





# The temporality of psychological constructs, suicidal ideation and emotional dysregulation: a longitudinal study in adolescents

## La temporalidad de los constructos psicológicos, ideación suicida y la desregulación emocional: un estudio longitudinal en adolescentes

Salcido-Cibrián Liliana Jazmín<sup>1</sup> , Chapa-Romero Ana Celia<sup>2</sup> , Sánchez-Cabada Mario Enrique<sup>1</sup> , Elizalde-Monjardin Marisol<sup>1</sup> 

<sup>1</sup> Faculty of Psychology, Autonomous University of Sinaloa, Sinaloa, México.

<sup>2</sup> Faculty of Psychology, National Autonomous University of Mexico, México City, México

### Abstract

**Background.** Adolescence could be considered a period of crisis (emotional and cognitive) where the permanence of psychological discomfort is expressed in different risk factors. That is why it is necessary to evaluate the temporality of psychological constructs. **Objective.** Analyse, over time, the permanence of emotional dysregulation, suicidal ideation and psychological constructs (emotional disorders, perceived social support, hopelessness, impulsivity, and attitudes and beliefs). **Method.** Study 1 was a cross-sectional, descriptive-comparative type of 109 teenaged participants from upper secondary education who completed a Scale for the Detection of Suicidal Ideation in Young People and Difficulties in Emotion Regulation that evaluate emotional dysregulation, suicidal ideation and psychological constructs. Study 2 is a longitudinal comparative study of 85 teenaged participants of the original 109. **Results.** Differences were found for the psychological construct of emotional disorders, where young women obtained a higher average than young men ( $p < .05$ ). The psychological constructs of emotional disorders, hopelessness, attitudes and beliefs, and impulsiveness, as well as suicidal ideation and emotional dysregulation remained stable over two years. **Discussion and conclusion.** Emotional regulation as a psychological resource would foster flexibility, tolerance and acceptance in preventing the intensity of psychological distress.

**Keywords:** emotional dysregulation, emotional disorders, emotional regulation, social support, suicidal ideation

### Resumen

**Introducción.** La adolescencia podría considerarse un periodo de crisis (emocionales y cognitivos) donde la permanencia del malestar psicológico, se expresa en distintos factores de riesgo. Es por ello que se hace necesario evaluar la temporalidad de los constructos psicológicos. **Objetivo.** Analizar a través del tiempo la permanencia de desregulación emocional, ideación suicida y constructos psicológicos (trastornos emocionales, apoyo social percibido, desesperanza, impulsividad, y actitudes y creencias). **Método.** El estudio 1 fue de corte transversal tipo descriptivo comparativo, participaron 109 adolescentes de educación media superior, se aplicó las escalas Detección de Ideación Suicida en Jóvenes y Dificultades en la Regulación Emocional que evalúan la desregulación emocional, ideación suicida y constructos psicológicos. El estudio 2 es de corte longitudinal comparativo, 85 adolescentes, de los 109 originales, participaron en el estudio longitudinal. **Resultados.** Se encontraron diferencias para el constructo psicológico de trastornos emocionales donde las mujeres obtuvieron medias superiores a los hombres ( $p < .05$ ). Los constructos psicológicos de trastornos emocionales, desesperanza, actitudes y creencias, e impulsividad, así como la ideación suicida y desregulación emocional se mantienen estables a lo largo de dos años. **Discusión y conclusión.** La regulación emocional como un recurso psicológico fomentaría la flexibilidad, tolerancia y aceptación en la prevención de la intensidad del malestar psicológico.

**Palabras Clave:** desregulación emocional, trastornos emocionales, regulación emocional, apoyo social, ideación suicida

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Corresponding Author: Elizalde-Monjardin Marisol. Facultad de Psicología, Calzada de las Américas Norte s/n, Ciudad Universitaria, 80080 Culiacán Rosales, Sinaloa, México. Email: [melizalde@uas.edu.mx](mailto:melizalde@uas.edu.mx)

## Introduction

Adolescence is a period of life characterized by multiple transformations that range from integration into a contextual and cultural framework to the confirmation of identity, the generation of autonomous behaviours, the definition of sexual identity, and interaction with peers, amongst others. It is also considered a critical and dynamic phase of the life cycle that presents particular challenges for the continuation of development. Furthermore, personality is defined, independence is built, self-affirmation is strengthened and at the same time an ideal body image begins building up (Bahamón et al., 2018; Coie et al., 1993; Salaberria et al., 2007).

From a contextual perspective, the difficulties of emotional regulation lie in the inability to interpret and react adaptively to internal experience (Viuda-Suarez & Casas-Posada, 2020). The excesses or deficits of the emotional response are manifested through problems of anxiety, cognitive deterioration, deficits in sociability, insecure attachment, dysfunctional eating behaviour and affective problems with parents (Contreras-Valdez et al., 2018; Garza- Sánchez et al., 2019). The dysregulation of emotions is a risk variable that allows the appearance of antisocial behavior, hence adolescents are a particularly vulnerable group (Alarcón et al., 2018; Martínez-Vilchis et al., 2018).

A teenager's emotional dysregulation could explain the existence of suicidal behaviours present in this stage of the life cycle; however, suicidal behaviour cannot be considered an act directed at the desire to die, since suicide attempts imply a debate between wanting to live and wishing to be dead. Specifically, suicidal ideation exists among those who have attempted suicide and, therefore, adolescence becomes a period that allows early detection of risk factors object of timely intervention to avoid the transition to suicide attempts or suicide (Bahamón et al., 2018). Sánchez-Cabada et al. (2022) found that emotional dysregulation acts as a risk factor in the development of suicidal behaviours; therefore, they suggest that the practice of emotional regulation as a protective factor would help adolescents to moderate suicidal behaviour.

Velásquez-Centeno et al. (2020) address the relationships between emotional dysregulation, rumination, and suicidal ideation in students aged 16 to 30 who completed their undergraduate studies at a public university in Lima, Peru. Their results showed significant correlations between emotional dysregulation, rumination and suicidal ideation. In terms of suicidal ideation, no differences were found by gender, but it was more present during adolescence.

In countries like Cuba, a descriptive, prospective and longitudinal study between January 2012 and January 2013 sought to determine the behaviour of suicide attempts among teenagers. The results revealed the prevalence of symptoms that preceded the suicide attempt and would act as risk factors in its development, such as: anxiety, irritability, insomnia and suicidal ideation (Cintra et al., 2015).

In Mexico, González-Forteza et al. (2002) carried out a longitudinal study in adolescent students based on two measurements taken in 1997 and 2000. Their goal was to identify the prevalence of suicide attempts in adolescents and describe the characteristics of suicide attempts in men and women. In 1997, the prevalence of suicide attempts was 8.3%, which increased to 9.5% by the year 2000. Furthermore, the highest rate of suicidal behaviours occurred at the high school level. Suicide is one of the five main causes of death in the Mexican population up to 34 years of age and the third between 15 and 24 years of age (Borges et al., 2010). The National Institute of Statistics and Geography (INEGI, 2022) registers 7223 suicides in 2019; the figure increased to 7896 by 2020. In the group of children and adolescents aged 10 to 19, there were 1160 deaths by suicide, where out of every 10 suicides, six were young men and four were young women.

The aforementioned longitudinal studies show that the persistence of the intensity of emotional distress increases the probability of suicidal ideation and behaviour in teenagers. By acknowledging that this serious public health problem has the quality of being preventable (World Health Organization, 2021), then the identification of problems that affect children and teenagers mental health becomes a priority, given the prevalence of suicide in this group. Therefore, the main objective of this paper is to analyse, over time, the permanency of emotional dysregulation, suicidal ideation and psychological constructs (emotional disorders, perceived social support, hopelessness, impulsivity, and attitudes and beliefs) in high school students from Culiacán, Sinaloa, México.

## Method

The present paper comprises two studies. Study 1 was of a cross-sectional, descriptive-comparative nature, with two main objectives: to describe the sample in relation to its own perception of their current situation and to compare scores on psychological constructs, suicidal ideation, and emotional dysregulation in men and women. Study 2 is a comparative longitudinal study where the main objective was to identify the stability in the scores of the different psychological constructs, suicidal ideation, and emotional dysregulation of young adolescents, measured at two different times.

## Participants

A total of 109 teenagers from upper secondary education in the city of Culiacán, Sinaloa, Mexico, belonging to a public high school participated in the study, their ages ranged between 15 and 17 years old ( $M = 15.61$ ,  $SD = 0.51$ ), of which 56% were women and 44% men. In study 2, the longitudinal study, a total of 85 adolescents participated, 50.6% women and 49.4% men. Their ages ranged from 17 to 18 years old ( $M = 17.38$ ,  $SD = 0.49$ ).

## Instruments

Both studies used the same set of instruments. The instrument Detection of Suicidal Ideation in Young People (Córdova et al., 2013) was applied, which is designed to identify psychological constructs that intervene in suicidal ideation and is made up of three sections.

Section I. Personal Identification Questionnaire. It consists of 21 variables referring to personal identification, in the present study the perception of the relationship with mother and father, perceived role as a student, perception of family economy, consumption of substances to feel better, psychological or psychiatric care, exposure to humiliating situations, and intentional damage to the person were employed.

Section II. Psychological constructs. This section measures psychological constructs of emotional disorders ( $\alpha = 0.79$ ), perceived social support ( $\alpha = 0.80$ ), hopelessness ( $\alpha = 0.80$ ), impulsivity, and attitudes and beliefs, all with Likert-type responses. The results are presented as average scores.

Section III. Roberts' Suicidal Ideation Scale. It corresponds to the original Roberts scale (1995) made up of four items ( $\alpha = 0.83$ ), 1. "thoughts about death", 2. "family and friends would be better off if I were dead", 3. "thought about killing myself", and 4. "would kill myself if I knew a way". The answers are presented in Likert format in relation to the week prior to registration: Almost never (0 days), Sometimes (1-2 days), Almost always (3-4 days), and Always (5-7 days). The results obtained are added and divided by four to obtain an average of the suicidal ideation score.

Additionally, the Difficulties in Emotion Regulation Scale in Spanish (DERS -E) was used to measure the levels of emotional dysregulation in adolescents, translated and adapted by Marin et al. (2012). The scale is made up of 24 items ( $\alpha = 0.89$ ) and contains Likert-type responses ranging from 0 (almost never) to 4 (almost always), these are added to create a global score.

## Procedure

In study 1, as the sample was composed of minors, the first contact was with the high school's tutoring department. They authorized and supported the distribution of informed consent to the parents and/or guardians of the minors, only the students who obtained the signed consent participated. The application was carried out in groups, each student signed a consent form and individually answered their set of instruments, taking an average of 45 minutes to complete.

Each set of instruments was coded with a serial number, which was found in the identification data of the subject along with their letter of consent; these were stored independently to the responses provided to the set of instruments. This coding allowed that, in study 2, the responses to the set of instruments could be matched with those of the first moment, thus obtaining two measurements of the same adolescent. Study 2 took place two years after the first study at the same public high school. The adolescents answered the same set of instruments as in study 1, following the same process of approaching the high school, on this occasion, the students of legal age were able to sign their own letter of consent, those who were minors signed the assent form and provided the consent form signed by their parents and/or guardians. The data was analysed using the Statistical Package for Social Sciences (SPSS V.23).

## Results

### Study 1

First, the data resulting from the Personal Identification Questionnaire is presented. Women show a higher percentage of consumption of substances such as coffee and cigarettes (8.20%) and intentional physical harm (13.10%) compared to men (4.17% and 12.50%, respectively), secondly, they reported having received more psychological or psychiatric care (women 24.60% vs. men 18.80%). However, it is men who present higher percentages concerning having been exposed to humiliating situations (men 16.70% vs. women 13.10%).

It is important to highlight that women have a more favourable perception of their role as students than men; similarly, women tend to perceive their economic situation as more stable than men. Most women tend to consider their family economic condition to be good, while most men consider it regular. For the most part, both men and women perceive their relationship with their father as very good, although women in a lower percentage. Opposite trends can be observed in the relationship with the mother, where women perceive a more favourable relationship than men.

Finally, the results of the psychological constructs, suicidal ideation and emotional dysregulation are presented in Table 1. The means of the five psychological constructs and suicidal ideation measures were obtained by adding the responses and dividing by the total items, while the mean for emotional dysregulation was obtained by adding the responses to the items. A series of Student's *t*-tests were carried out, correcting with Welch's *t*-tests for those combinations that presented significant levels in the Levene's test. Statistically significant differences were only found for the psychological construct of emotional disorders,  $t(106.88) = -3.12, p < .05$ , where women obtained higher means than men. It should be noted that the psychological construct of hopelessness presented higher means in men compared to women, although the level of significance is not less than .05, it is low enough to be relevant.

**Table 1**  
Values of psychological constructs, suicidal ideation and emotional dysregulation by gender.

	Men		Women		<i>t</i>	<i>P</i>	<i>R</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Emotional disorders	2.17	0.89	2.79	1.17	-3.12+	.002*	.29
Perceived social support	3.20	0.64	3.20	0.60	.02	.987	.00
Hopelessness	2.56	0.30	2.45	0.28	1.89	.062	.18
Impulsivity	2.23	0.42	2.31	0.42	-1.05+	.296	.10
Attitudes and beliefs	2.24	0.46	2.34	0.46	-1.11	.271	.11
Suicidal ideation	0.20	0.367	0.13	0.34	1.06	.292	.11
Emotional dysregulation	26.77	17.56	28.00	18.42	-.35	.725	.03

Note. Degrees of freedom= 107. + The *t*-values correspond to Welch's *t*-test. \* $p < .05$ .

## Study 2

In order to identify the permanency of emotional dysregulation, suicidal ideation and psychological constructs (emotional disorders, perceived social support, hopelessness, impulsivity, and attitudes and beliefs) in high school students, measured in two different moments over time, a series of *t*-tests for repeated measures were carried out. The scores for the psychological constructs of emotional disorders, hopelessness, attitudes and beliefs, and impulsivity, as well as suicidal ideation and emotional dysregulation, remained stable over two years. The only difference found was in the construct of perceived social support ( $p < .05$ ), where in the second moment teenagers reported higher scores of perceived social support (see Table 2).

**Table 2**  
Values of psychological constructs, suicidal ideation and emotional dysregulation in a first and second moment.

	First moment		Second moment		<i>t</i>	<i>P</i>	<i>R</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Emotional disorders	2.47	1.13	2.57	1.05	-0.921	.360	.10
Perceived social support	3.17	0.62	3.32	0.61	-2.204	.030*	.23
Hopelessness	2.52	0.31	2.60	0.35	-1.810	.074	.19
Impulsivity	2.27	0.43	2.27	0.46	-0.55	.586	.06
Attitudes and beliefs	2.28	0.54	2.28	0.54	+++	+++	+++
Suicidal ideation	0.17	0.35	0.14	0.30	1.038	.302	.11
Emotional dysregulation	48.99	18.21	48.47	18.85	.269	.789	.03

Note. Degrees of freedom= 84. \* $p < .05$ . +++ Cannot be calculated since the standard error of the difference is equal to 0.

In order to compare the scores in each gender over the years, the data was separated into men and women. Table 3 shows male scores, no differences were found over the years in the scores of perceived social support, hopelessness, impulsiveness, and attitudes and beliefs, as well as in suicidal ideation and emotional dysregulation. However, it was found that the scores of the psychological construct of emotional disorders increased ( $p < .05$ ).

**Table 3**

Values of psychological constructs for men, suicidal ideation and emotional dysregulation in a first and second moment.

	First moment		Second moment		<i>t</i>	<i>P</i>	<i>R</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Emotional disorders	2.09	0.88	2.37	0.86	-2.206	.033*	.33
Perceived social support	3.17	0.64	3.17	0.68	0.000	1.00	.00
Hopelessness	2.58	0.31	2.65	0.36	-1.108	.274	.17
Impulsivity	2.19	0.39	2.28	0.47	-1.845	.072	.28
Attitudes and beliefs	2.34	0.52	2.34	0.52	+++	+++	+++
Suicidal ideation	0.18	0.34	0.16	0.30	.322	.749	.05
Emotional dysregulation	47.89	18.20	50.08	16.55	-7.758	.453	.12

Note. Degrees of freedom= 41. \*p < .05. +++ Cannot be calculated since the standard error of the difference is equal to 0.

Finally, women show a higher score in perceived social support in the second moment than in the first ( $p < .05$ ), on the other hand, the scores for emotional disorders, hopelessness, impulsiveness, and attitudes and beliefs, as well as suicidal ideation and dysregulation emotions remain stable over the years (see Table 4).

**Table 4**

Values of psychological constructs for women, suicidal ideation and emotional dysregulation in a first and second moment.

	First moment		Second moment		<i>t</i>	<i>P</i>	<i>R</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Emotional disorders	2.84	1.23	2.76	1.19	.413	.682	.06
Perceived social support	3.17	0.60	3.47	0.50	-3.374	.002*	.46
Hopelessness	2.46	0.30	2.54	0.33	-1.460	.152	.22
Impulsivity	2.35	0.45	2.25	0.46	1.277	.209	.19
Attitudes and beliefs	2.22	0.56	2.22	0.56	+++	+++	+++
Suicidal ideation	0.17	0.36	0.11	0.31	1.184	.243	.18
Emotional dysregulation	50.05	18.40	46.90	20.94	1.239	.223	.19

Note. Degrees of freedom= 42. \*p < .05. +++ Cannot be calculated since the standard error of the difference is equal to 0.

### Discussion and Conclusion

Adolescence is considered a period of crisis, emotional and cognitive changes in the development of young people favour the emergence of emotional discomfort in any instance. Various authors agree that it is a period of physical and psychological changes with a diffuse beginning and end, which is why it becomes a very broad and multi-factorial stage, where the subject is built (Cabienes et al., 2020; Castro-Pozo, 2019; Nardi, 2004).

Regarding the results of the objectives of study 1, describing and comparing the scores of psychological constructs, suicidal ideation, and emotional dysregulation in teenagers, the findings in reference to the psychological construct, emotional disorders (anxiety and depression) and emotional dysregulation, show that women have a greater tendency to develop these psychological constructs compared to men. However, it does not mean that emotional vulnerability in both genders is not present. Blázquez and Chapa-Romero (2018) emphasize that the distortion and biases that have been perpetuated in women could be reduced by including gender analysis in psychological science.

Emotional disorders are related to common and disabling disorders in the development of daily activities, for example, depression and anxiety, whose incidence increases particularly in adolescence. In this stage, the presence of depressive symptomatology occurs in parallel with anxiety problems and other psychopathological symptoms (Arrigoni et al., 2022; Estrada-Cora, 2020; Salgado-Ruiz, 2022; Varela, 2007). Some longitudinal studies on depression and other emotional disorders indicate that the levels of depression undergo a change during the period of adolescence and, in turn, highlight that women obtain a higher score than men in their presence (Chen et al., 1998; Ho et al., 2018), which was replicated in the present study. Nonetheless, there are various considerations that must be taken into account, amongst which cultural, filial and physiological characteristics stand out.

In mental health issues, emotional symptomatology as well as emotional expression, are not exclusive to gender, yet, they are affected by the hegemonic discourses established by the immediate context. The present study identifies that gender differences are not accurately appreciated, agreeing with Martínez and Guinsberg (2009), who state that gender differences have not been fully explained at present due to the hegemonic difference of medical and psychiatric discourses in the field of mental health.

It is necessary to emphasize that emotions have no gender, even when emotional learning is linked to beliefs based on context and familial nucleus. Traditionally, emotions are classified (positive and negative) according to the internal experience that is generally interpreted as catastrophic, which leads to the over-involvement of psychological suffering. In agreement with Teisman, et al. (2019) a negative effect is not a significant mediator in emotional distress. Thus, emotional dysregulation is understood as the experiential avoidance of cognitive, behavioural and emotional processes that occurs by not identifying the intensity with which psychological discomfort is fostered, affecting the immediate context and perceived social support. Psychological time is adaptive and in turn a source of suffering, taking into account it refers to the structuring and functioning of the mind in relation to time where it wavers between the past, present and future (Santed, 2018).

In order to analyse the longitudinal change of the psychological construct perceived social support and emotional dysregulation, in study 2, it was found that emotional dysregulation persists over time in adolescents, thus promoting psychological maladjustment. It is necessary to emphasize that psychological processes are not linear, but are rather in a constant interaction with the stimuli that cause psychological responses that can be adaptive and functional depending on the context in which they occur independent of psychological time.

However, in this study regarding the temporality of perceived social support, an increase in affective bonds was found in adolescents, favouring the maintenance of support networks. These affective ties are usually flexible since sharing this stage of change between peers could awaken the identification and understanding of emotional discomfort. Social support could be understood as a “multidimensional” concept that includes emotional and psychological support factors, resource sharing, and physical and instrumental assistance. Therefore, perceived social support can be seen from two perspectives, the functional one that includes emotional, instrumental, informational or appreciative exchange between two or more people, and the structural perspective that is related to the structures of the network, encompassing size, density, interactions, accessibility, dependency and stability (Medeiros et al., 2021; Woodman, 2014). As well as considering the use of supports that help identify suicidal ideation in crisis situations, such is the case of emergency telephone services (Álvarez & García, 2010; Fernández-Montalvo et al., 2021).

It is necessary to point out some limitations of this study. First and foremost, the evaluation of psychological constructs, taking into account that subjectivity is impermanent and subject to changes that obey an immediate context, cannot be assumed to have the same evaluative view of them. Secondly, the complexity of the psychological discipline, it is necessary to emphasize sociocultural, gender and emotional learning patterns, in each of the evolutionary stages that psychological phenomena is explored, since these biases could negatively permeate both in the evaluation and interpretation of psychological phenomena.

Therefore, within future research, it would be wise to explore and evaluate the variables that affect emotional vulnerability, as well as their emotional regulation strategies in order to validate the experience, thoughts and/or emotions that incur in psychological suffering, and with it, develop acceptance of psychological phenomena.

Another aspect to take into account is what Calizaya-López et al. (2022) propose, that the absence of disease does not mean health, but as mental health professionals the purpose is to strengthen protective factors in order to anticipate and improve quality of life (Fouilloux et al., 2021; Rizzo & Góngora, 2022). Based on the results obtained, it can be seen that the complexity of those emotional disorders where emotional vulnerability and dysregulation is immersed could represent a risk factor. However, in adolescents, strong enough links are created to generate a support network and serve as a protective factor against decision-making based on impulsiveness that leads to risky behaviour. Therefore, considering emotional regulation as a psychological resource would foster flexibility, tolerance and acceptance in preventing the intensity of psychological distress.

In conclusion, the recognition that suffering exists is compassionate, since it allows us to understand that humanity shares vulnerability to pain and psychological suffering, where equity emerges in the presence of the person who suffers (Salcido-Cibrián et al., 2022). Based on this premise, even though adolescence is a period of crisis, loss and mourning, there is no doubt that the continuum of the presence of psychological constructs is maintained over time. Rethinking an approach from its context would allow greater sensitivity in the construction of subjectivity in adolescents.

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