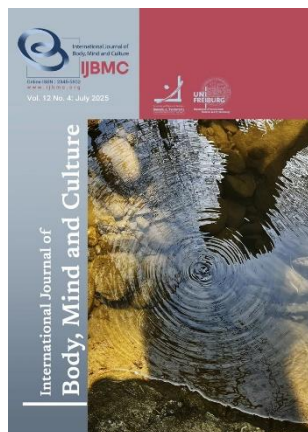1 Ph.D. student, Department of Psychology, Arak Branch, Islamic Azad University, Arak, Iran.
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Fear of Negative Evaluation as a Mediator Between Emotional Expressivity, Self-Compassion, and Suicidal Ideation in People with Gender Dysphoria

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ABSTRACT

Objective: This study aimed to examine whether fear of negative evaluation mediates the relationship between emotional expressivity and self-compassion with suicidal ideation in individuals diagnosed with gender dysphoria.

Methods and Materials: A cross-sectional study was conducted using structural equation modeling (SEM). A total of 267 participants diagnosed with gender dysphoria in Tehran were selected via convenience sampling. Participants completed four validated instruments: the Beck Suicide Ideation Scale (BSSI), Emotional Expressivity Questionnaire (EEQ), Self-Compassion Scale (SCS), and the Brief Fear of Negative Evaluation Scale (BFNES-B). Data analysis was performed using SPSS 26 and AMOS 23. Bootstrapping techniques were employed to test indirect effects.

Findings: Emotional expressivity and self-compassion were both negatively associated with suicidal ideation (p<0.001). Fear of negative evaluation showed a positive direct effect on suicidal ideation (p<0.001) and mediated the relationships between both predictors and suicidal ideation. The final model demonstrated good fit indices (CFI = 0.94, RMSEA = 0.079).

Conclusion: Findings suggest that individuals with gender dysphoria who struggle with emotional expression or self-compassion may be more vulnerable to suicidal ideation, partly due to increased fear of negative evaluation. Interventions aimed at reducing evaluative concerns and enhancing emotional openness and self-kindness may help mitigate suicide risk in this population.

Keywords: emotional expressivity, self-compassion, fear , Gender dysphoria, suicide.

Introduction

Gender dysphoria is a psychological condition characterized by marked incongruence between one's experienced or expressed gender and the gender assigned at birth, often resulting in substantial distress or impairment in important areas of functioning (American Psychiatric Association, 2022). The distress associated with gender dysphoria frequently manifests in the form of anxiety, depression, social withdrawal, and suicidal ideation. These challenges often intensify during adolescence and early adulthood, coinciding with identity development and exposure to social stigma. In recent years, the prevalence of gender-diverse identities, including transgender, non-binary, and gender-nonconforming individuals, has increased globally,

raising significant concern about the mental health needs of this population (Claesdotter-Knutsson et al., 2024; Mason et al., 2023).

Among the most alarming statistics is the elevated risk of suicidal ideation and behavior in individuals with gender dysphoria. A population-based study in the Netherlands found that transgender individuals were several times more likely to attempt suicide compared to their cisgender counterparts (Wiepjes et al., 2020). In Iran, where cultural taboos and limited institutional support exacerbate minority stress, recent findings have revealed that over 50% of individuals with gender dysphoria report suicidal ideation, with one-third reporting actual suicide attempts (Talaei et al., 2022). These figures far exceed global averages and highlight the urgent need to explore both risk and protective factors that may influence suicidality in this vulnerable group.

Suicidal ideation—defined as thoughts, considerations, or plans related to suicide—can occur even in the absence of intent or behavior. It is considered a critical early marker in the suicidal process, one that can progress toward more serious outcomes if left unaddressed (O'Connor et al., 2013; O'Connor & Kirtley, 2018). While external factors such as discrimination, social rejection, and violence contribute to elevated suicide risk among gender minorities (Kassing et al., 2022; Keating & Muller, 2020), recent scholarship has emphasized the role of intrapersonal mechanisms—such as emotional regulation, self-perception, and social cognition—in shaping individual vulnerability. Understanding how these psychological variables interact is essential for designing effective interventions that go beyond structural reform.

Emotional expressivity refers to an individual's tendency to openly display their emotional states through facial expressions, body language, and verbal communication (Gross & John, 2002). As an adaptive emotion regulation strategy, emotional expressivity enables individuals to receive validation, social support, and feedback from their environment. Conversely, emotional suppression—deliberate inhibition of emotional expression—is often linked to heightened internal distress, depressive symptoms, and social disconnection (Gross & John, 2002). In the context of gender dysphoria, individuals may conceal or suppress emotions due to anticipated stigma, internalized shame,

or previous negative experiences, thus limiting opportunities for emotional resolution and relational connection.

Emerging evidence supports the idea that difficulties with emotional expression may increase the risk of suicidal ideation. Polanco-Roman et al. (2018, 2024) found that low emotional expressivity predicted higher levels of perceived burdensomeness and thwarted belongingness—two core components of the interpersonal theory of suicide (Polanco-Roman et al., 2024; Polanco-Roman et al., 2018). The same theory posits that suicide risk escalates when individuals feel both alienated and as though they are a burden to others. For gender-diverse individuals, emotional inexpressiveness may reinforce these beliefs, thereby increasing vulnerability to suicidal thinking.

Parallel to emotional regulation, self-compassion has emerged as a salient protective factor in mental health research. Self-compassion, as defined by Neff (2003), involves treating oneself with kindness, recognizing one's experiences as part of the shared human condition, and maintaining balanced emotional awareness. In contrast to self-judgment or shame, self-compassion promotes emotional resilience and adaptive coping in the face of adversity (Neff, 2003). In gender-diverse populations, self-compassion has been associated with reduced depression, anxiety, internalized stigma, and suicidal ideation (Carvalho & Guiomar, 2022; Helminen et al., 2023). However, some studies have reported contradictory findings. For instance, Boase and McLaren (2024) observed that while self-compassion was a protective factor in gender-diverse individuals, it paradoxically correlated with higher suicide risk in some transgender participants, possibly reflecting cultural, contextual, or measurement differences (Boase & McLaren, 2024). These discrepancies indicate a need for more nuanced models that examine not only direct effects but also mediating variables.

One such mediating variable may be fear of negative evaluation (FNE)—a cognitive-affective construct characterized by apprehension about others' judgments, rejection, or disapproval (Watson & Friend, 1969). Gender-diverse individuals often navigate hostile or invalidating environments where public scrutiny and social stigma are common. According to minority stress theory (Meyer, 2003), chronic exposure to such stressors leads to internalized fear, avoidance behaviors, and

mental health difficulties. In this context, individuals may become hyper-vigilant about potential criticism, thereby limiting their emotional expression and eroding self-compassion.

FNE has been implicated in several studies as a significant predictor of social anxiety, emotional suppression, and psychological distress (Dryman & Heimberg, 2018). Lindquist et al. (2023) and Chen et al. (2024) found that FNE was directly associated with suicidal ideation, both cross-sectionally and longitudinally. It is therefore plausible to hypothesize that FNE mediates the relationship between emotion-focused variables (like emotional expressivity and self-compassion) and suicide-related outcomes in individuals with gender dysphoria. For example, an individual with low self-compassion and high FNE may internalize social rejection more deeply, leading to persistent self-criticism, hopelessness, and suicidal thoughts (Chen et al., 2024; Lindquist et al., 2023).

Despite the relevance of these constructs, few studies have integrated them within a single theoretical model, particularly in the context of gender dysphoria. The Integrated Motivational–Volitional (IMV) model of suicidal behavior offers a promising framework for this purpose (O'Connor et al., 2013; O'Connor & Kirtley, 2018). The IMV model posits that suicidal ideation develops during a motivational phase, shaped by factors like defeat, entrapment, and social cognition (e.g., perceived burdensomeness), and that volitional moderators (e.g., access to means, impulsivity) determine progression to suicidal behavior. Variables such as emotional expressivity and self-compassion may operate in the motivational phase. In contrast, fear of negative evaluation could serve as a cognitive bridge that amplifies distress and facilitates the development of suicidal ideation.

In Iran, where research on transgender and gender-diverse populations remains limited, understanding these intrapersonal dynamics is not only scientifically important but also socially urgent. Cultural conservatism, legal ambiguity, and limited psychological resources contribute to the invisibility of this population in national health discourse. Existing studies have highlighted alarming rates of psychiatric morbidity among Iranian individuals with gender dysphoria, but most have focused on demographic risk factors or psychiatric diagnoses (Ghiasi et al., 2024; Talaei et al., 2022). Few have examined how emotional and cognitive processes interact to shape suicide risk, especially through empirically testable models like structural equation modeling (SEM).

The current study aims to fill this gap by investigating whether fear of negative evaluation mediates the relationship between emotional expressivity and self-compassion with suicidal ideation in individuals diagnosed with gender dysphoria in Iran. By integrating constructs from emotion regulation theory, minority stress theory, and the IMV model, this study contributes a novel conceptual model to the literature. Understanding these relationships may not only advance academic knowledge but also inform clinical interventions that focus on improving emotional openness, fostering self-compassion, and reducing evaluative fear in high-risk populations.

Methods and Materials

Study Design and Participants

This study is fundamental and follows a correlational design, utilizing structural equation modeling (SEM) to examine the relationships between research variables. The statistical population included all individuals diagnosed with gender dysphoria in Tehran in the year 2024-2025.

Participants were selected using convenience sampling between April and September 2024-2025 based on the study's inclusion criteria. The inclusion criteria included: obtaining informed consent, being at least 17 years old (Sun et al., 2023), having at least a middle school education, being diagnosed with gender dysphoria by a professional psychologist, and not having any diagnosed physical or psychological illnesses. Exclusion criteria included unwillingness to participate in the study and invalid questionnaires (those with at least 5% of the questions unanswered).

In structural equation modeling, the sample size can be determined by allocating 10 to 20 observations per model parameter (Kline, 2016). Additionally, a minimum sample size of 200 is defensible (Kline, 2016). Considering this perspective and the number of estimated parameters in the research model (13 parameters), the optimal sample size was estimated to be between 130 and 260 participants. To increase sampling accuracy, account for possible participant

dropouts, and address incomplete responses, the final sample size was increased to 312 participants. After data collection and review, questionnaires from 45 participants were excluded due to incomplete responses, resulting in a final sample of 267 analyzed questionnaires.

Instruments

The Beck Suicide Ideation Scale is a 19-item instrument developed by Beck et al. in 1988 (Beck et al., 1988). Each item is scored on an ordinal scale ranging from 0 to 2, with a total score ranging from 0 to 38. Respondents answer the first five screening items, and if they score positively on item five (scores of 1 or 2), they proceed to answer the remaining items. Otherwise, the questionnaire is not completed. While no strict cutoff point is used (Reinecke & Franklin-Scott, 2005), the content of the questions allows suicide risk to be categorized as follows: scores of 0 to 5 indicate suicidal thoughts, 6 to 19 suggest readiness for suicide, and 20 to 38 indicate an intention to attempt suicide. Beck and colleagues validated the self-report version of the scale on 50 hospitalized patients diagnosed with various psychiatric disorders and 55 outpatients with affective disorders. The questionnaire was administered both in paper-and-pencil and computerized formats. Results showed a strong concurrent validity, with correlations between the self-reported and clinician-rated versions reaching 0.90 for both inpatients and outpatients. Internal consistency was also strong, with Cronbach's alpha of 0.90 for both paper and computerized formats (Beck et al., 1988). In Iran, Esfahani et al. examined the psychometric properties of the Persian version of this scale. The internal consistency reliability coefficients (Cronbach's alpha) were 0.80 for both the screening section and the full scale. Convergent validity analysis revealed positive correlations with depression (r = 0.57) and the Psychiatric Symptoms Checklist (r = 0.51), and a negative correlation with social support (r = -0.43) (Esfahani et al., 2015).

The Emotional Expressivity Questionnaire is a 16-item instrument developed by King and Emmons (1990) to assess three subscales: positive emotional expressivity, negative emotional expressivity, and intimacy expressivity. Responses are recorded on a Likert scale ranging from 0 (strongly disagree) to 5 (strongly agree). Items 7, 8, and 9 are reverse-scored.

Total scores range from 16 to 80, with higher scores indicating greater emotional expressivity. King and Emmons reported the reliability of the total scale and subscales using Cronbach's alpha, which ranged from 0.59 to 0.68. They also established convergent validity by correlating this questionnaire with the Multidimensional Personality Questionnaire and Bradburn's Positive and Negative Affect Scales, finding satisfactory results (King & Emmons, 1990). In Iran, Alavi et al. (2017) examined the psychometric properties of the Persian version of this questionnaire. Convergent validity analysis revealed correlations with the Beck Depression Inventory (r = 0.35) and Social Phobia Scale (r = 0.43). Internal consistency, assessed using Cronbach's alpha, ranged from 0.77 to 0.86, and Spearman-Brown coefficients ranged from 0.77 to 0.88. Additionally, test-retest reliability coefficients ranged from 0.72 to 0.79 (Alavi et al., 2017).

The Self-Compassion Scale is a 26-item self-report instrument developed by Neff (2003) to measure six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Items are scored on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). Items 1, 2, 4, 6, 8, 11, 13, 16, 18, 20, 21, 24, and 25 are reverse-scored. Higher scores indicate greater self-compassion. Neff (2003) reported a Cronbach's alpha of 0.92 for the overall scale, with subscale reliabilities ranging from 0.75 to 0.81. Convergent validity was demonstrated through a correlation of 0.59 with Rosenberg's Self-Esteem Scale (Neff, 2003). In Iran, Momeni et al. (2014) validated the Persian version of the scale. Convergent and divergent validity were supported by correlations with the Self-Esteem Scale (r = 0.32) and negative correlations with the Beck Depression Inventory (r = -0.34) and Beck Anxiety Inventory (r = -0.41). Internal consistency reliability was confirmed with a Cronbach's alpha of 0.70 (Momeni et al., 2014).

The Fear of Negative Evaluation Scale is a 12-item instrument developed by Leary (1983). Each item is rated on a five-point Likert scale (1 = not at all characteristic to 5 = extremely characteristic). Higher scores indicate greater anxiety and fear of being negatively evaluated. Convergent validity was established by showing a strong correlation (r = 0.96) with the full-length version of the Fear of Negative Evaluation Scale. Internal consistency reliability was

high, with Cronbach's alpha of 0.96, and test-retest reliability after four weeks was 0.75 (Leary, 1983; Leary et al., 2007). In Iran, Shokri et al. (2008) assessed the psychometric properties of the Persian version. Internal consistency reliability (Cronbach's alpha) was 0.87 for the positively scored items, 0.84 for the full scale, and 0.47 for the negatively scored items. Convergent validity analysis revealed a significant correlation with the Academic Stress Scale (r = 0.43) (Shokri et al., 2008).

Data Analysis

Data analysis was conducted using descriptive statistics (mean and standard deviation). Normality of data distribution was assessed using skewness and kurtosis, considering values within ±2 for skewness and ±7 for kurtosis (Schumacker & Lomax, 2012). To test the theoretical model and its fit with the collected data, the maximum likelihood estimation method was used. Multivariate normality was examined using Mardia's test. The bootstrap method was applied to estimate indirect and total effects in the structural equation model. Data were analyzed using Pearson correlation and path analysis in SPSS version 26 and AMOS version

23. The statistical significance level was set at $\alpha = 0.05$ for all tests.

Findings and Results

The participants in this study consisted of 267 individuals diagnosed with gender dysphoria (71.9% male; 28.1% female) in Tehran. The frequency distribution of respondents by age showed that 67.4% (180 individuals) were in the age range of 18 to 30, 18.4% (49 individuals) were under 18 years old, 12.7% (34 individuals) were between 30 and 50 years old, and 1.5% (4 individuals) were 50 years or older. Regarding educational levels, 56.6% (151 individuals) held a high school diploma or lower, 18.7% (50 individuals) had a bachelor's degree, 16.1% (43 individuals) had an associate's degree, 7.9% (21 individuals) had a master's degree or higher, and 0.7% (2 individuals) held a Ph.D. Furthermore, 95.5% (255 individuals) reported being single, while 4.5% (12 individuals) were married.

Table 1 presents the descriptive statistics and correlation coefficients between the research variables using Pearson correlation analysis.

Table 1

Descriptive Statistics and Correlation Coefficients Among Research Variables

Variable	1	2	3	4	Mean	SD	Skewness	Kurtosis
1. Emotional Expressivity	-				49.30	9.55	-0.12	-0.44
2. Self-Compassion	0.27	-			72.34	15.86	0.13	-0.11
3. Fear of Negative Evaluation	-0.36	-0.37	-		36.60	11.02	-0.09	-0.95
4. Suicidal Beliefs	-0.41	-0.42	0.57	-	4.07	2.90	0.12	-1.19

According to the results in Table 1, the relationships among the research variables largely aligned with the expected pathways. It was found that emotional expressivity and self-compassion had a negative and significant correlation with suicidal beliefs (p<0.05). Additionally, there was a positive and significant correlation between fear of negative evaluation and suicidal beliefs (p < 0.05). The relationships between emotional expressivity and self-compassion with fear of negative evaluation were also significant and negative (p<0.05). Therefore, a significant linear relationship existed between the research variables. After confirming the presence of correlations among the components, the assumptions of structural equation modeling were first examined.

Structural equation modeling requires checking the assumptions of univariate and multivariate normality, absence of multicollinearity, and independence of errors. The skewness and kurtosis values of the research variables, as shown in Table 1, fell within the acceptable range of ±2 for skewness and ±7 for kurtosis, indicating a normal distribution (Schumacker & Lomax, 2012). In assessing multivariate normality, the absolute critical ratio of Mardia's coefficient was found to be 2.243, confirming that the joint distribution of all variables was normal (Ghasemi, 2013).

To examine the absence of multicollinearity, tolerance coefficients and variance inflation factor (VIF) indices were calculated. The tolerance values for emotional expressivity, self-compassion, and fear of negative

evaluation as predictor variables in the model ranged from 0.79 to 0.84. The VIF values ranged from 1.18 to 1.26, confirming the absence of multicollinearity. The assumption of error independence was also verified using the Durbin-Watson statistic, which was 1.80 (DW = 1.80), supporting the independence of residuals. After assessing these assumptions, the model evaluation was conducted using path analysis in AMOS software. Table 2 presents the model fit indices.

Table 2

Model Fit Indices

Index	X^2/df	GFI	AGFI	CFI	NFI	IFI	TLI	RMSEA
Benchmark	≤ 3	≥ 0.90	≥ 0.85	≥ 0.90	≥ 0.90	≥ 0.90	≥ 0.90	≤ 0.08
Model	1.47	0.94	0.85	0.94	0.92	0.94	0.88	0.079

According to the results in Table 2, the model fit indices indicate a good fit between the proposed model and the observed data.

Table 3

Standardized Coefficients of Direct Pathways in the Proposed Model

Independent Variable	Dependent Variable	Unstandardized Coefficients	Standardized Coefficients	Standard Error	p-value
Emotional Expressivity	Suicidal Beliefs	-0.47	-0.29	0.12	< 0.001
Self-Compassion	Suicidal Beliefs	-0.22	-0.27	0.05	< 0.001
Fear of Negative Evaluation	Suicidal Beliefs	0.08	0.31	0.01	< 0.001
Emotional Expressivity	Fear of Negative Evaluation	-2.66	-0.43	0.53	< 0.001
Self-Compassion	Fear of Negative Evaluation	-0.77	-0.24	0.22	< 0.001

Based on the results in Table 3, the direct effect estimates of emotional expressivity (p< 0.001; β= -0.29) and self-compassion (p<0.001; β = -0.27) on suicidal beliefs in individuals with gender dysphoria were negative and significant. Another finding of the study showed that the direct effect estimate of fear of negative evaluation on suicidal beliefs (p<0.001; β = 0.31) was positive and significant. Additionally, the direct effect estimates of emotional expressivity (p<0.001; β= -0.43) and self-compassion (p<0.001; β = -0.24) on fear of negative evaluation were found to be negative and significant.

Table 4

*Bootstrap Results for Indirect Pathways in the Proposed Model*

Independent Variable	Mediating Variable	Dependent Variable	Standardized Coefficients	Standard Error	Lower Bound	Upper Bound	p-value
Emotional Expressivity	Fear of Negative Evaluation	Suicidal Beliefs	-0.219	0.067	-0.369	-0.132	< 0.001
Self-Compassion	Fear of Negative Evaluation	Suicidal Beliefs	-0.063	0.025	-0.116	-0.031	0.002

The bootstrap test results in Table 4 indicate that the indirect effect estimate between emotional expressivity and suicidal beliefs through the mediating role of fear of negative evaluation was negative and significant (p < 0.001; β = -0.219). Similarly, the indirect effect estimate of self-compassion on suicidal beliefs through the mediating role of fear of negative evaluation was also negative and significant (p = 0.002; β = -0.063). Thus, the proposed model demonstrated a satisfactory level of fit. In Figure 1, the final research model is presented in standardized form.

Figure 1

The Final Fitted Model Representing the Mediating Role of Fear of Negative Evaluation in the Relationship Between Emotional Expressivity and Self-

Compassion with Suicidal Beliefs (Standardized)
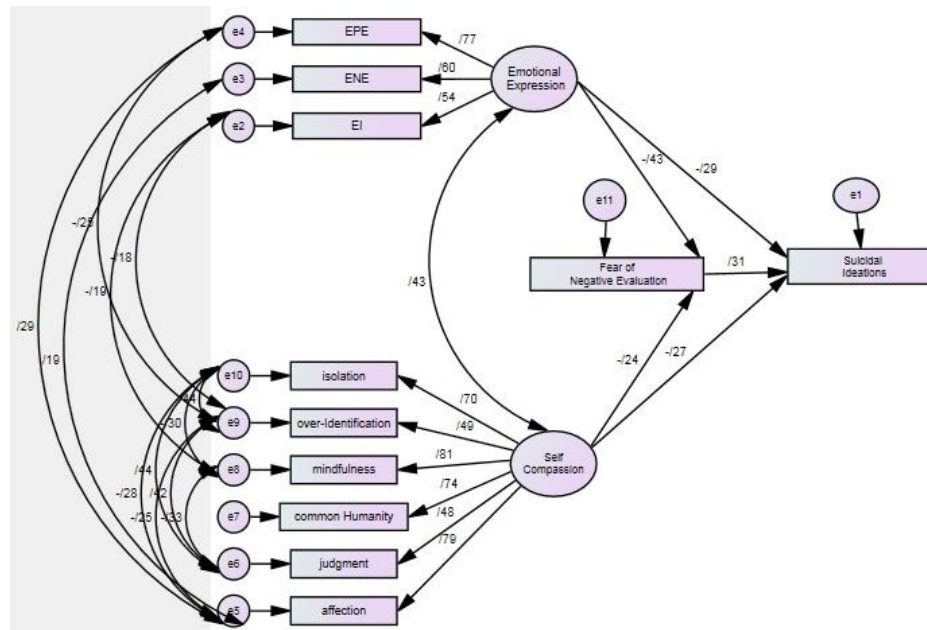
Based on these findings, it can be concluded that fear of negative evaluation serves as a mediating variable between the exogenous variables (emotional expressivity and self-compassion) and the endogenous variable (suicidal beliefs) in individuals with gender dysphoria.

Discussion and Conclusion

This study aimed to examine the mediating effect of fear of negative evaluation in the relationship between emotional expressivity and self-compassion with suicidal beliefs among individuals with gender dysphoria. Consistent with previous research, the results indicated that the relationship between emotional expressivity and suicidal beliefs was significant and negative (Kassing et al., 2022; Polanco-Roman et al., 2024; Polanco-Roman et al., 2018). Accordingly, individuals with gender dysphoria who exhibit more limited emotions or greater difficulties in understanding and expressing emotions are more likely to report suicidal beliefs.

For example, a study found that repeated exposure to transphobic prejudice may make it more difficult for transgender individuals to regulate or process intense emotional experiences (Keating & Muller, 2020). Another study revealed that emotional expressivity (especially sadness and joy) serves as a protective factor against suicidal thoughts in young adults (Kassing et al., 2022). A series of investigations assessing the reasons behind suicide attempts and self-harm showed that many adolescents engage in suicidal behaviors as a form of non-verbal communication (Babcock Fenerci et al., 2022; O'Brien et al., 2021).

Moreover, according to the self-harm theory, individuals harm themselves as a direct result of their inability or unwillingness to express emotions (MacLane, 1996) verbally. These findings suggest that those who struggle to express their emotions or feel discomfort doing so may be at greater risk for engaging in self-harm and suicide attempts as a way to express their distress. Consistent with the interpersonal-psychological theory of suicide (Van Orden et al., 2010), emotional expressivity may be related to perceived burdensomeness (the belief that one is a burden on others) and thwarted belongingness (thoughts of rejection, loneliness, and lack of mutual care), both of which are considered proximal risk factors for suicidal beliefs. As a result of these perceptions, an individual may view their death (through

suicide) as a way to improve the lives of their loved ones (Van Orden et al., 2010).

Another finding of this study indicated that the relationship between self-compassion and suicidal beliefs in individuals with gender dysphoria was significant and negative. In line with this finding, studies by Carvalho & Guiomar (2022) and Kardani et al. (2021) confirmed the role of self-compassion in reducing suicidal thoughts among sexual minorities and individuals with gender dysphoria (Carvalho & Guiomar, 2022; Kardani et al., 2021). However, another study found that self-compassion acted as a risk factor for transgender individuals regarding suicide risk (Boase & McLaren, 2024), which contradicts the present study's results. A meta-analysis by Helminen et al. (2023) reported that self-compassion was associated with lower levels of minority stress and psychological distress and higher levels of psychological well-being in sexual and gender minorities, with a moderate to large effect size (Helminen et al., 2023).

Thus, it appears that self-compassion serves as an effective coping resource among sexual and gender minorities. According to the interpersonal theory of suicide, suicidal tendencies emerge when a person develops negative perceptions of themselves about others (Van Orden et al., 2010). Specifically, suicidal thoughts and beliefs are most likely to arise when a person lacks a sense of belonging and feels lonely (thwarted belongingness) while simultaneously perceiving themselves as a burden on others, which is exacerbated by self-hatred.

Experiencing feelings of loneliness and burdensomeness precisely reflects a lack of common humanity and self-kindness (Carvalho & Guiomar, 2022). This means that self-compassion may reduce negative perceptions, even when faced with mistakes and failures, by helping individuals recognize that loneliness is an unavoidable aspect of human life. As a result, individuals can treat themselves with kindness, maintain a clear and balanced mind, and focus on momentary emotions rather than engaging in rumination and becoming overwhelmed by negative emotions, ultimately reducing suicidal beliefs (Carvalho & Guiomar, 2022).

The results of the direct path coefficients analysis showed that the relationship between fear of negative evaluation and suicidal beliefs was positive and significant. Consistent with this finding, Lindquist et al.

(2023) found that fear of negative evaluation was significantly associated with suicidal thoughts (Lindquist et al., 2023). Additionally, Chen et al. (2024) demonstrated a significant bidirectional longitudinal relationship between fear of negative evaluation and suicidal thoughts (Chen et al., 2024).

According to the minority stress theory, gender minorities experience higher levels of fear of negative evaluation. Experiencing greater levels of fear of negative evaluation is not only rational but also serves as a protective factor against the threat of physical harm, social conflict, and expected rejection by others (Meyer, 2003). However, a vicious feedback loop exists between fear of negative evaluation and suicidal thoughts (Chen et al., 2024; Lindquist et al., 2023), and individuals with high levels of fear of negative evaluation may develop suicidal beliefs as a means of escaping situations in which they anticipate being negatively evaluated and unable to endure it (Chen et al., 2024).

Another study finding indicated that the relationship between emotional expressivity and fear of negative evaluation was significant and negative. This finding aligns with research that examined the role of emotional expressivity and emotion regulation in fear of evaluation and social anxiety (Spokas et al., 2009; Tsarpalis-Fragkoulidis et al., 2024). The analysis of indirect effects showed that emotional expressivity indirectly influenced suicidal beliefs through fear of negative evaluation, with a negative indirect effect. No previous research was found that specifically investigated the mediating role of fear of negative evaluation in the relationship between emotional expressivity and suicidal beliefs.

The findings of this study also demonstrated that self-compassion indirectly affected suicidal beliefs through fear of negative evaluation, with a negative indirect effect. Specifically, individuals with gender dysphoria who have high levels of self-compassion are less influenced by negative evaluations from others. They believe that negative evaluations are a universal experience for all people. Thus, by observing the impact of an evaluation on themselves with an objective and calm mind and treating themselves with kindness after receiving feedback, individuals can avoid dwelling on negative aspects of an evaluation, ultimately reducing suicidal thoughts and beliefs stemming from fear of negative evaluation. In contrast, individuals with gender dysphoria who exhibit low levels of self-compassion may

increase their feelings of helplessness and hopelessness when facing negative evaluations from others, positioning themselves at the center of such evaluations. This cognitive focus on negative emotions may further intensify their fear of negative evaluation, thereby increasing the risk of suicidal beliefs (Leary et al., 2007).

One limitation of this study is the use of self-report measures, which may be subject to bias and response distortions. Additionally, the cross-sectional design limits causal inference, as the observed relationships among variables cannot establish temporal precedence. Furthermore, the study sample was restricted to individuals with gender dysphoria within a specific age range and geographic location, which may limit the generalizability of the findings to broader populations or different contexts. Future research utilizing longitudinal designs could better illustrate the dynamics and temporal potential of these relationships. Expanding the sample to include diverse populations across various age groups and cultural contexts would improve the generalizability of the findings. Additionally, incorporating objective measures, such as interviews or behavioral observations, alongside self-report instruments, may help reduce bias in the data and provide a more comprehensive understanding of the factors influencing suicidal beliefs in individuals with gender dysphoria. The findings of this study emphasize the importance of targeting fear of negative evaluation in therapeutic interventions for individuals with gender dysphoria to reduce suicidal beliefs.

Acknowledgments

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional. Ethical considerations included obtaining informed consent from participants, ensuring confidentiality and anonymity of information, and preventing any harm to the participants. Furthermore, this study was approved by the Ethics Committee of the Arak University of Medical Sciences under the ethics code IR.IAU.ARAK.REC.1403.146.

Transparency of Data

By 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.

References

Alavi, K., Asghari Moghadam, M. A., Rahiminezhad, A., & Farahani, H. (2017). Psychometric properties of the Ambivalence over Emotional Expression Questionnaire. *11*(1), 74-91. https://doi.org/10.29252/rph.11.1.74

American Psychiatric Association. (2022). *diagnostic and statistical manual of mental disorders, 5th edition, text revision (DSM-5-TR)*. American Psychiatric Publishing Inc. https://doi.org/10.1176/appi.books.9780890425596

Babcock Fenerci, R. L., Jenkins, G. A., Gilbert, A. C., Schettini, E., Musella, K., MacPherson, H., & Dickstein, D. P. (2022). Maltreatment history and reasons for self-injurious behavior among adolescents engaged in non-suicidal self-injury versus adolescents who attempted suicide. *Suicide and Life-Threatening Behavior*, *52*(5), 898-907. https://doi.org/10.1111/sltb.12887

Boase, E. R., & McLaren, S. (2024). Discrimination and suicide risk among transgender and gender-diverse adults: The moderating roles of self-compassion, self-coldness, and gender identity. *Psychology of Sexual Orientation and Gender Diversity*, *11*(4), 606-618. https://doi.org/10.1037/sgd0000634

Carvalho, S. A., & Guiomar, R. (2022). Self-compassion and mental health in sexual and gender minority people: A systematic review and meta-analysis. *LGBT Health*, *9*(5), 287-302. https://doi.org/10.1089/lgbt.2021.043

Chen, D., Shen, Y., Zhou, X., Ying, J., Zhang, J., Zhan, S., & You, J. (2024). The bidirectional longitudinal associations between fear of negative evaluation and suicidal ideation among Chinese adolescents: The mediating role of interpersonal needs factors. *Journal of Affective Disorders*, *361*, 59-66. https://doi.org/10.1016/j.jad.2024.05.151

Claesdotter-Knutsson, E., Andersson, M. J., Cervin, M., Delfin, C. A. U. H. A., & Broman, N. (2024). Rise in Gender Dysphoria Diagnoses and Legal Gender Changes in Sweden: 2005-2017.

Archives of Sexual Behavior, *53*(10), 3731-3738. https://doi.org/10.1007/s10508-024-02993-4ER -

Dryman, M. T., & Heimberg, R. G. (2018). Emotion regulation in social anxiety and depression: A systematic review of expressive suppression and cognitive reappraisal. *Clinical psychology review*, *65*, 17-42. https://doi.org/10.1016/j.cpr.2018.07.004

Esfahani, M., Hashemi, Y., & Alavi, K. (2015). Psychometric assessment of the Beck Scale for suicidal ideation (BSSI) in the general population in Tehran. *Medical Journal of the Islamic Republic of Iran*, *29*, 268. https://pmc.ncbi.nlm.nih.gov/articles/PMC4715388/

Ghasemi, V. (2013). *Structural equation modeling in social research using Amos graphics*. Sociologists' Publication. https://www.researchgate.net

Ghiasi, Z., Khazaei, F., Khosravi, M., & Rezaee, N. (2024). Physical and psychosocial challenges of people with gender dysphoria: a content analysis study. *BMC Public Health*, *24*(1), 16. https://doi.org/10.1186/s12889-023-17537-z

Gross, J. J., & John, O. P. (2002). Emotion regulation: Affective, cognitive, and social consequences. Facets of emotional expressivity: Three self-report factors and their correlates. *Psychophysiology*, *39*(3), 281-291. https://doi.org/10.1017/S0048577201393198 10.1016/0191-8869(95)00055-B

Helminen, E. C., Ducar, D. M., Scheer, J. R., Parke, K. L., Morton, M. L., & Felver, J. C. (2023). Self-compassion, minority stress, and mental health in sexual and gender minority populations: A meta-analysis and systematic review. *Clinical Psychology: Science and Practice*, *30*(1), 26. https://doi.org/10.1037/cps0000104

Kardani, L., Bashardoust, S., & Saberi, H. (2021). Provision of a Structural Model for Predicting Suicide Ideation based on Emotion Regulation and Self-Compassion with the Mediating Role of Perceived Social Support in Individuals with Gender Dysphoria. *Applied Family Therapy Journal (AFTJ)*, *2*(4), 421-441. https://doi.org/10.61838/kman.aftj.2.4.21

Kassing, F., Dodd, C. G., Palmer, L. E., & Hill, R. M. (2022). Comfort expressing emotions and suicide ideation: evidence of indirect effects via perceived burdensomeness and thwarted belongingness. *Archives of Suicide Research*, *26*(2), 886-895. https://doi.org/10.1080/13811118.2020.1841053

Keating, L., & Muller, R. T. (2020). LGBTQ+ based discrimination is associated with ptsd symptoms, dissociation, emotion dysregulation, and attachment insecurity among LGBTQ+ adults who have experienced trauma. *Journal of Trauma & Dissociation*, *21*(1), 124-141. https://doi.org/10.1080/15299732.2019.1675222

King, L. A., & Emmons, R. A. (1990). Conflict over emotional expression: psychological and physical correlates. *Journal of personality and social psychology*, *58*(5), 864. https://doi.org/10.1037/0022-3514.58.5.864

Kline, R. B. (2016). *Principles and practice of structural equation modeling*. https://books.google.com

Leary, M. R. (1983). A brief version of the fear of negative evaluation scale. *Personality and Social Psychology Bulletin*, *9*(3), 371-375. https://doi.org/10.1177/0146167283093007

Leary, M. R., Tate, E. B., Adams, C. E., Batts Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of personality and social psychology*, *92*(5), 887-904. https://doi.org/10.1037/0022-3514.92.5.887

Lindquist, E. G., Villarosa-Hurlocker, M. C., Raposa, E. B., Pearson, M. R., Bravo, A. J., & Protective Strategies Study, T. (2023). Fear of negative evaluation and suicidal ideation among college students: the moderating role of impulsivity-

like traits. *Journal of American College Health*, *71*(2), 396-402. https://doi.org/10.1080/07448481.2021.1891919

Mason, A., Crowe, E., Haragan, B., Smith, S., & Kyriakou, A. (2023). Gender dysphoria in young people: a model of chronic stress. *Hormone Research in Paediatrics*, *96*(1), 54-65. https://doi.org/10.1159/000520361

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674-697. https://doi.org/10.1037/0033-2909.129.5.674

Momeni, F., Shahidi, S., Mootabi, F., & Heydari, M. (2014). Psychometric properties of a Farsi version of the Self-Compassion Scale (SCS). *Contemporary psychology*, *8*(2), 27-40. https://www.magiran.com/p1237545

Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*, *2*(2), 85-101. https://doi.org/10.1080/15298860309032

O'Brien, K. H. M., Nicolopoulos, A., Almeida, J., Aguinaldo, L. D., & Rosen, R. K. (2021). *Why adolescents attempt suicide: a qualitative study of the transition from ideation to action* (Vol. 25). https://doi.org/10.1080/13811118.2019.1675561

O'Connor, E., Gaynes, B., Burda, B. U., & Williams, C. A. U. W. E. P. (2013). *Screening for suicide risk in primary care: A systematic evidence review for the US Preventive Services Task Force*. Agency for Healthcare Research and Quality (US). https://europepmc.org/article/nbk/nbk137737

O'Connor, R. C., & Kirtley, O. J. (2018). The integrated motivational-volitional model of suicidal behaviour. *Philosophical Transactions of the Royal Society B: Biological Sciences*, *373*(1754), 20170268. https://doi.org/10.1098/rstb.2017.0268

Polanco-Roman, L., Ahmad, K., Tigershtrom, A., Jacobson, C., & Miranda, R. (2024). Emotion expressivity, suicidal ideation, and explanatory factors: Differences by Asian American subgroups compared with White emerging adults. *Cultural diversity & ethnic minority psychology*, *30*(1), 11-21. https://doi.org/10.1037/cdp0000313

Polanco-Roman, L., Moore, A., Tsypes, A., Jacobson, C., & Miranda, R. (2018). Emotion reactivity, comfort expressing emotions, and future suicidal ideation in emerging adults. *Journal of Clinical Psychology*, *74*(1), 123-135. https://doi.org/10.1002/jclp.22486

Reinecke, M. A., & Franklin-Scott, R. L. (2005). *Assessment of suicide: Beck's scales for assessing mood and suicidality*. https://books.google.com

Schumacker, R. E., & Lomax, R. G. (2012). *A beginner's guide to structural equation modeling*. Routledge. https://doi.org/10.4324/9780203851319

Shokri, O., Geravand, F., Naghsh, Z., Ali Tarkhan, R., & Paeezi, M. (2008). The psychometric properties of the Brief Fear of Negative Evaluation Scale. *Iranian Journal of Psychiatry and Clinical Psychology*, *14*(3), 316-325. https://www.sciencedirect.com/

Spokas, M., Luterek, J. A., & Heimberg, R. G. (2009). Social anxiety and emotional suppression: The mediating role of beliefs. *Journal of Behavior Therapy and Experimental Psychiatry*, *40*(2), 283-291. https://doi.org/10.1016/j.jbtep.2008.12.004

Talaei, A., Hedjazi, A., Badieyan Moosavi, N., Dadgarmoghaddam, M., Lotfinejad, N., & Khorashad, B. S. (2022). The epidemiology of gender dysphoria in Iran: the first nationwide study. *Archives of Sexual Behavior*, *51*(4), 1881-1889. https://doi.org/10.1007/s10508-021-02250-y

Tsarpalis-Fragkoulidis, A., Tran, U. S., & Zemp, M. (2024). Fears of positive and negative evaluation and their within-person associations with emotion regulation in adolescence: A

longitudinal analysis. *Development and Psychopathology*, 1-13. https://doi.org/10.1017/S0954579424001366

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr. (2010). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575-600. https://doi.org/10.1037/a0018697

Watson, D., & Friend, R. (1969). Measurement of social-evaluative anxiety. *Journal of consulting and clinical psychology*, *33*(4), 448-457. https://doi.org/10.1037/h0027806

Wiepjes, C. M., den Heijer, M., Bremmer, M. A., Nota, N. M., de Blok, C. J., Coumou, B. J., & Steensma, T. D. (2020). Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972-2017). *Acta Psychiatrica Scandinavica*, *141*(6), 486-491. https://doi.org/10.1111/acps.13164