Development of lifetime comorbidity in the World Health Organization world mental health surveys. *Archives of general psychiatry*, 68(1), 90–100. <https://doi.org/10.1001/archgenpsychiatry.2010.180>
70. Koushiou, M., Kapatais, A., Iasonidou, E., Adonis, M., Ferreira, N. (2021). The moderating role of body image inflexibility in the relation between weight concerns and symptoms of eating disorders in Cypriot University students. *Mediterranean Journal of Clinical Psychology*, 9(2). <https://doi.org/10.13129/2282-1619/mjcp-2977>
71. Koushiou, M., Loutsiou, A., & Karekla, M. (2020). Eating disorders among middle-school students: The role of psychological inflexibility and self-esteem. *International Journal of School & Educational Psychology*, 9(sup1), S58–S68. <https://doi.org/10.1080/21683603.2020.1742259>
72. Krafft, J., Hicks, E.T., Mack, S.A. and Levin, M. (2019), Psychological Inflexibility Predicts Suicidality Over Time in College Students. *Suicide Life Threat Behav*, 49: 1488-1496. <https://doi.org/10.1111/sltb.12533>
73. Krueger, R. F., & Eaton, N. R. (2015). Transdiagnostic factors of mental disorders. *World Psychiatry*, 14(1), 27–29. <https://doi.org/10.1002/wps.20175>
74. Kyung-Sook, W., SangSoo, S., Sangjin, S., & Young-Jeon, S. (2018). Marital status integration and suicide: A meta-analysis and meta-regression. *Social Science & Medicine*, 197, 116–126. <https://doi.org/10.1016/j.socscimed.2017.11.053>
75. Landi, G., Pakenham, K. I., Crocetti, E., Tossani, E., & Grandi, S. (2022). The trajectories of anxiety and depression during the COVID-19 pandemic and the protective role of psychological flexibility: A four-wave longitudinal study. *Journal of affective disorders*, 307, 69–78. <https://doi.org/10.1016/j.jad.2022.03.067>
76. Latkin, C. A., Edwards, C., Davey-Rothwell, M. A., & Tobin, K. E. (2017). The relationship between social desirability bias and self-reports of health, substance use, and social network factors among urban substance users in Baltimore, Maryland. *Addictive Behaviors*, 73, 133–136. <https://doi.org/10.1016/j.addbeh.2017.05.005>
77. Law 1090 of 2006: Whereby the practice of the profession of Psychology is regulated, the Code of Ethics and Bioethics and other provisions are issued. September 6, 2006. D.O. No. 46.383.
78. Law, K. C., Khazem, L. R., & Anestis, M. D. (2015). The role of emotion dysregulation in suicide as considered through the ideation to action framework. *Current Opinion in Psychology*, 3, 30–35. <https://doi.org/10.1016/j.copsyc.2015.01.014>
79. Law, K. C., & Tucker, R. P. (2018). Repetitive negative thinking and suicide: a burgeoning literature with need for further exploration. *Current Opinion in Psychology*, 22, 68–72. <https://doi.org/10.1016/j.copsyc.2017.08.027>

80. Levin, M. E., MacLane, C., Daflos, S., Seeley, J. R., Hayes, S. C., Biglan, A., & Pistorello, J. (2014). Examining psychological inflexibility as a transdiagnostic process across psychological disorders. *Journal of Contextual Behavioral Science*, 3(3), 155–163. <https://doi.org/10.1016/j.jcbs.2014.06.003>
81. Levin, M. E., Twohig, M. P., & Smith, B. M. (2016). Contextual Behavioral Science: An overview. In R. D. Zettle, S. C. Hayes, D. Barnes-Holmes & A. Biglan (Eds.), *The Wiley Handbook of Contextual Behavioral Science* (pp. 17-36). New York: Wiley-Blackwell. <https://doi.org/10.1002/9781118489857.ch3>
82. Love, H. A., Nalbone, D. P., Hecker, L. L., Sweeney, K. A., & Dharnidharka, P. (2018). Suicidal Risk Following the Termination of Romantic Relationships. *Crisis*, 39(3), 166–174. <https://doi.org/10.1027/0227-5910/a000484>
83. Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33(3), 335–343. [https://doi.org/10.1016/0005-7967\(94\)00075-u](https://doi.org/10.1016/0005-7967(94)00075-u)
84. Luciano, C. (2017). The self and responding to the own's behavior. Implications of coherence and hierarchical framing. *International Journal of Psychology and Psychological Therapy*, 17, 267-275.
85. Lynch, S. J., Sunderland, M., Newton, N. C., & Chapman, C. (2021). A systematic review of transdiagnostic risk and protective factors for general and specific psychopathology in young people. *Clinical Psychology Review*, 87, 102036. <https://doi.org/10.1016/j.cpr.2021.102036>
86. Madden, T. E., Barrett, L. F., & Pietromonaco, P. R. (2000). Sex differences in anxiety and depression: Empirical evidence and methodological questions. In A. Fischer (Ed.), *Gender and emotion: Social psychological perspectives* (pp. 277–298). Cambridge University Press.
87. Mallot, R. W. (1989). The Achievement of Evasive Goals: Control by Rules Describing Contingencies That Are Not Direct Acting. In S. C. Hayes. (Ed). *Rule-Governed Behavior Cognition, Contingencies, and Instructional Control* (pp. 269-324) Plenum Press. https://doi.org/10.1007/978-1-4757-0447-1_8
88. Martinotti, G., Schiavone, S., Negri, A., Vannini, C., Trabace, L., De Berardis, D., . . . Di Giannantonio, M. (2021). Suicidal Behavior and Club Drugs in Young Adults. *Brain Sciences*, 11(4), 490. <https://doi.org/10.3390/brainsci11040490>
89. McEvoy, P. M., Watson, H., Watkins, E. R., & Nathan, P. (2013). The relationship between worry, rumination, and comorbidity: Evidence for repetitive negative thinking as a transdiagnostic construct. *Journal of Affective Disorders*, 151(1), 313–320. <https://doi.org/10.1016/j.jad.2013.06.014>
90. McLaughlin, K. A., & Nolen-Hoeksema, S. (2011). Rumination as a transdiagnostic factor in depression and anxiety. *Behaviour Research and Therapy*, 49(3), 186–193. <https://doi.org/10.1016/j.brat.2010.12.006>
91. Merwin, R. M., Timko, C. A., Moskovich, A. A., Ingle, K. K., Bulik, C. M., & Zucker, N. L. (2010). Psychological Inflexibility and Symptom Expression in Anorexia Nervosa. *Eating Disorders*, 19(1), 62–82. <https://doi.org/10.1080/10640266.2011.533606>
92. Miron, L. R., Sherrill, A. M., & Orcutt, H. K. (2015). Fear of self-compassion and psychological inflexibility interact to predict PTSD symptom severity. *Journal of Contextual Behavioral Science*, 4(1), 37–41. <https://doi.org/10.1016/j.jcbs.2014.10.003>

93. Monestès, J.-L., Karekla, M., Jacobs, N., Michaelides, M. P., Hooper, N., Kleen, M., Ruiz, F. J., Miselli, G., Presti, G., Luciano, C., Villatte, M., Bond, F. W., Kishita, N., & Hayes, S. C. (2018). Experiential avoidance as a common psychological process in European cultures. *European Journal of Psychological Assessment, 34*(4), 247–257. <https://doi.org/10.1027/1015-5759/a000327>
94. Morton, C., Mooney, T. A., Lozano, L. L., Adams, E. A., Makriyianis, H. M., & Liss, M. (2020). Psychological inflexibility moderates the relationship between thin-ideal internalization and disordered eating. *Eating Behaviors, 36*, 101345. <https://doi.org/10.1016/j.eatbeh.2019.101345>
95. Nolen-Hoeksema, S., Wisco, B.E., & Lyubomirsky, S. (2008). Rethinking Rumination. *Perspectives in Psychological Science, 3*(5), 400-424. <https://doi.org/10.1111/j.1745-6924.2008.00088.x>
96. Nordström, P., Åsberg, M., Åberg-Wistedt, A., & Nordin, C. (1995). Attempted suicide predicts suicide risk in mood disorders. *Acta Psychiatrica Scandinavica, 92*(5), 345–350. <https://doi.org/10.1111/j.1600-0447.1995.tb09595.x>
97. Ogbeide, S. A., Young, A., Houston, B., & Knight, C. (2020). Treating Post-traumatic Stress Disorder with a Prolonged Exposure Protocol Within Primary Care Behavioral Health: A Case Example. *Journal of Clinical Psychology in Medical Settings, 28*(3), 575–583. <https://doi.org/10.1007/s10880-020-09747-z>
98. O'Connor, M., Byrne, P., Ruiz, F. J., & McHugh, L. (2018). Generalized Pliance in Relation to Contingency Insensitivity and Mindfulness. *Mindfulness, 10*(5), 833–840. <https://doi.org/10.1007/s12671-018-1046-5>
99. Pawłowska, B., & Szymańska, J. (2021). Suicidal ideation, plans, and attempts and the use of psychoactive substances by adolescents. *Current Problems of Psychiatry, 22*(3), 217–224. <https://doi.org/10.2478/cpp-2021-0016>
100. Pereira-Morales, A. J., Adan, A., Camargo, A., & Forero, D. A. (2017). Substance use and suicide risk in a sample of young Colombian adults: An exploration of psychosocial factors. *The American Journal on Addictions, 26*(4), 388–394. <https://doi.org/10.1111/ajad.12552>
101. Plöderl, M., Wagenmakers, E.-J., Tremblay, P., Ramsay, R., Kralovec, K., Fartacek, C., & Fartacek, R. (2013). Suicide Risk and Sexual Orientation: A Critical Review. *Archives of Sexual Behavior, 42*(5), 715–727. <https://doi.org/10.1007/s10508-012-0056-y>
102. Popa, C. O., Rus, A. V., Lee, W. C., Cojocaru, C., Schenk, A., Văcăraș, V., Olah, P., Mureșan, S., Szasz, S., & Bredicean, C. (2022). The Relation between Negative Automatic Thoughts and Psychological Inflexibility in Schizophrenia. *Journal of Clinical Medicine, 11*(3), 871. <https://doi.org/10.3390/jcm11030871>
103. Richardson, A., Gurung, G., Samaranayaka, A., Gardner, D., deGraaf, B., Wyeth, E. H., Derrett, S., Shepherd, D., & McBride, D. (2020). Risk and protective factors for post-traumatic stress among New Zealand military personnel: A cross sectional study. *PLOS ONE, 15*(4), e0231460. <https://doi.org/10.1371/journal.pone.0231460>
104. Retz, W., Stieglitz, R.-D., Corbisiero, S., Retz-Junginger, P., & Rösler, M. (2012). Emotional dysregulation in adult ADHD: what is the empirical evidence? *Expert Review of Neurotherapeutics, 12*(10), 1241–1251. <https://doi.org/10.1586/ern.12.109>

105. Rimes, K. A., Goodship, N., Ussher, G., Baker, D., & West, E. (2019). Non-binary and binary transgender youth: Comparison of mental health, self-harm, suicidality, substance use and victimization experiences. *International Journal of Transgenderism*, 20(2-3), 230–240.
<https://doi.org/10.1080/15532739.2017.1370627>
106. Ruiz, F. J., Flórez, C. L., García-Martín, M. B., Monroy-Cifuentes, A., Barreto-Montero, K., García-Beltrán, D. M., ... Gil-Luciano, B. (2018). *A multiple-baseline evaluation of a brief acceptance and commitment therapy protocol focused on repetitive negative thinking for moderate emotional disorders*. *Journal of Contextual Behavioral Science*, 9, 1–14. <https://doi.org/10.1016/j.jcbs.2018.04.004>
107. Ruiz, F. J., García-Martín, M. B., Suárez-Falcón, J. C., & Odriozola-González, P. (2017). The hierarchical factor structure of the Spanish version of Depression Anxiety and Stress Scale - 21. *International Journal of Psychology and Psychological Therapy*, 17, 97-105.
108. Ruiz, F. J., Gil-Luciano, B., & Segura-Vargas, M.A. (2022). Cognitive Defusion. In P. Goldblum, D. L. Espelage, J. Chu & B. Bongar (Eds.), *Youth Suicide and Bullying: Challenges and Strategies for Prevention and Intervention* (pp. 121-133). Oxford University Press.
109. Ruiz, F. J., Suárez-Falcón, J. C., Barbero-Rubio, A., & Flórez, C. L. (2018). Development and initial validation of the Generalized Pliance Questionnaire. *Journal of Contextual Behavioral Science*.
<https://doi.org/10.1016/j.jcbs.2018.03.003>
110. Ruiz, F. J., Suárez-Falcón, J. C., Cárdenas-Sierra, S., Durán, Y., Guerrero, K., & Riaño-Hernández, D. (2016). Psychometric Properties of the Acceptance and Action Questionnaire–II in Colombia. *The Psychological Record*, 66(3), 429–437. <https://doi.org/10.1007/s40732-016-0183-2>
111. Ruiz, F. J., Suárez-Falcón, J. C., Riaño-Hernández, D., & Gillanders, D. (2017). Psychometric Properties of the Cognitive Fusion Questionnaire in Colombia. *Revista Latinoamericana de Psicología*, 49(1), 80–87.
<https://doi.org/10.1016/j.rlp.2016.09.006>
112. Ruiz, F. J., & Odriozola-González, P. (2015). Comparing Cognitive, Metacognitive, and Acceptance and Commitment Therapy Models of Depression: a Longitudinal Study Survey. *The Spanish journal of psychology*, 18, E39. <https://doi.org/10.1017/sjp.2015.31>
113. Ruiz, F.J., Odriozola-González, P., Suárez-Falcón, J.C., Segura-Vargas, M.A. (2022) Psychometric properties of the Valuing Questionnaire in a Spaniard sample and factorial equivalence with a Colombian sample. *PeerJ* 10:e12670 <https://doi.org/10.7717/peerj.12670>
114. Ruiz, F. J., Peña-Vargas, A., Ramírez, E. S., Suárez-Falcón, J. C., García-Martín, M. B., García-Beltrán, D. M., Henao, Á. M., Monroy-Cifuentes, A., & Sánchez, P. D. (2020). Efficacy of a two-session repetitive negative thinking-focused acceptance and commitment therapy (ACT) protocol for depression and generalized anxiety disorder: A randomized waitlist control trial. *Psychotherapy (Chicago, Ill.)*, 57(3), 444–456.
<https://doi.org/10.1037/pst0000273>
115. Segerstrom, S. C., Tsao, J. C. I., Alden, L. E., & Craske, M. G. (2000). Worry and Rumination: Repetitive Thought as a Concomitant and Predictor of Negative Mood. *Cognitive Therapy and Research*, 24(6), 671–688.
<https://doi.org/10.1023/a:1005587311498>

116. Sheehan, D. V., Lecrubier, Y., Sheehan, K. H., Amorim, P., Janavs, J., Weiller, E., ... Dunbar, G. C. (1998). The Mini-International Neuropsychiatric Interview (M.I.N.I.): The development and validation of a structured diagnostic psychiatry interview for DSM-IV and ICD-10. *Journal of Clinical Psychiatry*, *59* (20), 22-33.
117. Sigmon, S. T., Pells, J. J., Boulard, N. E., Whitcomb-Smith, S., Edenfield, T. M., Hermann, B. A., LaMattina, S. M., Schartel, J. G., & Kubik, E. (2005). Gender Differences in Self-Reports of Depression: The Response Bias Hypothesis Revisited. *Sex Roles*, *53*(5-6), 401-411. <https://doi.org/10.1007/s11199-005-6762-3>
118. Smout, M., Davies, M., Burns, N., & Christie, A. (2014). Development of the Valuing Questionnaire (VQ). *Journal of Contextual Behavioral Science*, *3*(3), 164-172. <https://doi.org/10.1016/j.jcbs.2014.06.001>
119. Sorg, S., Vögele, C., Furka, N., & Hans-Meyer, A. (2012). Perseverative thinking in depression and anxiety. *Frontiers in Psychology*, *3*. <https://doi.org/10.3389/fpsyg.2012.00020>
120. Spinhoven, P., Drost, J., de Rooij, M., van Hemert, A. M., & Penninx, B. W. (2014). A Longitudinal Study of Experiential Avoidance in Emotional Disorders. *Behavior Therapy*, *45*(6), 840-850. <https://doi.org/10.1016/j.beth.2014.07.001>
121. Suokas, J., Suominen, K., Isometsä, E., Ostamo, A., & Lönnqvist, J. (2001). Long-term risk factors for suicide mortality after attempted suicide - Findings of a 14-year follow-up study. *Acta Psychiatrica Scandinavica*, *104*(2), 117-121. <https://doi.org/10.1034/j.1600-0447.2001.00243.x>
122. Stack, S., & Scourfield, J. (2013). Recency of Divorce, Depression, and Suicide Risk. *Journal of Family Issues*, *36*(6), 695-715. <https://doi.org/10.1177/0192513x13494824>
123. Statutory Law 1266 of 2008: Whereby the general provisions of habeas data are issued and the handling of information contained in personal databases is regulated, especially financial, credit, commercial, services and information from third countries, and other provisions are issued. December 31, 2008. D.O. No. 47.219
124. Statutory Law 1581 of 2012: Whereby general provisions are issued for the protection of personal data. October 18, 2012. D.O. No. 48.587
125. Tebbe, E. A., & Moradi, B. (2016). Suicide risk in trans populations: An application of minority stress theory. *Journal of Counseling Psychology*, *63*(5), 520-533. <https://doi.org/10.1037/cou0000152>
126. Testa, R. J., Hendricks, M. L. (2015). Suicide risk among transgender and gender-nonconforming youth. In P. Goldblum, D. L. Espelage, J. Chu & B. Bongar (Eds.), *Youth Suicide and Bullying: Challenges and Strategies for Prevention and Intervention* (pp. 121-133). Oxford University Press.
127. Thompson, E. M., Brierley, M.-E. E., Destrée, L., Albertella, L., & Fontenelle, L. F. (2022). Psychological flexibility and inflexibility in obsessive-compulsive symptom dimensions, disability, and quality of life: An online longitudinal study. *Journal of Contextual Behavioral Science*, *23*, 38-47. <https://doi.org/10.1016/j.jcbs.2021.11.004>
128. Törneke, N., Luciano, C., & Valdivia-Salas, S. (2008). Rule-Governed Behavior and Psychological Problems. *International Journal of Psychology and Psychological Therapy*, *8*(2), 141-156.

129. Törneke, N., Luciano, C., Barnes-Holmes, Y., & Bond, F. W. (2016). RFT for Clinical Practice: three core strategies in understanding and treating human suffering. In R. D. Zettle, S. C. Hayes, D. Barnes-Holmes, A. Biglan (Eds.), *The Wiley Handbook of Contextual Behavioral Science* (pp. 254-272). Wiley-Blackwell. <https://doi.org/10.1002/9781118489857.ch12>
130. Toro, R., Alfaro, D., Juyó, E., & Sandino, V. (2020). Rumiación cognitiva y afecto negativo como predictores diferenciales de los síntomas psicopatológicos internalizantes. *Psychologia*, *14*(2), 27-36. <https://doi.org/10.21500/19002386.4618>
131. Twohig, M. P., Abramowitz, J. S., Smith, B. M., Fabricant, L. E., Jacoby, R. J., Morrison, K. L., Bluett, E. J., Reuman, L., Blakey, S. M., & Ledermann, T. (2018). Adding acceptance and commitment therapy to exposure and response prevention for obsessive-compulsive disorder: A randomized controlled trial. *Behaviour Research and Therapy*, *108*, 1–9. <https://doi.org/10.1016/j.brat.2018.06.005>
132. Twohig, M., Morrison, K., & Bluet, E. (2014). Acceptance and Commitment Therapy for Obsessive Compulsive Disorder and Obsessive Compulsive Spectrum Disorders: A Review. *Current Psychiatry Reviews*, *10*(4), 296–307. <https://doi.org/10.2174/1573400510666140714172145>
133. Twohig, M. P., Vilardaga, J. C. P., Levin, M. E., & Hayes, S. C. (2015). Changes in psychological flexibility during acceptance and commitment therapy for obsessive compulsive disorder. *Journal of Contextual Behavioral Science*, *4*(3), 196–202. <https://doi.org/10.1016/j.jcbs.2015.07.001>
134. Tyndall, I., Waldeck, D., Pancani, L., Whelan, R., Roche, B., & Pereira, A. (2018). Profiles of Psychological Flexibility: A Latent Class Analysis of the Acceptance and Commitment Therapy Model. *Behavior Modification*, *44*(3), 365–393. <https://doi.org/10.1177/0145445518820036>
135. Van Stralen, J. (2016). Emotional dysregulation in children with attention-deficit/hyperactivity disorder. *ADHD Attention Deficit and Hyperactivity Disorders*, *8*(4), 175–187. <https://doi.org/10.1007/s12402-016-0199-0>
136. Wakefield, S., Roebuck, S., & Boyden, P. (2018). The evidence base of Acceptance and Commitment Therapy (ACT) in psychosis: A systematic review. *Journal of Contextual Behavioral Science*, *10*, 1–13. <https://doi.org/10.1016/j.jcbs.2018.07.001>
137. Walser, R. D., Garvert, D. W., Karlin, B. E., Trockel, M., Ryu, D. M., & Taylor, C. B. (2015). Effectiveness of Acceptance and Commitment Therapy in treating depression and suicidal ideation in veterans. *Behaviour Research and Therapy*, *74*, 25-31. <https://doi.org/10.1016/j.brat.2015.08.012>
138. Watkins, E. R. (2008). Constructive and Unconstructive Repetitive Thought. *Psychological Bulletin*, *134*, 163-206. <https://doi.org/10.1037/0033-2909.134.2.163>
139. Watkins, E., Moulds, M., & Mackintosh, B. (2005). Comparisons between rumination and worry in a non-clinical population. *Behaviour Research and Therapy*, *43*(12), 1577–1585. <https://doi.org/10.1016/j.brat.2004.11.008>
140. White, R. G., Gumley, A. I., McTaggart, J., Rattrie, L., McConville, D., Cleare, S., & Mitchell, G. (2012). Depression and Anxiety Following Psychosis: Associations with Mindfulness and Psychological Flexibility. *Behavioural and Cognitive Psychotherapy*, *41*(1), 34–51. <https://doi.org/10.1017/s1352465812000239>

141. Wilson, K. G., & Luciano, C. (2002). *Terapia de Aceptación y Compromiso: Un Tratamiento conductual orientado a los valores*. Pirámide
142. Wilkinson, P. O. (2011). Nonsuicidal self-injury: A clear marker for suicide risk. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(8), 741–743. <https://doi.org/10.1016/j.jaac.2011.04.008>
143. Wolford-Clevenger, C., Cannon, C. J., Flores, L. Y., Smith, P. N., & Stuart, G. L. (2017). Suicide Risk Among Transgender People: A Prevalent Problem in Critical Need of Empirical and Theoretical Research. *Violence and Gender*, 4(3), 69–72. <https://doi.org/10.1089/vio.2017.0006>
144. World Health Organization. (2014). *Preventing suicide: A global imperative*. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779_eng.pdf
145. World Health Organization. (2019). *Suicide in the world: Global Health Estimates*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/326948/WHO-MSD-MER-19.3-eng.pdf>
146. World Medical Association (2013). World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA*, 310(20), 2191–2194. <https://doi.org/10.1001/jama.2013.281053>
147. Yip, P. S. F., Yousuf, S., Chan, C. H., Yung, T., & Wu, K. C.-C. (2015). The roles of culture and gender in the relationship between divorce and suicide risk: A meta-analysis. *Social Science & Medicine*, 128, 87–94. <https://doi.org/10.1016/j.socscimed.2014.12.034>
148. Zettle, R. D., & Hayes, S. C. (1982). Rule-Governed Behavior: A Potential Theoretical Framework For Cognitive–Behavioral Therapy. *Advances In Cognitive - Behavioral Research And Therapy*, 73–118. <https://doi.org/10.1016/B978-0-12-010601-1.50008-5>



©2022 by the Author(s); licensee Mediterranean Journal of Clinical Psychology, Messina, Italy. This article is an open access article, licensed under a Creative Commons Attribution 4.0 Unported License. Mediterranean Journal of Clinical Psychology, Vol. 10, No. 3 (2022). International License (<https://creativecommons.org/licenses/by/4.0/>).
DOI: 10.13129/2282-1619/mjcp-3565