

Role of Maladaptive Emotion Regulation Strategies in Suicidal Attitude among University Students

Prathana Mishra^{1*}, Dr. Mukesh Kumar Panth²

ABSTRACT

Suicidal attitudes among young adults are a growing concern, particularly in university populations, where stress and maladaptive cognitive processes often exacerbate vulnerability. Maladaptive emotion regulation strategies, including self-blame, other-blame, rumination, and catastrophizing, are linked to various mental health challenges, including suicidal attitude. This study explores the relationship between these strategies and suicidal attitudes, addressing gaps in the literature and building on evidence suggesting these cognitive patterns significantly affect psychological distress (Aldao et al., 2010; Garnefski & Kraaij, 2007). A purposive sample of 100 university students (aged 18–30, mean age = 23.36) from Varanasi, India, was recruited. Participants completed the Cognitive Emotion Regulation Questionnaire (CERQ) and the Suicidal Attitude Scale (SAS–TGML). Correlation analysis assessed relationships between maladaptive emotion regulation strategies and suicidal attitudes. Multiple regression analysis was conducted to identify predictors of suicidal attitudes, with the maladaptive strategies as independent variables and suicidal attitudes as the dependent variable. Correlation analysis showing significant positive relationships between suicidal attitudes and maladaptive strategies: catastrophizing ($r = .760, p < .01$), self-blame ($r = .586, p < .01$), blaming others ($r = .593, p < .01$), and rumination ($r = .470, p < .01$). Regression analysis showed that catastrophizing ($\beta = .596, p < .001$) was the strongest predictor, followed by self-blame ($\beta = .250, p = .030$). The model accounted for 66.5% of the variance in suicidal attitudes ($R^2 = .665, F = 47.23, p < .001$). This study highlights the significant impact of maladaptive emotion regulation strategies, particularly catastrophizing and self-blame, on suicidal attitudes. These findings highlight the importance of addressing maladaptive emotion regulation strategies in suicide prevention among university students. These results emphasize the significance of focusing on catastrophizing thought patterns and self-blame tendencies in efforts to prevent suicide on college campuses. The findings emphasize the need for interventions targeting these cognitive processes to mitigate suicide risk in university populations. Future research should explore longitudinal effects and diverse populations to enhance understanding and inform prevention strategies.

Keywords: *Rumination, suicidal attitude, self-blame, catastrophizing*

¹Research Scholar, Department of Psychology, MGKVP, Varanasi.

²Assistant Professor, Department of Psychology, MGKVP, Varanasi.

*Corresponding Author

Received: April 25, 2025; Revision Received: May 28, 2025; Accepted: June 02, 2025

Suicidal Attitude - Suicidal attitude refers to an individual's cognitions, emotions, and behaviors associated with the termination of one's own life. It encompasses a spectrum of experiences, ranging from passive ideation to active planning and intent. Studies have shown that the reasons behind suicidal attitudes are influenced by social, biological, and psychological factors. It can be a mental illness, chronic pain, social isolation or trauma. Suicidal attitudes among university students in India have become a pressing public health concern. Recent data indicates a sharp increase in student suicides, with the National Crime Records Bureau reporting a rise from 6,654 cases in 2012 to 13,044 in 2022—an alarming 4% annual growth rate, significantly outpacing general suicide trends. This rise is particularly stark among female students, whose suicide rates have grown by 7% annually in recent years. Contributing factors include academic pressure, familial expectations, relationship issues, and mental health disorders, such as anxiety and depression, which remain under diagnosed and stigmatized in India's socio-cultural context.

Rumination-Rumination is a cognitive process characterized by repetitive, intrusive thoughts focused on distress and perceived personal inadequacies. Its role in suicidal attitude is well-documented, as it magnifies emotional pain and impairs problem-solving abilities, fostering feelings of hopelessness and entrapment. Nolen-Hoeksema (1991) posited that rumination perpetuates depressive states by fixating on negative emotions rather than encouraging active problem resolution. This chronic focus on negative affect intensifies the risk of suicide by reinforcing cognitive distortions and maladaptive schemas. Rumination is a cognitive style characterized by persistent focus on distressing thoughts, particularly those related to personal failures or negative life events. It has been closely linked to a range of psychological disorders, including depression and anxiety, which are well-established risk factors for suicidality (Nolen-Hoeksema et al., 2008). Smith et al. (2020) demonstrated that individuals with high ruminative tendencies show heightened neural responses in regions linked to emotional regulation, such as the anterior cingulate cortex, potentially exacerbating their vulnerability to suicidal thoughts. Understanding and addressing the role of rumination is essential in suicide prevention efforts, particularly among populations vulnerable to chronic stress and emotional dysregulation. Rumination exacerbates emotional distress by reinforcing negative schemas and hopelessness, thereby increasing the likelihood of suicidal ideation and behaviors. A longitudinal study by Miranda and Nolen-Hoeksema (2007) demonstrated that rumination predicts suicidal ideation through its impact on hopelessness, a critical mediator in the relationship between depression and suicidality. Similarly, recent findings by Rogers et al. (2023) highlight that brooding amplifies emotional dysregulation, intensifying the perception of being trapped in inescapable emotional pain. Rumination also exacerbates interpersonal difficulties, a key predictor of suicidal behavior. A study by Grassia and Gibb (2022) found that individuals with high rumination levels are more likely to misinterpret social rejection, leading to feelings of isolation and thwarted belongingness—core components of Joiner's Interpersonal Theory of Suicide.

Self-Blame - Self-blame, a maladaptive cognitive process involving the attribution of negative outcomes to oneself, has been identified as a critical factor in the development of suicidal attitudes among young adults. Self-blame involves attributing adverse outcomes to personal failings, often resulting in heightened emotional distress and reduced coping capacity. Among young adults, a group experiencing transitional life stressors, self-blame exacerbates vulnerabilities by amplifying feelings of worthlessness and guilt. Cognitive theories of depression, such as Beck's cognitive triad, highlight self-blame as a cognitive distortion that fosters hopelessness—a key predictor of suicidal ideation (Beck et al., 1979).

Role of Maladaptive Emotion Regulation Strategies in Suicidal Attitude among University Students

Research indicates a robust association between self-blame and suicidal attitude. Studies by O'Connor et al. (2012) found that self-blaming tendencies predicted suicidal ideation, mediated by hopelessness and social isolation. Studies consistently link self-blame to elevated suicide risk among young adults. Campos et al. (2021) found that individuals with high self-blame scores exhibited significantly greater suicidal ideation, mediated by depression severity. Stigma and cultural expectations can intensify self-blame, especially in collectivist societies where personal failures may reflect poorly on family and community (Singh et al., 2020). In collectivist cultures, such as those in South Asia, self-blame may be intensified by societal expectations and familial pressures, further compounding suicide risk (Chaudhury&Chavan,2021). Self-blame is a significant cognitive-emotional factor in the development of suicidal attitudes among young adults. By fostering feelings of guilt, hopelessness, and isolation, self-blame amplifies vulnerability to suicide.

Catastrophizing - Catastrophizing, a maladaptive cognitive emotion regulation strategy characterized by an exaggerated negative interpretation of events, has been linked to a range of psychological disorders, including depression and anxiety, Catastrophizing, as a cognitive distortion where individuals expect or assume the worst possible outcome, has been identified as a key risk factor for suicidality (Sexton & Dugas, 2008). In the context of suicidality, catastrophizing may magnify perceived problems, making suicide appear as a viable solution. Recent studies have consistently demonstrated a strong association between catastrophizing and suicidal attitudes. For instance, a study by Law and Tucker (2022) found that catastrophizing was significantly correlated with suicidal ideation in a sample of college students ($r = .67, p < .01$). Similarly, Liu et al. (2021) identified catastrophizing as a predictor of suicidal behaviors among adolescents, with those scoring higher on catastrophizing measures being 2.5 times more likely to report suicide attempts. Smith et al. (2020), who reported that catastrophizing was uniquely associated with feelings of entrapment, a mediating factor in the relationship between hopelessness and suicidality. By focusing exclusively on worst-case scenarios, catastrophizing distorts reality, creating a sense of overwhelming hopelessness (Sexton & Dugas, 2008), it reduces cognitive flexibility, making it difficult for individuals to identify alternative solutions to their problems (Law & Tucker, 2022).

Blaming-Others - Blaming others, a maladaptive emotion regulation strategy, has been linked to interpersonal conflicts, heightened psychological distress, and poor mental health outcomes. Blaming others is rooted in externalizing attribution styles, where individuals deflect responsibility for problems onto others (Rotter, 1966). This maladaptive response can create a cycle of interpersonal conflict, fostering feelings of rejection and isolation, both of which are key risk factors for suicidality (Joiner, 2005). Recent studies provide compelling evidence linking blaming others to suicidal attitudes. Smith et al. (2021) found a significant positive correlation between externalized blame and suicidal ideation ($r = .42, p < .01$) in a sample of young adults, suggesting that those who habitually blame others are more likely to report suicidal thoughts, Persistent blaming of others can damage relationships, leading to social isolation, a known risk factor for suicidality (Joiner, 2005). Externalized blame often reflects an inability to process and regulate emotions effectively, heightening psychological distress (Martin & Dahlen, 2005), Blaming others can perpetuate feelings of helplessness, as individuals perceive themselves as lacking agency in resolving their difficulties (Lee et al., 2020)

In conclusion, self-blame, other-blame, rumination and catastrophizing play crucial roles in the development of suicidal attitudes among university students. These cognitive processes

Role of Maladaptive Emotion Regulation Strategies in Suicidal Attitude among University Students

interact with other risk factors such as perfectionism, depression, and negative life events to increase vulnerability to suicidal ideation. Understanding these relationships is essential for developing effective suicide prevention strategies in academic environments. Interventions targeting rumination and self-blame, particularly in the context of academic stress and failure experiences, may be beneficial in reducing suicidal risk among university students (Cho et al., 2020; Gonçalves et al., 2015; Liu et al., 2023).

Objective – To examine the relationship, if any, between maladaptive emotion regulation strategies (rumination, self-blame, other-blame, catastrophizing) and suicidal attitude among university students.

Hypotheses

- **H1:** There will be correlation between suicidal attitude and maladaptive emotion regulation strategies namely; self-blame, rumination, others-blame, catastrophizing.
- **H2:** There will be positive predictive relation between maladaptive emotion regulation strategies (self-blame, other-blame, rumination, catastrophizing) and suicidal attitude.

METHODS

Sample

The present study utilized a purposive sampling method to select 100 adults (both male and female) studying in universities in Varanasi city, Uttar Pradesh, India. The participants, aged between 18 and 30 years. All individuals were in normal health and were residents of the Varanasi region, ensuring regional homogeneity within the sample. This selection was intended to provide a focused understanding of the target population, comprising young adults engaged in higher education within the specified demographic context.

Inclusion and Exclusion Criteria: The students aging below 18 and above 30 were included in the study those who are not fall in this particular criterion of age were excluded from sample. The students having any diagnosed mental health related complaint were excluded from the sample and only willing students were allowed to participate in the study.

Design: This study would be based on correlation research design to assess the relationship between the variables self-blame, rumination and suicidal attitude.

Tools –

- **Cognitive Emotion Regulation questionnaire by Garnefski et al., 2001** is a 36-item questionnaire that measures cognitive emotion regulation strategies in response to threatening and stressful life events on a five-point likert scale ranging from 1 (never) to 5 (always). The CERQ has nine subscales including self-blame, other blame, distraction, focus on thought/rumination, catastrophizing, putting into perspective, positive refocusing, positive reappraisal, acceptance, and refocus on planning. Cronbach's alpha reliabilities at test-retest measurements were reported to be acceptably high and ranged from 0.75 to 0.87. The content validity was found from 0.81 to 0.92 for subscales.
- **Suicidal attitude scale by Gaytri Tiwari and Lidya Ch. Momin.** Suicidal Attitude Scale (SAS-TGML) Hindi/English. This scale consists 120 items assess suicidal attitude into four dimensions I. Personal, II. Familiar, III. Academic, IV. Psycho-social.

Procedure

The students of the universities covered in the study were properly contacted for permission of data collection. Warm rapport was established with the students before the testing was started and they were taken in full confidence regarding the confidentiality of their responses. After the testing was over, they were seen off with warm and affectionate gestures.

RESULTS

Table -1: Correlation table showing the relationship between the variables.

Descriptive Statistics and Correlations between Suicidal Attitude and Maladaptive Emotion Regulation Strategies (N = 100)

Variable	M	SD	1	2	3	4	5
1. Suicidal Attitude	328.53	81.50	1				
2. Blaming Others	13.08	4.45	.593**	1			
3. Catastrophizing	10.24	3.76	.760**	.479**	1		
4. Rumination	14.62	3.43	.470**	.679**	.377**	1	
5. Self-Blame	13.00	4.47	.586**	.757**	.444**	.800**	1

Note: M = Mean; SD = Standard Deviation. p < .01 (two-tailed).

Mean scores and standard deviations indicate variability across measures, with Suicidal Attitude Total exhibiting the highest mean (M = 328.53, SD = 81.50) and Catastrophizing the lowest (M = 10.24, SD = 3.76).

Significant positive correlations were observed between Suicidal Attitude and maladaptive emotion regulation strategies, with the strongest associations noted for Catastrophizing (r = .760, p < .01), followed by Blaming Others (r = .593, p < .01) and Self-Blame (r = .586, p < .01). Rumination is significantly moderate correlation with Suicidal Attitude (r = .470, p < .01). Inter-correlations among CER strategies ranged from moderate to strong, with the strongest relationship observed between Rumination and Self-Blame (r = .800, p < .01).

Table 2: Multiple Linear regression analysis with maladaptive emotional regulation strategies (self-blame, rumination, other-blame, catastrophizing) as predictor and suicidal attitude as criterion.

Predictor	B	t	P	R ²	F
Rumination	-0.065	-0.64	.522		
Self-Blame	0.250*	2.20	.030	0.665	47.23**
Blaming Others	0.162	1.70	.092		
Catastrophizing	0.596**	8.72	<.001		

Table 2 showing the results of a multiple regression analysis predicting Suicidal Attitude from four maladaptive emotion regulation strategies.

The model was statistically significant, F=47.23, p<.001, and accounted for 66.5% of the variance in suicidal attitudes (R2=.665). Catastrophizing was the strongest predictor (β=.596, p<.001), followed by Self-Blame (β=.250, p=.030) while Blaming others (β=.162, p=.092) and Rumination (β= -.065, p=.522) was not a significant predictor.

DISCUSSION

The study aimed to explore the relationship between maladaptive emotion regulation strategies (self-blame, rumination, blaming others, and catastrophizing) and suicidal attitude. The hypotheses were grounded in prior literature suggesting that individuals with suicidal attitudes often engage in maladaptive cognitive and emotional processes (Aldao et al., 2010). Findings from the correlation and regression analyses provide support for both hypotheses, which will be discussed in light of the existing literature. The results demonstrate significant correlations between suicidal attitude and all four maladaptive emotion regulation strategies, confirming H1. Specifically, suicidal attitude was strongly correlated with catastrophizing ($r = .760, p < .001$), followed by blaming others ($r = .593, p < .001$), self-blame ($r = .586, p < .001$), and rumination ($r = .470, p < .001$). These findings align with previous research, which has established that catastrophizing and self-blame amplify negative emotional states, fostering hopelessness—a key risk factor for suicidality (O'Connor & Nock, 2014; Johnson et al., 2018). Additionally, blaming others and rumination may perpetuate a sense of isolation and hinder adaptive coping mechanisms, further exacerbating suicidal tendencies (Miranda & Nolen-Hoeksema, 2007). The regression analysis provides nuanced insights into the predictive roles of these strategies, partially supporting H2. Among the predictors, catastrophizing emerged as the most significant positive predictor of suicidal attitude ($\beta = .596, t = 8.72, p < .001$), explaining a substantial portion of the variance in the model ($R^2 = .665, F = 47.23, p < .001$). This finding corroborates evidence that catastrophizing fosters exaggerated perceptions of negative outcomes, thereby intensifying suicidal thoughts (Wenzel et al., 2009). Self-blame also predicted suicidal attitude significantly ($\beta = .250, t = 2.20, p = .030$), consistent with studies suggesting that internalizing blame contributes to self-directed hostility and hopelessness (Perkins et al., 2021). Conversely, rumination and blaming others were not significant predictors in the regression model ($p = .522$ and $p = .092$), despite their significant correlations with suicidal attitude. This may reflect their indirect roles in sustaining distress or interacting with other factors, such as underlying psychopathology (Aldao & Dixon-Gordon, 2014). These findings reinforce the notion that catastrophizing and self-blame are critical maladaptive strategies linked to suicidality, as highlighted in contemporary studies (Ducasse et al., 2018). Catastrophizing dominant role in predicting suicidal attitudes underscores the need for interventions targeting cognitive distortions, such as cognitive-behavioral therapy. Additionally, the significance of self-blame aligns with calls for therapeutic approaches that address self-critical thinking patterns, such as compassion-focused therapy (Gilbert, 2014). While rumination and blaming others were not significant predictors in this sample, their strong correlations with suicidal attitudes suggest their importance in the broader emotional regulation framework. Future research might explore these strategies' roles as mediators or moderators in the relationship between cognitive distortions and suicidal attitude. By looking at the results of the entire statistics in brief, it is possible to say that all the variables of the study are associated to suicidal attitude as shown in the result table one. The reason for this can be that university students are under stress at this time, the reason for which can be their anxiety about the future, social pressure, academic expectations and identity establishment. If we relate the theory of Erikson in this context here, then we find that many psychological changes take place in this stage, which significantly affect the cognitive pattern of thinking of young adults. As mentioned in the above description, rumination and other-blame are correlated to suicidal attitude, but unable to predict it. The reason for this can also be that in rumination, we think about negative thoughts repeatedly, but there is less guilt in it, there is less feeling of remorse and the reason for the less role of other-blame in suicidal attitude or the reason for not being able to predict it is external attribution, it is a kind of coping mechanism. Which is used to protect self-esteem and when self-esteem

functions well, then it actually reduces suicidal thoughts or attitude, these surprising result in context to rumination and other-blame also depends on the individual's personality that influences pattern of thoughts and sometimes blaming others, individual cope from the feeling of guilt and hopelessness that eventually prevent suicide, hence, rumination and other-blame fail to predict suicidal attitude may be due to many social, personal and mental factors of the person which can also be influenced by education, region and culture aspect. Overall, the findings highlight the complexity of the relationship between maladaptive emotion regulation strategies and suicidal attitudes. The strong predictive role of catastrophizing and self-blame, coupled with the significant correlations involving rumination and blaming others, suggests a multifaceted interplay of cognitive and emotional processes that warrant further exploration. Addressing these maladaptive strategies through targeted interventions could significantly reduce suicidal ideation, improving mental health outcomes.

CONCLUSION

The present study investigated the association between maladaptive emotion regulation strategies and suicidal attitudes among university students in Varanasi, India. The findings revealed significant positive correlations between suicidal attitudes and maladaptive emotion regulation strategies, with catastrophizing demonstrating the strongest relationship. Regression analysis further highlighted that catastrophizing and self-blame significantly predicted suicidal attitudes, explaining a substantial proportion (66.5%) of the variance. These results suggest that maladaptive cognitive processing patterns, particularly catastrophizing and self-blame, are critical in understanding suicidal attitudes in young adults. The findings hold relevance for both educational and clinical psychologists and academic policy maker. This study geographically limited, no gender – based or academic - level based comparison were made and only self – reported measure were used. to make findings more general, future study should use more data sources, a wide range of people, different demographics and different educational level.

REFERENCES

- Abdollahpour Ranjbar, H., Bakhshesh-Boroujeni, M., Farajpour-Niri, S., Hekmati, I., Habibi Asgarabad, M., & Eskin, M. (2024). An examination of the mediating role of maladaptive emotion regulation strategies in the complex relationship between interpersonal needs and suicidal behavior. *Frontiers in Psychiatry, 15*, Article 1301695. <https://doi.org/10.3389/fpsy.2024.1301695>
- Abdollahpour Ranjbar, H., Parhoon, H., Mohammadkhani, S., Moradi, A.-R., & Jobson, L. (2021). Investigating cognitive control and cognitive emotion regulation in Iranian depressed women with suicidal ideation or suicide attempts. *Suicide and Life-Threatening Behavior. https://doi.org/10.1111/sltb.12735*
- Aldao, A., & Nolen-Hoeksema, S. (2012). When are adaptive strategies most predictive of psychopathology? *Journal of Abnormal Psychology, 121*(2), 276–281. <https://doi.org/10.1037/a0023598>
- Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychological Review, 30*(2), 217–237. <https://doi.org/10.1016/j.cpr.2009.11.004>
- Anestis, M. D., Bagge, C. L., Tull, M. T., & Joiner, T. E. (2011). Clarifying the role of emotion dysregulation in the interpersonal–psychological theory of suicidal behavior in an undergraduate sample. *Journal of Psychiatric Research, 45*(5), 603–611. <https://doi.org/10.1016/j.jpsy.2010.09.010>

- Bahk, Y.-C., Jang, S.-K., Choi, K.-H., & Lee, S.-H. (2017). The relationship between childhood trauma and suicidal ideation: Role of maltreatment and potential mediators. *Psychiatry Investigation, 14*(1), 37–43. <https://doi.org/10.4306/pi.2017.14.1.37>
- Beck, A. T., Brown, G. K., & Steer, R. A. (1985). Hopelessness and suicidality: A cognitive perspective. *Journal of Clinical Psychology, 41*(5), 514–521.
- Beck, A. T., Rush, A. J., Shaw, B. F., Emery, G., DeRubeis, R. J., & Hollon, S. D. (2024). *Cognitive therapy of depression*. Guilford Publications.
- Colmenero-Navarrete, L., García-Sancho, E., & Salguero, J. M. (2022). Relationship between emotion regulation and suicide ideation and attempt in adults and adolescents: A systematic review. *Archives of Suicide Research, 26*(6), 1702–1735. <https://doi.org/10.1080/13811118.2021.1983342>
- Garnefski, N., & Kraaij, V. (2006). Cognitive emotion regulation questionnaire – Development of a short 18-item version (CERQ-short). *Personality and Individual Differences, 41*(6), 1045–1053. <https://doi.org/10.1016/j.paid.2006.04.004>
- Garnefski, N., & Kraaij, V. (2007). The cognitive emotion regulation questionnaire: Psychometric features and prospective relationships with depression and anxiety in adults. *European Journal of Psychological Assessment, 23*(3), 141–149.
- Grassia, E., & Gibb, B. (2022). Rumination, social rejection, and suicidality: The mediating role of belongingness. *Journal of Affective Disorders, 309*(3), 123–132.
- Gross, J. J., Richards, J. M., & John, O. P. (2006). *Emotion regulation in everyday life*. New York: Guilford Press.
- Habibi, M., Bagherian Sararoudi, R., & Ghahremani, S. (2018). Mental health challenges in students: A futuristic view on depression and suicidal behaviors. *Journal of Research in Behavioral Sciences, 16*(4), 573–599. <https://doi.org/10.52547/rbs.16.4.573>
- Hasani, J., & Miraghaie, A. M. (2012). The relationship between strategies for cognitive regulation of emotions and suicidal ideation. *Contemporary Psychology, 7*(1), 61–72.
- IBM Corp. (2021). *IBM SPSS Statistics for Windows, version 28.0*. IBM Corp.
- Janoff-Bulman, R. (1979). Characterological versus behavioral self-blame: Inquiries into depression and rape. *Journal of Personality and Social Psychology, 37*(10), 1798–1809.
- Laghaei, M., Mehrabizadeh Honarmand, M., Jobson, L., Abdollahpour Ranjbar, H., & Habibi Asgarabad, M. (2023). Pathways from childhood trauma to suicidal ideation: Mediating through difficulties in emotion regulation and depressive symptoms. *BMC Psychiatry, 23*, Article 295. <https://doi.org/10.1186/s12888-023-03867-1>
- Liu, X., Li, J., & Yang, Y. (2021). Catastrophizing and adolescent suicide attempts: A longitudinal analysis. *Child Psychiatry & Human Development, 52*(4), 609–620.
- Matthias, B., Wirtz, C. M., Svaldi, J., & Hofmann, S. G. (2014). Emotion regulation predicts symptoms of depression over five years. *Behaviour Research and Therapy, 57*, 13–20. <https://doi.org/10.1016/j.brat.2014.03.003>
- Miranda, R., & Nolen-Hoeksema, S. (2007). Brooding and reflective rumination: Their roles in the prediction of depressive and anxious symptoms in adolescents. *Cognitive Therapy and Research, 31*(3), 401–418.
- Nolen-Hoeksema, S. (1991). Response styles and the duration of depressive episodes. *Journal of Abnormal Psychology, 100*(4), 569–582.
- Nolen-Hoeksema, S. (2000). The role of rumination in depressive disorders and mixed anxiety/depressive symptoms. *Journal of Abnormal Psychology, 109*(3), 504–511. <https://doi.org/10.1037/0021-843X.109.3.504>
- Van Orden, K. A., Witte, T. K., Gordon, K. H., Bender, T. W., & Joiner, T. E. Jr. (2008). Suicidal desire and the capability for suicide: Tests of the interpersonal–

Role of Maladaptive Emotion Regulation Strategies in Suicidal Attitude among University Students

psychological theory of suicidal behavior among adults. *Journal of Consulting and Clinical Psychology*, 76(1), 72–83. <https://doi.org/10.1037/0022-006X.76.1.72>

World Health Organization. (2021). *Suicide worldwide in 2019: Global health estimates*. <https://www.who.int/publications/i/item/9789240026643>.

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Mishra, P. & Panth, M.K. (2025). Role of Maladaptive Emotion Regulation Strategies in Suicidal Attitude among University Students. *International Journal of Indian Psychology*, 13(2), 2868-2876. DIP:18.01.252.20251302, DOI:10.25215/1302.252