

Volume 13, n 2, 2025

Articles

The Impact of Emotional Intelligence and Coping Strategies on Suicide Risk in Adolescents

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Abstract

An increased risk of suicide in adolescents has been consistently associated with the limited effectiveness of coping strategies for managing everyday stressors, as well as with lower levels of emotional intelligence, which are critical for adaptive decision-making and problem-solving. Therefore, examining the relationship between these variables is essential to understanding the underlying psychological mechanisms that should guide future prevention efforts. The objective of this study was to analyze the predictive effects of emotional intelligence and coping strategies on the risk of suicidal ideation in Colombian adolescents. A total of 598 adolescents ($M = 14.17$, $SD = 2.01$) participated in the study and completed the Suicide Orientation Inventory (ISO-30), the Trait Meta-Mood Scale-24 (TMMS-24), and the Coping Strategies Inventory (CSI). Findings revealed that 16.9% of participants exhibited a high risk of suicide, while 4.7% reported a history of suicide attempts. Comparative analyses showed that adolescents in the high-risk group scored significantly lower on emotional intelligence, problem solving, cognitive restructuring, social support, avoidance, and emotional expression compared to those in the low and moderate-risk groups. In contrast, they scored higher on desiderative thinking, social withdrawal, and self-criticism. Multinomial logistic regression analysis indicated that the dimensions of emotional intelligence (attention, clarity, and repair) accounted for 46% of the variance in moderate and high suicide risk, using the low-risk group as reference. Additionally, coping strategies contributed to explaining 53% of the variance in suicidal risk among adolescents. This study highlights the predictive role of emotional intelligence and coping strategies in adolescent suicidal ideation. Lower emotional clarity and the use of maladaptive strategies such as self-criticism and social withdrawal were associated with higher risk, whereas adaptive strategies like problem solving and cognitive restructuring demonstrated a protective effect. These results emphasize the crucial role of emotional regulation and adaptive coping as protective factors against suicidal behavior. The findings provide valuable insights for the development of preventive strategies and psychosocial interventions aimed at reducing suicide risk in adolescents, underscoring the importance of strengthening emotional and coping competencies from an early age.

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Keywords:

Adolescents; Clinical psychology; Coping strategies; Emotional intelligence; Suicide ideation; Suicide risk.

Received: 5 June 2025

Accepted: 21 July 2025

Published: 31 August 2025

Citation: Gómez Tabares, A. S., Carmona Marín, J. P., Muñoz Vanegas, A., Mogollón Gallego, E. M., Muñoz, A. C., Núñez, C., & Restrepo, J. E. (2025). The Impact of Emotional Intelligence and Coping Strategies on Suicide Risk in Adolescents. *Mediterranean Journal of Clinical Psychology*, 13(2).

<https://doi.org/10.13129/2282-1619/mjcp-4930>



1. Introduction

Suicide is a global phenomenon that affects all regions of the world. In Latin America, it has been reported as the third leading cause of preventable death among children and adolescents aged between 10 to 19 years, as well as among young adults aged 20 to 24 (Pan American Health Organization [PAHO], 2014). According to the World Health Organization (WHO, 2020), approximately 703.000 people die by suicide each year, making it the fourth leading cause of death among individuals aged 15 to 29. In line with this, Colombia has reported a higher number of suicide cases among young people (National Institute of Legal Medicine and Forensic Sciences [NILMFS], 2024). It is estimated that for every suicide, approximately 13 people attempt suicide (Gómez et al., 2020b; Gómez, 2020). Colombia has experienced an exponential increase in suicides over the last decade, reaching the highest rate in 2023. The second-highest rate is among adolescents aged 15 to 19, at 9 per 100,000 people (NILMFS, 2024).

As suicide is defined as a multicausal phenomenon that involves a combination of biopsychosocial, circumstantial, and individual factors that influence thoughts and decisions, thereby increasing the likelihood of self-injurious behaviors (Gómez., 2020; Gómez-Tabares et al., 2024; Lensch et al., 2020; Jans et al., 2018), it is considered as a public health problem. Therefore, it is essential to address both risk and protective factors, in order to improve biopsychological and social variables that may reduce suicidal behaviors. Additionally, understanding the full spectrum of suicidality, including suicide risk, self-injurious behaviors with and without suicidal attempts, suicidal ideation, and suicidal attempts, is crucial for effective prevention and intervention.

Considering that adolescence involves biological, emotional, physical, and psychological changes that can lead to behavioral alterations, this stage represents a particularly vulnerable period for suicidal behaviors (Zanus et al., 2021). Therefore, identifying suicide risk factors during adolescence is essential. Research has reported various risk factors, including: sociodemographic elements such as economic hardship; environmental factors such as seasonal changes; exposure to adverse experiences such as physical, psychological or sexual abuse, bullying; and others such as academic procrastination, psychoactive substance use, neglect by the nuclear family or caregivers, psychiatric diagnoses, and a history of suicide attempts or self-injurious behaviors (Brüderl et al., 2022; Duan et al., 2020; Gómez et al., 2020a; Lensch et al., 2020; White et al., 2021).

Moreover, identifying protective factors can contribute to a better understanding of the suicidal phenomenon. It is important to note that each adolescent may respond differently to risk factors. For instance, emotional intelligence and coping strategies are psychological variables

that can function as either protective or risk factors, depending on an individual's capacity to cope with stress and adversity (Suárez et al., 2016). The present study highlights the need to examine the influence of emotional intelligence and coping strategies in suicidal risk.

Regarding the relationship between emotional intelligence, coping strategies, and their impact on suicidal risk, studies have found that the psychological variables with the highest predictive power for suicidal risk are emotional intelligence and coping mechanism (Gómez-Romero et al., 2018; Morales-Rodríguez et al., 2023). Negative affect has been shown to correlate positively with emotional attention and negatively with emotional clarity and regulation (Gómez-Romero et al., 2018, 2020). Furthermore, as levels emotional of emotional intelligence increase, problem-solving abilities also improve, which in turn reduces suicidal risk (Korkmaz et al., 2020).

Likewise, Obiageli- Okechukwu and colleagues (2022) investigated the moderating role of coping strategies and resilience, finding that suicidal ideation increases with academic stress; however, adaptive coping strategies moderate the relationship between academic stress and suicidal ideation. Similarly, Oktan (2020) examined the effect of coping with stress and emotional regulation on self-injurious behavior and found that both are significant predictors of such behaviors. Additionally, the protective value of social support against suicidal risk should not be overlooked (Zadravec et al., 2017). Thus, it becomes necessary to analyze the predictive effects of emotional intelligence and coping strategies on suicide risk.

1.1 Emotional intelligence and suicidal risk

Emotional intelligence has been defined as a type of social intelligence and has been associated with the ability to control impulses; identify, assimilate, understand, communicate, manage and regulate emotions; solve problems; and empathize with others' emotions (Korkmaz et al., 2020; Mayer & Salovey, 1993; Salovey & Grewal, 2006; Salovey & Mayer, 1990). The association between emotional intelligence and psychological variables linked to suicidal ideation, such as perceived support from significant others and the capacity to identify and manage negative emotions, suggests that emotional intelligence provides a foundation for the development of positive affect and prosocial behaviors, rather than negative affect (Bru-Luna et al., 2021). This indicates that emotional intelligence enhances resilience and may reduce suicidal ideation (Bonet et al., 2020a; Galindo-Domínguez & Losada, 2023; Hidalgo-Fuentes et al., 2022; Jiménez et al., 2020; Kong et al., 2019). Bases on various studies, it can be concluded that high levels of emotional intelligence serve as a protective factor against suicide risk (Abdollahi et al., 2016; Gómez et al., 2020b; Gómez-Romero et al., 2018, 2020).

Research on emotional intelligence has identified a negative predictive effect on suicidal risk (Mohan et al., 2022; Quintana, 2018), as well as a significant relationship between self-injurious behaviors and negative emotions (Tao et al., 2020). Moreover, it has been shown that as

emotional distress decreases, suicidal risk also diminishes (Bonet et al., 2020b; Sierra & Ortiz, 2022), and that the ability to regulate and manage emotions reduces suicidal ideation (Caballero et al., 2015). These findings suggest that emotional intelligence functions as a protective factor against suicidal behaviors and may be considered a significant predictor of suicidal ideation.

In a related line of research, studies such as that by Khosravi and Hassani (2022) have examined the relationship between emotional intelligence and suicidal behavior. Although their study focused on individuals diagnosed with borderline personality disorder, the findings highlight the mediating role of emotional intelligence in suicidal risk. Furthermore, the study showed that emotional intelligence training plays both a preventive and therapeutic role, either directly or indirectly, in reducing suicidal behaviors.

In addition, emotional intelligence has also been associated with other variables in the population under study, such as alexithymia in relation to physical health (Ricciardi et al., 2023), school adjustment (Davidson & Morales, 2022), and functional adaptation to demanding environments (Gangemi et al., 2021; Muzi, 2020). Further associations have been found with suicidal ideation (Mohamed & Ahmed, 2022; Shi et al., 2025), suicide risk (Gómez-Tabares et al., 2024), non-suicidal self-injury, loneliness, self-esteem, depression, and resilience (Dong et al., 2023; Zhang et al., 2023), as well as with cognitive functioning, coping strategies, and suicide risk (Arbeláez et al., 2023; Jaramillo et al., 2024; Nouemssi et al., 2021; Sierra et al., 2023). In particular, a strong relationship has been identified between alexithymia and coping strategies, highlighting the role of these mechanisms as potential protective factors against suicide risk (Di Giuseppe & Conversano, 2022; Di Giuseppe, 2024; Hildebrand et al., 2023).

1.2 Coping strategies and suicidal risk

Coping strategies refer to the psychological resources and personal disposition that individuals use to manage adversity and adapt to their environment (Solís & Vidal, 2006; Solla & Morales, 2021). These strategies are specific to each person and influence their thoughts and behaviors in stressful situations (Castaño & León, 2010). Coping strategies are typically categorized as problem-focused, avoidance-based, ruminative, or superstitious. Problem-focused strategies have been associated with protective effects against suicidal risk, whereas the others have been linked to an increased risk of suicidal behavior (Bahamón et al., 2019; Cornejo et al., 2018). For example, a study conducted by Ursul and Herrera-Guerra (2023) found a significant relationship between stress coping strategies and suicide risk.

Research has shown that active coping strategies, such as positive reappraisal, self-control, seeking social support, acceptance of responsibility, and problem-focused strategies like problem-solving and cooperative skills, are significantly negatively correlated with suicide risk

and are considered protective factors against suicidal behaviors (Bahamón et al., 2019; Gómez-Tabares et al., 2022, 2024; Liang et al., 2020; Mathew & Nanoo, 2013; Mirkovic et al., 2021; Morales-Rodríguez et al., 2023).

In contrast, distancing-oriented strategies, such as avoidance, self-criticism, maladaptive support-seeking, retaliation, excessive worrying, delusional thinking, lack of self-guidance, desiderative thinking, and social withdrawal, are significantly positively correlated with suicidal risk and have been associated with suicide attempts (Bahamón et al., 2019; Benatov et al., 2020; Mathew & Nanoo, 2013; Mirkovic et al., 2015; Solla & Morales, 2021). Regarding sex differences, research has found that men tend to use problem-solving strategies, whereas women are more likely to use support-seeking, avoidance, and delusional thinking strategies (Bahamón et al., 2019; Mirkovic et al., 2015).

Indeed, the potential impact of cognitive functioning on suicide risk has been widely recognized, particularly in relation to cognitive distortions, clinical and psychopathological factors, cognitive biases, heuristics, and the influence of emotions on cognition—especially in judgment and decision-making processes (Arbeláez et al., 2023; Bowes et al., 2020; Dahò & Monzani, 2025).

1.3 The Study Hypotheses

As the literature has reported that emotional intelligence and coping strategies are implicated in the way adolescents manage stressors and adverse situations, the aim of this study is to analyze the predictive effect of emotional intelligence and coping strategies on the suicidal risk ideation in adolescent of two cities from Colombia. Moreover, the study will contribute to the existing literature on the relationship between these variables, offering insights into psychosocial and educational interventions with young people. Also, it is suggested there are two hypotheses. Firstly, adolescents with high suicide risk show reduced emotional intelligence, and a lack of adaptive coping strategies such as problem solving, cognitive restructuring, social support, and emotional expression. And secondly, adolescents with high suicide risk have the tendency to use maladaptive coping strategies such as problem avoidance, avoidant thinking, social withdrawal, and self-criticism.

2. Materials and Methods

The study employed quantitative, observational, cross-sectional, and associative design.

2.1 Participants

The sample consisted of 598 adolescents, aged 11 to 18 ($M = 14.17$, $SD = 2.01$), who were enrolled in four educational institutions in Colombia. These adolescents were selected due to the high rates of suicidal behavior and ideation among Colombian adolescents (NILMFS, 2024). The sociodemographic characteristics of the sample are shown in Table 1.

Table 1.*Description of the sample and distribution of the sociodemographic variables*

| <i>Characteristics</i> | <i>N</i> | <i>%</i> |
|-----------------------------|----------|----------|
| <i>Gender</i> | | |
| Male | 236 | 39.5 |
| Female | 362 | 60.5 |
| <i>Age Ranges</i> | | |
| 11-14 | 333 | 55.7 |
| 15-18 | 265 | 44.3 |
| <i>School grade level</i> | | |
| 6th grade | 104 | 17.4 |
| 7th grade | 103 | 17.2 |
| 8th grade | 69 | 11.5 |
| 9th grade | 112 | 18.7 |
| 10th grade | 89 | 14.9 |
| 11th | 121 | 20.2 |
| <i>Socioeconomic status</i> | | |
| Very low (1) | 84 | 14.0 |
| Low (2) | 183 | 30.6 |
| Middle (3) | 275 | 46.0 |
| Middle-high (4) | 50 | 8.4 |
| High (5) | 6 | 1.0 |
| <i>Family Structure</i> | | |
| Extended | 86 | 14.4 |
| Reconstituted | 28 | 4.7 |
| Nuclear | 278 | 46.5 |
| Single Parent Maternal | 134 | 22.4 |
| Single-parent paternal | 9 | 1.5 |
| Other | 63 | 10.5 |

2.2 Instruments

2.2.1 Sociodemographic information questionnaire

A self-report questionnaire was designed to collect information on the participants' gender, age, city of residence, school grade, socioeconomic status, and family typology.

2.2.2 Inventory of Suicide Orientation, ISO-30 (King & Kowalchuck, 1994)

The inventory employs a Likert-type response format to assess the presence of risk factors linked to suicidal ideations and behaviors (Galarza et al., 2018) to determine the suicide risk level. The score can be interpreted as: low (score < 30), moderate (score \geq 30), and high (score \geq 45). The risk factors are measured by 30 items organized into five dimensions: hopelessness, low self-esteem, inability to cope with emotions, social isolation, and suicidal ideation (Valdés & González, 2019). The original version of the inventory exhibited a Cronbach's alpha coefficient of .90 (King & Kowalchuck, 1994), while the Spanish version yielded a Cronbach's alpha of .87 and a test-retest reliability of .80 (Fernández & Casullo, 2006). The inventory has demonstrated optimal internal consistency in studies with adolescents ($\alpha=.83$) (Paniagua et al., 2016) and young people in Colombia ($\alpha=0.932$ and $\omega=0.93$) (Núñez et al., 2024).

2.2.3 Trait Meta-Mood Scale-24 (TMMS-24; Salovey et al., 1995)

This scale measures the perceived emotional intelligence with Likert type responses. The three dimensions of the original scale are maintained in the reduced version, adapted to Spanish by Fernández-Berrocal and colleagues (2004), and characterized by an internal consistency of .85 Cronbach's alpha (Fernández-Berrocal et al., 2004). The internal consistency of the scale applied in Colombia by Pérez et al. (2011) was of .830 Cronbach's alpha. Attention to feelings, clarity in discrimination of feelings, and mood repair are the three dimensions measure in the TMMS. These dimensions are distributed into 24 items (Pérez et al., 2011) with the following response options: 1 (do not agree at all), 2 (somewhat agree), 3 (fairly agree), 4 (strongly agree), and 5 (strongly agree). The results provided by the scale bring scores about each one of the three dimensions, and a total score for emotional intelligence (Bonet et al., 2020a).

2.2.4 Coping Strategies Inventory, CSI (CSI; Tobin et al., 1989)

It is an inventory with Likert-type responses to assess eight coping strategies, both adaptive and maladaptive: Problem solving, cognitive restructuring, social support, emotional expression, problem avoidance, desiderative thinking, social withdrawal, self-criticism (Loayza, 2021). Its original version was developed by Tobin et al. (1989) and adapted to Spanish by Cano et al. (2007). It consists of 40 items with a 5-point Likert-type response scale (Loayza, 2021): 0 (not at all), 1 (a little), 2 (quite a lot), 3 (a lot), and 4 (completely). It has an internal consistency of .85 Cronbach's alpha for the entire scale (Cano et al., 2007), and Loayza's study (2021) reported good incidence of internal consistency with Cronbach's alpha and composite omega: problem solving ($\alpha = .82$; $\omega = .82$), cognitive restructuring ($\alpha = .80$; $\omega = .80$), social support ($\alpha = .84$; $\omega = .85$), emotional expression ($\alpha = .83$; $\omega = .83$), problem avoidance ($\alpha = .69$; $\omega = .70$), desiderative thinking ($\alpha = .79$; $\omega = .79$), social withdrawal ($\alpha = .74$; $\omega = .75$), and self-criticism ($\alpha = .87$; $\omega = .87$).

2.3 Procedure and ethical aspects

This study was funded (registration number 05020299122) and endorsed by the ethics committee of Luis Amigó Catholic University, Colombia (registration number 65446, 4 April 2022). According to the ethical principles of respect, privacy, and dignity, and to guarantee the confidentiality and anonymity of the participants only the adolescences with informed consent signed were measured, in accordance with the stipulations of Law 1090 of 2006 and Resolution 008430 of 1993. After obtaining authorization from the educational institutions, researchers send the informed consent form to principals and school psychologists, who then invite parents to participate in the study. The administration of the instruments was conducted virtually using a Google form protocol. The sample was divided into groups of 20 adolescents to apply the instruments at the computer room, of each educational institution, with a time between 30 and 45 minutes. The researchers conducted the administration of the protocol under the supervision of an educator.

2.4 Data Analysis

The collected data were digitized and coded in an Excel matrix. The database was reviewed to verify that no data was missing, and all responses fit the instrument options. A descriptive analysis of sociodemographic data and the suicide risk level was performed using SPSS version 25 software package. As the variables didn't distribute normally (Kolmogorov-Smirnov test $p > 0.05$), Kruskal-Wallis non-parametric statistical test were employed to determine significant difference between coping strategies and emotional intelligence, and the suicidal risk level. The effect size of the differences found in the comparative analysis was calculated using R Studio Cloud with the eta squared statistic (η^2). The procedure and interpretation established by Fritz et al. (2012) were used with the following identified effect sizes: small effect (.01), medium effect (.06), and large effect (.14).

The Spearman's rho coefficient was used in correlational analysis to determine the association between suicidal orientation (ISO), emotional intelligence (TMMS), and coping strategies (CSI). The total score of the ISO-30 inventory was used in this analysis. A multinomial logistic regression analysis was conducted to determine the influence of emotional intelligence and coping strategies on high and moderate suicide risk. For the purpose of this analysis, the low-risk category was used as the reference category.

3. Results

Results of the Suicide Orientation Inventory (ISO-30) indicated that suicide risk levels were 59.7% ($n = 357$), 23.4% ($n = 140$), and 16.9% ($n = 101$) for low, moderate and high risk

correspondingly. Thus, 40.3% of the adolescents were between moderate to high risk for suicide.

Table 2 shows the comparative analysis between the total emotional intelligence score, its three dimensions (attention to feelings, clarity in discrimination of feelings, and mood repair) and the suicide risk levels (low, medium, and high). According to the findings, total emotional intelligence, clarity in discrimination against feelings, and mood repair scores systematically decrease as the level of suicidal risk increases. Consequently, adolescents at high suicidal risk exhibited lower scores on emotional intelligence and the two mentioned dimensions. The observed differences were statistically significant ($p < .001$) with a large effect size ($\eta^2 > .14$). However, no statistically significant differences were found between the attention to feelings dimension and the suicidal risk level.

Table 2.

Differences in suicide risk as a function of emotional intelligence

| Suicidal orientation Iso-30 | | <i>N</i> | <i>Average Range</i> | <i>H</i> (<i>df</i>) | <i>p</i> | <i>η</i> ² |
|-------------------------------------|---------------|----------|----------------------|------------------------|----------|-----------------------|
| Total Emotional Intelligence | Low risk | 357 | 363.98 | 133.006 ⁽²⁾ | <.001 | .22 |
| | Moderate risk | 140 | 233.21 | | | |
| | High risk | 101 | 163.46 | | | |
| Attention | Low risk | 357 | 301.93 | 1.628 ⁽²⁾ | .443 | .001 |
| | Moderate risk | 140 | 284.51 | | | |
| | High risk | 101 | 311.67 | | | |
| Clarity | Low risk | 357 | 366.47 | 147.239 ⁽²⁾ | <.001 | .244 |
| | Moderate risk | 140 | 235.58 | | | |
| | High risk | 101 | 151.39 | | | |
| Repair | Low risk | 357 | 379.01 | 207.298 ⁽²⁾ | <.001 | .345 |
| | Moderate risk | 140 | 223.30 | | | |
| | High risk | 101 | 124.07 | | | |

Table 3 shows the comparative analysis between coping strategy scores and the suicide risk level (low, moderate, and high). Findings indicate that, as the suicide risk level decreases, the scores on the following coping strategies systematically increase problem solving, cognitive restructuring, social support, emotional expression, and problem avoidance. Thus, adolescents at lower risk of suicidality showed higher scores on these coping strategies. Conversely, adolescents with high suicide risk showed the highest scores on desiderative thinking, social withdrawal, and self-criticism strategies. Consequently, as suicide risk increased these last-mentioned strategies also increased. All differences were statistically significant ($p < .001$), with medium and large effect sizes.

Table 3.

Differences in suicide risk as a function of coping strategies

| Suicidal orientation Iso-30 | | <i>N</i> | <i>Average</i> <i>Range</i> | <i>H</i> (<i>df</i>) | <i>p</i> | <i>n</i> ² |
|--------------------------------|---------------|----------|--------------------------------|------------------------|----------|-----------------------|
| Total Coping Strategies | Low risk | 357 | 318.12 | 10.969 ⁽²⁾ | .004 | .015 |
| | Moderate risk | 140 | 264.16 | | | |
| | High risk | 101 | 282.65 | | | |
| Problem solving | Low risk | 357 | 363.69 | 124.458 ⁽²⁾ | <.001 | .206 |
| | Moderate risk | 140 | 216.76 | | | |
| | High risk | 101 | 187.31 | | | |
| Cognitive restructuring | Low risk | 357 | 370.27 | 156.647 ⁽²⁾ | <.001 | .260 |
| | Moderate risk | 140 | 220.53 | | | |
| | High risk | 101 | 158.83 | | | |
| Social support | Low risk | 357 | 350.44 | 80.447 ⁽²⁾ | <.001 | .132 |
| | Moderate risk | 140 | 240.99 | | | |
| | High risk | 101 | 200.55 | | | |
| Emotional expression | Low risk | 357 | 328.21 | 24.777 ⁽²⁾ | <.001 | .039 |
| | Moderate risk | 140 | 261.49 | | | |
| | High risk | 101 | 250.72 | | | |
| Problem avoidance | Low risk | 357 | 321.33 | 16.441 ⁽²⁾ | <.001 | .024 |
| | Moderate risk | 140 | 281.28 | | | |
| | High risk | 101 | 247.60 | | | |
| Desiderative thinking | Low risk | 357 | 271.78 | 28.874 ⁽²⁾ | <.001 | .045 |
| | Moderate risk | 140 | 317.48 | | | |
| | High risk | 101 | 372.56 | | | |
| Social withdrawal | Low risk | 357 | 229.89 | 152.727 ⁽²⁾ | <.001 | .253 |
| | Moderate risk | 140 | 375.13 | | | |
| | High risk | 101 | 440.70 | | | |
| Self-criticism | Low risk | 357 | 246.80 | 109.972 ⁽²⁾ | <.001 | .181 |
| | Moderate risk | 140 | 328.28 | | | |
| | High risk | 101 | 445.91 | | | |

Table 4 shows the findings of the correlation analysis between suicidal orientation, emotional intelligence, and coping strategies. Direct and statistically significant ($p < .001$) correlations were found between suicidal orientation (Iso-30), total emotional intelligence, clarity in discrimination of feelings, and mood repair. While the coping strategies that showed a direct and significant correlation ($p < .001$) with suicidal orientation score (Iso-30) were problem solving, cognitive restructuring, social support, emotional expression, and problem avoidance.

On the contrary, the coping strategies that showed an inverse and significant correlations ($p < .001$) with suicidal orientation (Iso-30) were desiderative thinking, social withdrawal and self-criticism.

Table 4.

Correlational analysis between suicidal orientation, emotional intelligence, and coping strategies

| Variables | Suicidal orientation Iso-30 | | |
|-------------------------------------|-----------------------------|------------|----------|
| | <i>M (SD)</i> | <i>Rho</i> | <i>p</i> |
| Total emotional intelligence | 76.79(16.29) | -.550 | <.001 |
| Attention | 24.28(18.35) | .002 | .967 |
| Clarity | 25.08(7.46) | -.592 | <.001 |
| Repair | 27.43(8.27) | -.673 | <.001 |
| Total coping strategies | 82.62(23.41) | -.152 | <.001 |
| Problem solving | 12.19(5.07) | -.517 | <.001 |
| Cognitive restructuring | 10.95(5.56) | -.562 | <.001 |
| Social support | 10.94(5.79) | -.429 | <.001 |
| Emotional expression | 9.52(4.91) | -.246 | <.001 |
| Problem avoidance | 9.67(4.51) | -.183 | <.001 |
| Desiderative thinking | 12.38(5.32) | .215 | <.001 |
| Social withdrawal | 8.46(5.40) | .588 | <.001 |
| Self-criticism | 8.53(5.62) | .480 | <.001 |
| Iso-30 | 28.57(7.83) | ---- | ---- |

Table 5 shows the results of the multinomial logistic regression, a classification method used to determine the effect of the three emotional intelligence dimensions on two of the suicide risk levels: moderate and high. The data related to low suicide risk were chosen as the reference category. Significant correlations were found between emotional intelligence and the report probability of moderate and high suicide risks. The emotional intelligence dimensions explain moderate and high suicide risk by 39% (R^2 Cox and Snell=.389) and 46% (R^2 Nagelkerke=.457) correspondingly. It was found that Attention to feelings has a $\beta = .042$, $OR = 1.043$ coefficient predictor for moderate suicide risk, and a $\beta = .119$, $OR=1.127$ coefficient predictor for high suicide risk. It means that as attention to feelings increases, moderate and high suicide risk also increases. Instead, clarity in discrimination of feelings and mood repair tend to decrease the probability of moderate ($\beta = -.057$, $OR = .945$ and $\beta = -.129$, $OR = .879$, respectively) and high ($\beta = -.124$, $OR = .883$ and $\beta = -.245$, $OR = .782$, respectively) suicide risks (see Table 5).

Table 5.*Multinomial logistic regression: the effect of emotional intelligence on the level of suicide risk*

| Suicidal orientation | Iso-30* | β | SE | χ^2 Wald | df | p | OR | CI 95% OR | |
|----------------------|-----------|---------|------|---------------|----|-------|-------|-----------|-------|
| | | | | | | | | Lower | Upper |
| Moderate risk | Attention | .042 | .017 | 6.356 | 1 | .012 | 1.043 | 1.009 | 1.078 |
| | Clarity | -.057 | .019 | 8.773 | 1 | .003 | .945 | .910 | .981 |
| | Repair | -.129 | .021 | 38.301 | 1 | <.001 | .879 | .844 | .916 |
| High risk | Attention | .119 | .023 | 27.097 | 1 | <.001 | 1.127 | 1.077 | 1.179 |
| | Clarity | -.124 | .028 | 20.032 | 1 | <.001 | .883 | .837 | .933 |
| | Repair | -.245 | .029 | 71.756 | 1 | <.001 | .782 | .739 | .828 |

*R² Cox y Snell = .389 and R² Nagelkerke = .457**** The reference category is Low Risk**

Note: β = beta coefficient, SE = Standard error, Wald = contrast power statistic, df = degrees of freedom; p = statistical significance value; OR = Odds Ratio or the result of the regression equation-Exp. (β), R² = McFadden, Cox and Snell's Pseudo R-square.

Table 6 shows the results of the multinomial logistic regression, a classification method used to determine the effect of the coping strategies on two of the suicide risk levels: moderate and high. The data related to low suicide risk were chosen as the reference category. According to the results, coping strategies explained, between 45% (R² Cox and Snell = .45) and 53% (R² Nagelkerke = .529), the variance of moderate and high suicide risks. The strategies found to contributed to a significant effect in the decrease of moderate (β = -.123, OR = .885 and β = -.134, OR = .874) and high (β = -.196, OR = .822 and β = -.239, OR = .787) suicide risk, were problem solving and cognitive restructuring respectively. About emotional expression strategy, it was associated with a lower probability of suicide risk, but results showed a significant effect for, only, high suicide risk (β = -.092, OR = .912). The found strategies that increase the probability of high suicide risk were social withdrawal and self-criticism. Both with β = .157, OR = 1.170 and β = .239, OR = 1.172 coefficient predictors correspondingly. Moreover, social withdrawal also showed a β = .132, OR = 1.141 for moderate suicide risk. Finally, the remaining coping strategies did not have significant ($p < .05$) effect on suicide risk in adolescents.

Table 6.*Multinomial Logistic Regression: The Effect of Coping Strategies on the Level of Suicide Risk*

| Suicidal orientation Iso-30* | | <i>B</i> | <i>SE</i> | χ^2 Wald | <i>df</i> | <i>p</i> | <i>OR</i> | <i>CI 95% OR</i> | |
|------------------------------|-------------------------|----------|-----------|---------------|-----------|----------|-----------|------------------|-------|
| | | | | | | | | Lower | Upper |
| Moderate risk | Problem solving | -.123 | .034 | 12.814 | 1 | <.001 | .885 | .827 | .946 |
| | Cognitive restructuring | -.134 | .036 | 13.896 | 1 | <.001 | .874 | .815 | .938 |
| | Social support | -.031 | .027 | 1.333 | 1 | .248 | .969 | .919 | 1.022 |
| | Emotional expression | .041 | .032 | 1.592 | 1 | .207 | 1.041 | .978 | 1.109 |
| | Problem avoidance | .008 | .035 | .048 | 1 | .826 | 1.008 | .941 | 1.080 |
| | Desiderative thinking | .020 | .029 | .485 | 1 | .486 | 1.020 | .964 | 1.079 |
| | Social withdrawal | .132 | .032 | 17.324 | 1 | <.001 | 1.141 | 1.072 | 1.214 |
| | Self-criticism | .053 | .030 | 3.092 | 1 | .079 | 1.054 | .994 | 1.119 |
| High risk | Problem solving | -.196 | .044 | 20.389 | 1 | <.001 | .822 | .754 | .895 |
| | Cognitive restructuring | -.239 | .047 | 26.280 | 1 | <.001 | .787 | .719 | .863 |
| | Social support | -.061 | .033 | 3.329 | 1 | .068 | .941 | .882 | 1.005 |
| | Emotional expression | -.092 | .024 | 14.603 | 1 | <.001 | .912 | .870 | .956 |
| | Problem avoidance | .022 | .045 | .251 | 1 | .616 | 1.023 | .937 | 1.116 |
| | Desiderative thinking | -.024 | .039 | .356 | 1 | .551 | 0.977 | .904 | 1.055 |
| | Social withdrawal | .157 | .041 | 14.848 | 1 | <.001 | 1.170 | 1.080 | 1.267 |
| | Self-criticism | .239 | .041 | 33.927 | 1 | <.001 | 1.269 | 1.172 | 1.376 |

 R^2 Cox y Snell = .450 and R^2 Nagelkerke = .529*** The reference category is Low Risk.**

Note: β = beta coefficient, *SE* = Standard error, *Wald* = contrast power statistic, *df* = degrees of freedom; *p* = statistical significance value; *OR* = Odds Ratio or the result of the regression equation-Exp. (β), R^2 = McFadden, Cox and Snell's Pseudo R-square.

4. Discussion

The aim of this study was to analyze the predictive effect of emotional intelligence and coping strategies on the risk of suicidal ideation in adolescents. The initial descriptive analysis revealed that 19% of the adolescents in the sample reported a high level of suicidal risk. According to the predictive analysis, two dimensions of emotional intelligence, emotional clarity and mood repair, showed significant negative correlations with suicidal risk. These findings indicate that there is a predictive relationship between emotional intelligence and suicidal ideation risk. Specifically, adolescents at moderate and high risk of suicide tend to have lower abilities to recognize, understand, and regulate their emotions, as well as difficulties integrating emotions into their thinking processes.

These results are consistent with previous studies that have also reported negative correlations between these emotional intelligence dimensions and suicidal risk (Bonet et al., 2020a).

The significant relationship between emotional intelligence and suicide risk found in the present study suggests that emotional intelligence may function as a protective factor against suicidal behaviors. This aligns with the notion that emotional intelligence enables adolescents to reflect on and attend to their own emotions, leading to better self-perception, improved interpersonal relationships, and reduced likelihood of engaging in suicidal behaviors (Gómez-Romero et al., 2018, 2020; Hermosillo et al., 2021; Quintana, 2018; Quintana et al., 2020; Rey et al., 2019). However, the emotional attention dimension in the current study showed a positive predictor effect on suicidal ideation and behavior, increasing the likelihood of high suicide risk by 1.1% times. This finding is consistent with that of Gómez and colleagues (2020b), who found that emotional attention had a positive predictive effect, increasing the probability of suicidal risk by 1% ($OR = 1.037$ 95% $CI = 1.014 - 1.060$).

According to the results, the group with lower suicidal risk was characterized by higher scores in the following coping strategies: problem solving, cognitive restructuring, social support, emotional expression, and problem avoidance. Similarly, a study conducted by Mirkovic et al. (2021) identified problem solving and cooperative skills as protective factors against suicidal risk. The present findings also corroborate previous research indicating that active coping strategies are significantly and negatively correlated with suicidal risk (Bahamón et al., 2019; Liang et al., 2020; Mathew & Nanoo, 2013; Mirkovic et al., 2021; Morales-Rodríguez et al., 2023). In contrast, the coping strategies most positively correlated with suicidal risk were desiderative thinking, social withdrawal, and self-criticism. These results are consistent with those reported by Morales-Rodríguez et al. (2023), who found that emotional attention and social withdrawal were the dimensions with the strongest predictive effect on suicidal risk.

A regression analysis revealed that both resilience and emotional intelligence (EI) were significantly lower in individuals presenting suicidal risk. Conversely, individuals with higher levels of emotional regulation, an EI component, showed a protective effect against suicidal risk (Sojer et al., 2021). Similarly, Quintana-Orts and colleagues (2022) found that EI acted as a negative predictor of suicidal risk, with its effect mediated by depressive symptoms; additionally, they reported that females tended to score lower on EI. In the same line, Extremera and colleagues (2023) concluded that emotional intelligence may reduce suicidal thoughts and its influence on affectivity.

On the other hand, the strategies of desiderative thinking, social withdrawal, and self-criticism showed significant positive correlations with suicidal ideation and behavior. Additionally, social

withdrawal ($OR= 1.17$) and self-criticism ($OR= 1.269$) demonstrated a significant predictive effect, increasing the likelihood of high suicidal ideation and behavior by 1.2% and 1.3%, respectively. These findings are consistent with previous research indicating that such strategies are associated with a higher risk of suicide attempts and a significant positive relationship between negative affect and suicidal risk (Bahamón et al., 2019; Gómez-Romero et al., 2018, 2020; Liang et al., 2020; Oktan, 2020). In this regard, Mirkovic et al. (2015) found that adolescents experiencing suicidal thoughts were more likely to use these strategies due to difficulties in coping with emotional distress and regulating impulsive behaviors, which may increase their vulnerability to stress and lead to self-injurious behaviors. These results are consistent with previous data on non-suicidal self-injury (Sierra et al., 2023; Zhang et al., 2023). Additionally, Xiao et al. (2022) reported that negative coping strategies were positively associated with suicidal risk, underscoring the need for interventions aimed at improving mental health through adaptive coping. In line with this, further correlational studies exploring the relationship between coping strategies and resilience in relation to suicidal risk are suggested. Obiageli-Okechukwu et al. (2022) found that maladaptive coping strategies promote suicidal ideation among students, whereas resilience and adaptive coping serve as moderating variables between academic stress and suicidal ideation. Consistent with these findings, our multinomial logistic regression analysis revealed that social withdrawal and self-criticism significantly increased the likelihood of moderate and high suicidal ideation and behavior risk. This supports the notion that adolescents at risk may lack the cognitive and behavioral resources to effectively cope with daily stress and adversity (Bahamón et al., 2019). Similar results have been reported by Mirkovic et al. (2015), Liang and colleagues (2020), and Oktan and colleagues (2020), confirming that social withdrawal and self-criticism function as risk factors frequently employed by adolescents with suicidal tendencies.

A particularly puzzling finding was the negative correlation between problem avoidance and suicidal ideation and behavior, which contrast with several studies that identify this strategy as a risk factor for suicidal behavior (Benatov et al., 2020; Castro et al., 2014; Mathew & Nanoo, 2013). One possible explanation is that avoidance encompasses repeated efforts to ignore or deny a stressor, which may limit emotional regulation and hinder the search for alternative solutions. These factors may heighten the perceived emotional burden among adolescents, increasing suicidal risk (Castro et al., 2014). However, in the present regression analysis, problem avoidance did not show a statistically significant predictive effect, suggesting the need for further research to clarify its role in adolescent suicidal behavior. Future research should also explore the potential mediating role of emotional intelligence in the relationship between coping strategies and suicidal ideation and behavior.

Regarding coping strategies, our findings show that problem solving, cognitive restructuring, social support and emotional expression were negatively and significantly correlated with suicidal ideation and behavior. Similarly, Zhang and colleagues (2012) found that these strategies were negatively associated with suicidal ideation, indicating that they represent adaptive ways of engaging with stressful or emotionally distressing situations. These strategies enable individuals to directly address stressors, thereby reducing their psychological impact. This evidence aligns with findings by Bahamón and colleagues (2019), Liang and colleagues (2020), Solla and Morales (2021), which indicate that individuals employing these strategies tend to manage stress by modifying the stressful situation (problem solving), reinterpreting it positively (cognitive restructuring) seeking emotional support (social support), and releasing emotions during stressful experiences (emotional expression) (Cano et al., 2007). Such adaptive strategies help individuals manage both internal and external demands arising from adverse circumstances in which global cognitive function and cognitive flexibility determine the success of coping strategies (Arbeláez et al., 2023; Sierra et al., 2023).

Furthermore, regression analyses revealed that problem-solving and cognitive restructuring had significant predictive effects ($p < .001$), reducing the likelihood of moderate and high suicidal ideation and behavior. Supporting this, Liang et al. (2020) argue that problem-solving strategies, including cognitive and behavioral techniques, and cognitive restructuring, which involves reinterpreting stressful situations, act as protective factors against suicide risk. These adaptive coping mechanisms contribute to lowering the risk of suicidal ideation and behavior, reinforcing findings from previous studies (Mathew & Nanoo, 2013; Mirkovic et al., 2015; Nrugham et al., 2012).

5. Limitations and implications of the study

One limitation of this study is the use of self-reported measures, which may introduce subjectivity in responses. Additionally, the study sample was limited to university students from specific fields such as education, psychology, and pedagogy, which may affect the generalizability of the findings. Furthermore, the results were not compared with those from a non-university population, which also limits the scope of the conclusions.

Notwithstanding the above, the findings reported in this study can inform the design of psychosocial interventions aimed at preventing suicidal behaviors among children and adolescents. Emotional intelligence and coping strategies are psychological competencies that develop over time, making it essential to promote and strengthen them early in life, across different contexts and levels.

Furthermore, it is particularly important to design accessible and engaging strategies that promote viable solutions to the challenges adolescents face in their daily lives, moving beyond an exclusive focus on the individual level. Such strategies should address multiple levels of influence: the micro-individual level (focused on personal characteristics), the meso-social level (involving institutional dynamics such as schools, cultural centers, or sports schools), the macro-social level (related to broader social systems and structural risk factors), and the symbolic level (encompassing cultural representations of risk, protection, vulnerability, the value of life, and resistance to social pressures).

Due to the cross-sectional nature of this study, future research should employ longitudinal designs to assess these variables at multiple time points, thereby enabling a more comprehensive understanding of their relationships. Moreover, coping strategies should be examined independently, particularly avoidance strategies, to determine whether they function as risk or protective factors for suicide risk.

Conclusion

The findings of the present study underscore the significant predictive role of emotional intelligence and coping strategies in suicidal risk and behavior among adolescents. Specifically, lower levels of emotional clarity and mood repair, along with the use of maladaptive coping mechanisms such as self-criticism and social withdrawal, were associated with higher suicide risk. In contrast, adaptive strategies—particularly problem solving, cognitive restructuring, emotional expression, and seeking social support—demonstrated a protective effect. These results highlight the need to promote emotional competencies and adaptive coping from early stages of development as a means of prevention. Moreover, the evidence suggests that emotional intelligence may function as a mediating variable in the relationship between coping and suicidal risk, indicating a valuable direction for future research and intervention design. Strengthening these psychological resources in educational and clinical contexts could contribute meaningfully to reducing suicidal ideation and improving adolescent mental health outcomes.

Ethical approval

This study was funded [registration number 05020299122] and endorsed by the ethics committee of Luis Amigó Catholic University, Colombia, registration number 65446, 4 April 2022.

Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

Data Availability Statement

The data presented in this study are available on reasonable request from the corresponding author.

Conflict of Interest Statement

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

Authors' Contribution

ASGT: Conceptualization, Methodology, Formal analysis, Investigation, Writing - Original Draft, Writing - Review & Editing, Supervision, Project administration; JPCM: Conceptualization, Writing - Original Draft; AMV: Conceptualization, Writing - Original Draft; EMMG: Conceptualization, Writing - Original Draft; ACM: Investigation, Writing - Review & Editing; CN: Writing - Review & Editing; JER: Validation, Writing - Review & Editing.

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DOI: 10.13129/2282-1619/mjcp-4930