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Resilience as a Mediator Between Negative Emotions and Suicidal Ideation in Women Affected by Marital Infidelity

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ABSTRACT

Objective: This study aimed to examine the mediating role of resilience in the relationship between negative emotional variables, including internalized shame, rumination, and difficulties in emotion regulation, and suicidal ideation among married women affected by marital infidelity.

Methods and Materials: A non-experimental correlational design based on structural equation modeling was used. The study population included women affected by marital infidelity who referred to family counseling centers in Qom, Iran, in 2024. A total of 265 eligible participants were selected through convenience sampling. Data were collected using the Beck Scale for Suicide Ideation, Rumination Response Scale, Internalized Shame Scale, Difficulties in Emotion Regulation Scale, and Connor–Davidson Resilience Scale. Data were analyzed using SPSS version 27 and AMOS version 24 with robust maximum likelihood estimation and bootstrapping.

Findings: The final model showed good fit, $\chi^2/df = 2.135$, GFI = .99, AGFI = .95, CFI = .98, NFI = .98, RMSEA = .066. Internalized shame, $\beta = .116$, $p = .048$, rumination, $\beta = .130$, $p = .030$, and difficulties in emotion regulation, $\beta = .213$, $p < .001$, positively predicted suicidal ideation. Resilience negatively predicted suicidal ideation, $\beta = -.137$, $p = .021$. Internalized shame, $\beta = -.123$, $p = .041$, rumination, $\beta = -.169$, $p = .006$, and difficulties in emotion regulation, $\beta = -.122$, $p = .045$, negatively predicted resilience. Indirect effects through resilience were significant for internalized shame, rumination, and difficulties in emotion regulation.

Conclusion: Resilience partially mediated the association between negative emotions and suicidal ideation, supporting its protective role among women affected by marital infidelity.

Keywords: Suicidal Ideation, Resilience, Rumination, Emotion Regulation, Internalized Shame, Marital Infidelity.

Introduction

Suicide is one of the most complex psychological phenomena, arising from the interaction of cognitive, emotional, and social processes. Suicidal ideation is often recognized as the starting point of self-injurious behaviors, and identifying the cognitive and emotional factors that contribute to it plays a vital role in prevention (Osborn et al., 2020). In recent years, researchers have emphasized the role of repetitive cognitive processes such as rumination, showing that persistent mental engagement with negative thoughts increases the risk of suicidal ideation (Liu et al., 2023; Nolen-Hoeksema & Morrow, 1991). By continuously focusing on failures, feelings of guilt, and worthlessness, rumination prolongs emotional distress and reduces the capacity for cognitive emotion regulation (Lin et al., 2024; Wang et al., 2025). This impairment in emotion regulation ability has itself been highlighted as one of the key mechanisms in the formation of suicidal thoughts.

On the other hand, internalized shame is a negative self-conscious emotion that, in harmful interpersonal situations such as marital infidelity, can play a decisive role in the emergence of suicidal ideation. This emotion is accompanied by feelings of worthlessness, guilt, and a tendency toward self-punishment, and it often leads to psychological pain and an identity crisis (Gilbert, 2007; Griffin et al., 2019). According to the narrative crisis model of suicide, intense shame and an inability to reconstruct meaning in life place individuals on the path toward a suicidal crisis (Cohen et al., 2022). Suicide can be viewed as an attempt to escape psychological pain; when shame is combined with a lack of coping resources, the risk of suicidal ideation increases (Woller et al., 2025).

In the same vein, difficulties in emotion regulation have been identified as one of the strongest predictors of suicidal ideation in recent research (Bruno et al., 2023). This construct refers to an inability to identify, understand, and control emotional responses (Gratz & Roemer, 2004) and is closely associated with features such as emotional impulsivity, which in many cases lead to high-risk behaviors (McKenzie & Gross, 2014). Individuals with poor emotion regulation, when faced with emotional rejection or spousal infidelity, tend to use maladaptive strategies such as avoidance, self-blame, or rumination, which increase psychological distress and contribute to suicidal ideation (Bruno et al., 2023; Shahbazirad & Mohammadi, 2021). In contrast, effective emotion regulation and the use of adaptive cognitive strategies strengthen resilience and reduce the intensity of negative reactions (Lewis et al., 2018; Moslemi & Hatami, 2024; Ochsner & Gross, 2005).

Within this context, resilience, as a central construct in positive psychology, refers to the ability to adapt effectively to stressful events and to return to emotional equilibrium (Connor & Davidson, 2003; Mohammadi et al., 2006). Based on the dual-factor model of mental health, mental health is not merely the absence of pathology; rather, it is the result of the interaction between negative factors and positive components (Magalhães, 2024; Seligman & Csikszentmihalyi, 2014). Recent studies have shown that resilience, by reducing stress and enhancing emotion regulation, helps prevent suicidal ideation (Hidarisharaf et al., 2015; Selak et al., 2024; Wu et al., 2024).

Given the above, understanding the mediating role of resilience in the relationship between internalized shame, rumination, and difficulties in emotion regulation with suicidal ideation can provide an integrated framework for explaining the cognitive and emotional mechanisms affecting women who have been harmed by marital infidelity. Since marital infidelity in the Iranian cultural context, in addition to emotional consequences, creates extensive identity- and social-related challenges for women, examining this pattern has particular theoretical and practical significance. Accordingly, the aim of the present study was to develop and test a structural model of suicidal ideation based on rumination, internalized shame, and difficulties in emotion regulation, with resilience as a mediator, in married women affected by spousal infidelity.

Methods and Materials

Study Design

In terms of purpose, the present study was applied, and in terms of nature, it was a non-experimental correlational

study using structural equation modeling (SEM). This study examined the direct and indirect relationships among internalized shame, rumination, and difficulties in emotion regulation with suicidal ideation through the mediating role of resilience among married women affected by marital infidelity. To assess construct validity and the adequacy of the instruments' measurement model, confirmatory factor analysis (CFA) was conducted, and the final structural model was then estimated using SEM in AMOS (version 24). All preliminary calculations and descriptive indices were performed in SPSS (version 27).

Participants

The statistical population included all women affected by marital infidelity who referred to family counseling centers in the city of Qom in 2024. Based on the guideline reported by Saboor et al., (2023) (a minimum of 10 observations per free parameter in SEM), the recommended sample size was set at 300. After accounting for incomplete data, 265 valid questionnaires remained for the final analysis (Saboor et al., 2023).

Inclusion criteria were: being female, being married, having at least two years elapsed since marriage, no history of divorce or separation, no diagnosis of severe psychiatric or physical disorders by a specialist, and voluntary willingness to participate. Exclusion criteria included: withdrawing from the study at any stage, incomplete or invalid responses to more than 15% of items, and identification of outliers—univariate outliers based on values beyond ±3 standard deviations, or multivariate outliers based on Mahalanobis distance and non-normal values of Mardia's coefficient in the final analysis.

During the initial data quality evaluation, a total of 35 questionnaires were removed from the analysis: 22 due to incomplete responses, 9 due to repetitive or non-standard response patterns, and 4 as univariate outliers based on values outside ±3 standard deviations. Ultimately, data from 265 eligible participants were retained for statistical analyses and entered into the model.

Instruments

This study used a set of standardized questionnaires with evidence of reliability and validity in the Iranian population. In addition to Cronbach's alpha, composite reliability (CR) and convergent validity (average variance extracted; AVE) were calculated in the CFA to evaluate measurement model quality. In the final model, only items with standardized factor loadings greater than 0.50 were retained to ensure adequate measurement model fit.

Beck Scale for Suicide Ideation (BSSI): Designed by Beck & Steer (1989), this questionnaire includes 19 items rated on a three-point Likert scale (0 = never to 2 = always). Higher scores indicate a greater tendency toward suicide. In international studies, Cronbach's alpha has been reported between 0.87 and 0.97 (Reinecke & Franklin-Scott, 2005). In Iran, Anisi (2005) reported an alpha of 0.95. In the final CFA of the present study, 5 items with factor loadings ≥ 0.50 remained in the measurement model, and Cronbach's alpha for this shortened version was 0.74.

Rumination Response Scale (RRS): Developed by Nolen-Hoeksema & Morrow (1991). The version used in this study was the 22-item, two-factor form (reflection and brooding/deep thinking), which has been reported as more valid in recent studies (Treynor et al., 2003). Higher scores indicate higher levels of rumination. International research has reported Cronbach's alpha between 0.88 and 0.92, and in an Iranian study by Asadi et al., (2013) it was reported as 0.81. In the CFA, 10 items with factor loadings ≥ 0.50 were retained, and Cronbach's alpha for this version was 0.69.

Internalized Shame Scale (Khanzadeh et al. 2012): Developed by Cook (1993), this scale includes 30 items and has two main subscales: shame-proneness (self-shaming) and self-devaluation. Higher scores indicate greater feelings of inadequacy and inferiority (Cook, 1993). Cronbach's alpha for the subscales in the original study ranged from 0.90 to 0.94, and Rajabi et al., (2015) reported an alpha of 0.90 for the total scale in Iran (Rajabi et al., 2015). In the CFA of the present study, 8 items with factor loadings ≥ 0.50 remained in the model, and Cronbach's alpha for the shortened version was 0.67.

Difficulties in Emotion Regulation Scale (DERS): Developed by (Gratz & Roemer, 2004), this questionnaire includes 36 items across six subscales (Gratz & Roemer, 2004): non-acceptance of emotional responses, difficulties

engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. In the original study, Cronbach's alpha was 0.93; in Iran, Khanzadeh et al., (2012) reported values ranging from 0.86 to 0.88 (Khanzadeh et al., 2012). In the CFA, 16 items with factor loadings ≥ 0.50 were retained in the final model, and Cronbach's alpha for this version was 0.72.

Connor–Davidson Resilience Scale (CD-RISC): Developed by Connor & Davidson (2003), this scale includes 25 items rated on a five-point Likert scale (0 = never to 4 = always) (Connor & Davidson, 2003). In the original version, five factors were extracted: personal competence, trust in one's instincts/tolerance of negative affect, positive acceptance of change/secure relationships, control, and spirituality. Based on Iranian findings by Mohammadi et al., (2006), this instrument has a single-factor structure in the Iranian population. In the CFA of the present study, 6 items with factor loadings ≥ 0.50 remained in the model, and Cronbach's alpha for this shortened version was 0.72 (Mohammadi et al., 2006).

Procedure

The research procedure included obtaining the necessary permissions from the Islamic Azad University, Arak Branch, and receiving approval from the research ethics committee. After coordinating with family counseling service centers in Qom, the study objectives were explained clearly and precisely to participants, and it was emphasized that the collected information would be used solely for scientific purposes and kept completely confidential. Written informed consent was obtained from all participants. Questionnaires were completed in person under the direct supervision of the researcher to ensure that all procedures followed the standard protocol and that the researcher could respond to potential questions if needed. Participants were also informed that participation was entirely voluntary and that they could withdraw at any stage without any negative consequences. After data collection, incomplete, damaged, or ineligible questionnaires were removed based on the predefined criteria, and high-quality data were entered into the statistical software for analysis.

Data Analysis Methods

Before conducting the main analyses, data normality was assessed. Univariate normality was evaluated using skewness and kurtosis indices, and multivariate normality was assessed using Mardia's coefficient. The results indicated that values fell within acceptable ranges, confirming the assumption of normal data distribution. In addition, the Kolmogorov–Smirnov test was used as a supplementary check of normality ($p > 0.05$). Next, descriptive statistics including mean, standard deviation, and frequency were calculated to summarize the data. The measurement model was evaluated using CFA, and the structural model was estimated using SEM in AMOS (version 24). To assess model fit, the following indices were considered: χ^2/df, GFI, AGFI, CFI, NFI, and RMSEA. Based on recommendations by Hu & Bentler (1999), χ^2/df values below 3, CFI and GFI above 0.90, and RMSEA below 0.08 indicate acceptable model fit (Hu & Bentler, 1999). Construct validity was evaluated by computing AVE and CR, with AVE > 0.50 and CR > 0.70 considered evidence of adequate reliability and validity. To test indirect effects and the mediating role of resilience, bootstrapping with 5,000 resamples at a significance level of 0.05 was used. All direct, indirect, and total path coefficients in the model were reported based on this approach.

Ethical Considerations

All stages of the study were conducted in accordance with the guidelines of the Research Ethics Committee of the Ministry of Science. The study purpose was explained transparently to participants, and written informed consent was obtained. Data were kept confidential and used only for scientific purposes. Participants were assured that participation was fully voluntary and that they could withdraw at any time.

Findings and Results

The findings of the present study were organized based on the structural equation modeling (SEM) approach and reported in several analytical steps. In the first step, the demographic characteristics of the sample were described to provide a clear picture of the participants' composition. In the second step, descriptive statistical indices for the main

study variables (mean, standard deviation, skewness, and kurtosis) were reported and data normality was examined. In the third step, the measurement model of latent variables was evaluated using confirmatory factor analysis (CFA) to assess composite reliability, convergent validity, and the adequacy of factor loadings. In the final step, the proposed structural model was tested using SEM, and the direct, indirect, and total effects among variables were analyzed.

All statistical analyses were performed using SPSS (version 27) and AMOS (version 24). Robust maximum likelihood estimation (MLR) was used for parameter estimation to ensure that estimates were resistant to potential deviations from multivariate normality.

Demographic Characteristics of Participants

Results from the demographic data indicated that the largest proportion of participants were in the 31–40 age group (n = 103; 38.9%), while the smallest proportion were aged 50 and above (n = 2; 0.8%). In terms of education, the highest frequency was for diploma and associate degree (32.5%), and the lowest was for primary education (10.9%). Among the 265 participants, 155 (58.5%) had children and 110 (41.5%) had no children. Regarding employment status, 117 participants (44.2%) were employed and 148 (55.8%) were homemakers (Table 1).

Table 1

Frequency and Percentage Distribution of Demographic Characteristics

Variable	Group	Frequency	Percent	Cumulative Percent
Age	20–30	85	32.1	32.1
	31–40	103	38.9	70.9
	41–50	75	28.3	99.2
	Above 50	2	0.8	100
Education	Primary	29	10.9	10.9
	Middle school	63	23.8	34.7
	Diploma/Associate	86	32.5	67.2
	Bachelor's	59	22.3	89.5
	Master's and above	28	10.5	100
Childbearing status	Has children	155	58.5	58.5
	No children	110	41.5	100
Occupation	Employed	117	44.2	44.2
	Homemaker	148	55.8	100

Overall, the demographic distribution pattern indicates a predominance of middle-aged participants, with children, and mainly homemakers—an overall composition that is psychologically consistent with the target group of the study (married women affected by spousal infidelity).

Descriptive Statistics of the Main Study Variables

To describe the main variables, measures of central tendency and dispersion—including mean, standard deviation, minimum, maximum, skewness, and kurtosis—were calculated. The acceptable range for skewness and kurtosis was ±2, and all variables fell within the normal range (Table 2).

Table 2

Descriptive Statistics of Study Variables

Variable	Minimum	Maximum	Mean	SD	Skewness	Kurtosis
Internalized shame	49	94	66.05	9.76	Within normal range	Within normal range
Rumination	25	59	37.92	6.39	Normal	Normal
Difficulties in emotion regulation	26	98	68.54	9.38	Normal	Normal
Resilience	10	37	21.64	5.33	Normal	Normal
Suicidal ideation	20	42	30.58	4.01	Normal	Normal

In general, the mean score for difficulties in emotion regulation (68.54) was relatively high, while resilience (21.64) was at a low-to-moderate level—an overall pattern that is theoretically aligned with the study hypotheses.

Assessment of Data Normality

The Kolmogorov–Smirnov test results showed that for none of the variables was the p-value less than 0.05. In addition, skewness and kurtosis indices were within the standard range. Accordingly, the normality assumption at both univariate and multivariate levels was confirmed, and the use of parametric methods and MLR estimation in SEM was considered valid.

Evaluation of the Measurement Model (CFA)

To examine measurement model adequacy and evaluate construct validity, CFA was performed. Indices of internal consistency (α), composite reliability (CR), average variance extracted (AVE), and mean factor loading (λ̄) are presented in Table 3.

Table 3

CFA Indices for Study Constructs

Construct	No. of Items	Cronbach's α	Mean Loading (λ̄)	CR	AVE	Result
Internalized shame	8	0.67	0.60	0.82	0.36	Acceptable convergent validity given high CR
Rumination	10	0.69	0.62	0.86	0.38	Acceptable
Difficulties in emotion regulation	16	0.72	0.66	0.93	0.43	Excellent in terms of composite reliability
Resilience	6	0.72	0.68	0.83	0.46	Acceptable
Suicidal ideation	5	0.74	0.70	0.82	0.49	Close to the desirable threshold

Based on the criterion proposed by Fornell & Larcker (1981), CR values above 0.70 indicate adequate composite reliability (Fornell & Larcker, 1981). Although AVE for some constructs was below 0.50, convergent validity was supported due to high CR and sufficiently strong factor loadings ($\lambda > 0.50$).

Correlation Matrix Among Study Variables

The correlation pattern among the main study variables is presented in Table 4. As shown, Pearson correlation coefficients indicate consistent and significant associations among the examined constructs. Internalized shame showed positive and significant relationships with rumination, difficulties in emotion regulation, and suicidal ideation, while it was negatively correlated with resilience—indicating that shame aligns with negative emotional constructs and moves in the opposite direction of resilience. Rumination also had positive and significant correlations with difficulties in emotion regulation and suicidal ideation and a negative relationship with resilience. Similarly, difficulties in emotion regulation were negatively related to resilience and positively correlated with suicidal ideation. Overall, these relationships suggest that resilience moves inversely with negative emotional constructs.

Table 4

Pearson Correlation Coefficients Between Study Variables

Variables	1	2	3	4	5
1. Internalized shame	1	–	–	–	–
2. Rumination	0.142*	1	–	–	–
3. Difficulties in emotion regulation	0.220**	0.184**	1	–	–
4. Resilience	−0.175**	−0.207**	−0.180**	1	–
5. Suicidal ideation	0.206**	0.212**	0.286**	−0.223**	1

*p** < 0.01; p* < 0.05*

As shown in Table 4, all correlation coefficients were significant at the 5% error level or lower. Overall, these results indicate overlap among negative emotional constructs and their inverse association with resilience, suggesting that resilience functions as a protective factor against maladaptive emotional patterns.

Structural Model (SEM) and Hypothesis Testing

Direct Effects

To estimate the direct paths among the study variables, the structural model was tested based on the proposed theoretical framework using robust maximum likelihood estimation (MLR) in AMOS. Standardized coefficients, standard errors, and significance levels are presented in Table 5. These paths included the relationships between exogenous variables (internalized shame, rumination, and difficulties in emotion regulation) and the mediator (resilience) and the final dependent variable (suicidal ideation).

Table 5

Direct Paths in the Structural Model

Path	Estimate	Standardized β	SE	CR	p
Internalized shame → Resilience	−0.068	−0.123	0.033	−2.043	0.041
Internalized shame → Suicidal ideation	0.048	0.116	0.024	1.978	0.048
Rumination → Resilience	−0.139	−0.169	0.050	−2.765	0.006
Rumination → Suicidal ideation	0.081	0.130	0.037	2.175	0.030
Difficulties in emotion regulation → Resilience	−0.070	−0.122	0.035	−2.002	0.045
Difficulties in emotion regulation → Suicidal ideation	0.091	0.213	0.025	3.576	0.000
Resilience → Suicidal ideation	−0.103	−0.137	0.045	−2.315	0.021

As shown in Table 5, most estimated paths were statistically significant. The direct path from internalized shame to suicidal ideation, with a standardized coefficient of $\beta = 0.116$ and $p = 0.048$, was at the threshold of significance and may be interpreted as significant at the 0.05 level but with a small effect size. All other paths were significant at the 5% level or lower. In this model, internalized shame, rumination, and difficulties in emotion regulation were negatively related to resilience and positively related to suicidal ideation, while the path from resilience to suicidal ideation was negative and significant.

Indirect Effects

To examine the mediating role of resilience in the relationship between internalized shame, rumination, and difficulties in emotion regulation with suicidal ideation, bootstrapping was used; results are presented in Table 6.

Table 6

Indirect Effects via Resilience (Bootstrapping)

Path	Estimate	Standardized	Lower CI	Upper CI
Internalized shame → Suicidal ideation via resilience	0.007	0.017	0.003	0.045
Rumination → Suicidal ideation via resilience	0.014	0.023	0.009	0.060
Difficulties in emotion regulation → Suicidal ideation via resilience	0.007	0.017	0.004	0.044

Table 6 indicates that the indirect effects of internalized shame, rumination, and difficulties in emotion regulation on suicidal ideation were significant ($p < 0.05$). Because zero was not included in the confidence intervals, all indirect effects were statistically significant and supported.

In this section, the direct, indirect, and total effects of the main model variables were examined. As shown in Table 7, internalized shame, rumination, and difficulties in emotion regulation had positive effects on suicidal ideation, whereas resilience—as a mediating variable—had a negative effect. In addition, all paths from the exogenous variables to resilience were negative.

Table 7

Direct, Indirect, and Total Effects in the Structural Model

Variable	Direct Effect	Indirect Effect	Total Effect
On suicidal ideation from:			
Internalized shame	0.116	0.017	0.132
Rumination	0.130	0.023	0.153
Difficulties in emotion regulation	0.213	0.017	0.229
Resilience	−0.137	–	−0.137
On resilience from:			
Internalized shame	−0.123	–	−0.123
Rumination	−0.169	–	−0.169
Difficulties in emotion regulation	−0.122	–	−0.122

According to the table, all reported coefficients were significant at the 0.05 level. These results indicate coherent relationships among the main study variables: emotional and cognitive variables contributed to increased suicidal ideation, whereas resilience operated in the opposite direction. The pattern of coefficients also shows that difficulties in emotion regulation accounted for the largest share of the total effect, and the inhibitory (protective) role of resilience against the negative effects of the other variables is evident.

Model Fit Indices

To evaluate the adequacy of the final model, a set of fit indices was calculated (Table 8). Based on the criteria proposed by Hu & Bentler (1999), the examined indices—including chi-square, chi-square/df, goodness-of-fit index, adjusted goodness-of-fit index, comparative fit index, normed fit index (Bentler–Bonett), and root mean square error of approximation—were all within acceptable ranges (Hu & Bentler, 1999).

Table 8

Fit Indices for the Final Model

Index	Obtained Value	Acceptable Range	Evaluation
χ^2/df	2.135	< 3	Model supported
GFI	0.99	> 0.90	Model supported
AGFI	0.95	> 0.90	Model supported
CFI	0.98	> 0.90	Model supported
NFI (Bentler–Bonett)	0.98	> 0.90	Model supported
RMSEA	0.066	≤ 0.08	Model supported

All indices fell within the accepted range, indicating that the final model demonstrated good fit and was consistent with the empirical data. Based on these indices, the study's theoretical structure appropriately matched the observed data and the model showed adequate statistical adequacy.

Final Model Summary and Interpretation

The SEM results provide a coherent picture of the relationship pattern among the study constructs. As shown in Figure 1, internalized shame, rumination, and difficulties in emotion regulation were each associated with increased suicidal ideation both directly and indirectly through reduced resilience. In this model, resilience played a protective, buffering mediating role, reducing the strength of the effects of emotional and cognitive variables on suicidal ideation.

In the final model structure, difficulties in emotion regulation showed the largest total effect and internalized shame showed the smallest effect on suicidal ideation. The path coefficient pattern indicates that resilience weakens the pathway through which the three negative emotional constructs influence suicidal ideation. Overall, the results of the model (Figure 1) indicate theoretical coherence, statistical adequacy, and good model fit. The alignment of observed relationships with theoretical predictions provides empirical support for the mediating role of resilience in the link between emotional–cognitive variables and suicidal ideation among married women affected by spousal infidelity.

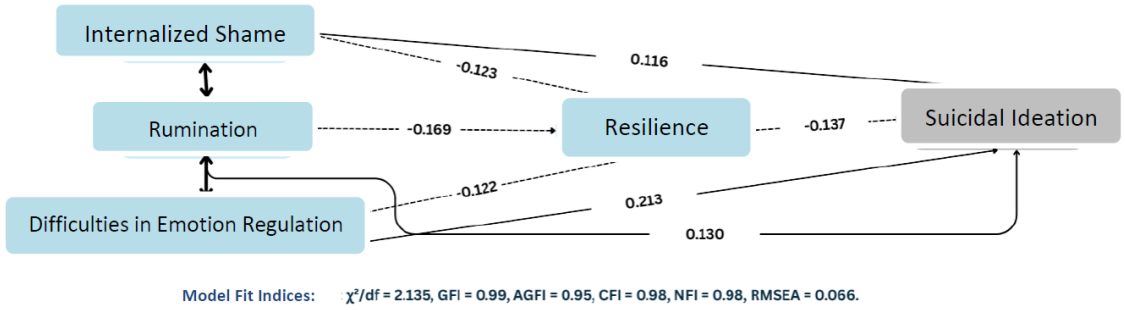

Figure 1

The final fitted model of relationships among internalized shame, rumination, difficulties in emotion regulation, resilience, and suicidal ideation within the SEM framework

Discussion and Conclusion

The purpose of the present study was to examine the mediating role of resilience in the relationship between internalized shame, rumination, and difficulties in emotion regulation with suicidal ideation in married women affected by spousal infidelity. The results of structural equation modeling showed that all three negative emotional variables (internalized shame, rumination, and difficulties in emotion regulation) had significant direct and indirect effects on suicidal ideation, and these effects were strengthened through a reduction in resilience. In other words, resilience plays a protective, buffering mediating role in this model against the harmful effects of negative emotions.

The Role of Rumination in Suicidal Ideation and the Mediating Role of Resilience

The findings indicated that rumination increases the likelihood of suicidal ideation in married women affected by spousal infidelity both directly and indirectly through reducing resilience. This finding is consistent with the study by Wang et al. (2025), which showed that rumination—by increasing feelings of loneliness—raises the likelihood of non-suicidal self-injury among adolescents with major depressive disorder, while resilience moderates this relationship. This result is also in line with the findings of Jaffar et al. (2025), who introduced resilience as a mediator between rumination and learned helplessness.

From a theoretical perspective, rumination is a self-referential cognitive pattern that, by focusing on failures and guilt, sustains negative emotions and reduces the capacity for emotional self-regulation. By activating closed, maladaptive thought cycles, this construct increases vulnerability to suicidal ideation (Millner et al., 2020; Osborn et al., 2020). According to the "narrative crisis model of suicide" Cohen et al., (2022), when individuals are unable to reconstruct meaning following a traumatic event, ruminative thinking perpetuates psychological distress and fosters schemas related to worthlessness and hopelessness.

Within this process, resilience—conceptualized as a component of the positive dimension of mental health in the dual-factor model (Magalhães, 2024; Xiao et al., 2021)—facilitates cognitive reappraisal and the re-construction of meaning in response to adverse events. From this viewpoint, resilience not only reduces distress at the emotional level but also prevents the consolidation of ruminative thought patterns at the cognitive level by activating adaptive strategies. Therefore, higher levels of resilience in women affected by spousal infidelity can function as a protective factor and prevent the ruminative chain from escalating into suicidal ideation (Fino et al., 2022; Willis & Burnett Jr, 2016) .

Internalized Shame and Suicidal Ideation: The Protective Role of Resilience

The results showed that internalized shame indirectly influences suicidal ideation in women affected by spousal infidelity through reducing resilience. This finding is consistent with Özkan & Karakaya (2025), who reported that resilience, as a mediating variable, weakens the effect of psychological pain on suicide risk and has a prominent protective role. From the perspective of moral injury psychology, intense shame—especially in intimate relationships—undermines identity coherence and contributes to a self-punitive pattern (Griffin et al., 2019). In such circumstances, individuals may attribute relational failure to themselves and experience suicidal thoughts as a means of escaping guilt and worthlessness.

In the "narrative crisis model of suicide" Özkan & Karakaya (2025), internalized shame and guilt lead to a breakdown of one's personal narrative and a crisis of meaning in life. If coping resources such as resilience are unavailable, this meaning crisis may culminate in suicidal thoughts or behaviors. The structural model findings also showed that internalized shame had the smallest total effect among the predictors on suicidal ideation ($\beta = 0.132$). This may suggest that internalized shame does not exert a strong direct influence on suicidal ideation; rather, it operates through secondary processes such as rumination or difficulties in emotion regulation. In other words, internalized shame is a foundational emotion that creates conditions for maladaptive cognitive mechanisms to be

activated and only translates into suicidal ideation under diminished resilience. This interpretation aligns with the cognitive approach to suicide Millner et al., (2020), which emphasizes that suicidal ideation results from the interaction of multiple cognitive and emotional variables rather than the consequence of a single factor.

In the more recent perspective of Woller et al., (2025), psychological pain stemming from unmet needs constitutes the core of suicidal propensity (Woller et al., 2025). In this context, resilience—as a meaning-making resource and emotion regulator—increases tolerance for this pain and helps prevent psychological collapse. Therefore, although internalized shame represents one of the roots of psychological pain in women affected by infidelity, the magnitude of its effect on suicidal ideation depends on the level of resilience and the effectiveness of emotion regulation mechanisms.

Difficulties in Emotion Regulation and the Mediating Role of Resilience

The findings showed that difficulties in emotion regulation have a positive and significant relationship with suicidal ideation, and resilience significantly weakens this relationship. This result is consistent with studies by Moslemi & Hatami (2024) and Ghobadi et al. (2021), both of which showed that resilience can mediate the relationship between emotion regulation and outcomes such as quality of life or marital conflict. The present finding also corresponds to the cognitive model of suicide Millner et al. (2020), which emphasizes the inability to regulate negative emotions as one of the cognitive prerequisites of suicidal tendency.

Theoretically, difficulties in emotion regulation imply that individuals are not effective in inhibiting, evaluating, and expressing their emotions. In women affected by spousal infidelity, such inefficiency often leads to maladaptive strategies such as avoidance, self-blame, or rumination, which in turn intensify negative emotions such as anger, helplessness, and feelings of inadequacy (Bruno et al., 2023; Büscher et al., 2020). The continuation of this cycle may create conditions for the emergence of suicidal ideation.

In contrast, resilience—as a positive component within the dual-factor model of mental health (Grych et al., 2020; Zhang et al., 2021)—plays a cognitive-reconstructive and emotion-regulatory role. Women with high resilience can reinterpret infidelity not as a personal failure but as a manageable experience. Such cognitive reappraisal reduces the intensity of negative emotions and prevents individuals from entering the dysfunctional cycle of "negative emotion → rumination → suicidal ideation." Accordingly, resilience functions as a "psychological shield" in this context, strengthening coping mechanisms and preventing negative emotions from dominating and leading to suicidal ideation.

Theoretical Implications Within the Dual-Factor Model of Mental Health

Interpreting the results within the dual-factor model of mental health indicates that mental health is not merely the absence of pathology or disorder; rather, it is the product of a dynamic interaction between two dimensions: reducing risk factors and strengthening protective resources (Magalhães, 2024; Zhang et al., 2021). Based on this model, constructs such as internalized shame, rumination, and difficulties in emotion regulation represent the negative dimension of mental health, which—when activated—weakens emotional and cognitive functioning. In contrast, resilience, as a key indicator of the positive dimension, increases the capacity to restore emotional and cognitive balance after stress or adversity.

Within this framework, the balance between these two dimensions determines whether suicidal ideation is more likely to emerge or be prevented. The current findings support the notion that increasing resilience can buffer the harmful effects of negative emotions and prevent emotional distress from transforming into suicidal ideation. In the cultural context of women affected by marital infidelity, resilience functions not only as a psychological coping resource but also as a meaning-making construct that helps reconstruct personal narratives of emotional rupture and supports a return to psychological coherence (Feng et al., 2026; Petersen et al., 2020).

In other words, while shame, rumination, and difficulties in emotion regulation contribute to the persistence of negative emotional cycles and a sense of psychological fragmentation, resilience strengthens pathways back to

mental health through activating adaptive cognitive processes. Therefore, the findings clearly support the theoretical position of resilience as a linking axis between the negative and positive dimensions of mental health in explaining suicidal ideation.

Limitations and Recommendations

Although the results demonstrate strong theoretical and statistical coherence, generalization should be made cautiously. The study sample consisted of women affected by marital infidelity in the city of Qom; therefore, cultural, economic, and gender-related differences may influence the replication of findings. Future research is recommended to examine additional moderating variables—such as social support, attachment style, and spirituality—in mediation models. Moreover, longitudinal studies investigating the stability of resilience effects across different time intervals after experiencing infidelity could enhance both the theoretical and practical value of the findings.

Conclusion and Implications

The findings showed that internalized shame, rumination, and difficulties in emotion regulation are associated with increased suicidal ideation in women affected by spousal infidelity, whereas resilience plays a mediating and protective role. In other words, suicidal ideation in these women results from the interaction of negative cognitive and emotional processes, and resilience prevents the escalation of this cycle by strengthening coping mechanisms.

Within the dual-factor model of mental health, the results indicate that mental health is not solely the absence of harm but rather a balance between risk factors and protective resources. Resilience, as the positive dimension of mental health, moderates the negative effects of shame, rumination, and emotional dysregulation by enhancing emotional control and cognitive reappraisal, thereby helping prevent the development of suicidal ideation.

Theoretically, the present study underscores the key role of resilience in linking the negative and positive components of mental health. Practically, it suggests that psychological interventions aimed at enhancing resilience, mindfulness, and emotion regulation may be effective approaches to reducing suicidal ideation among women affected by infidelity.

Finally, future studies are recommended to employ longitudinal designs and include diverse cultural and gender groups to clarify more precisely the dynamics of the relationship between resilience and suicidal ideation. Overall, the findings emphasize that strengthening positive psychological components such as resilience and meaning-making is one of the most effective pathways for preventing psychological distress and promoting mental health in women affected by marital infidelity.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

This study received ethical approval from the Research Ethics Committee of Islamic Azad University, Arak Branch, under the code: IR.IAU.ARAK.REC.1403.309. This approval was issued due to the responsible researcher's organizational affiliation with the Arak Branch, although data collection was conducted in the city of Qom.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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