

The Mediating Role of Object Relations Quality and Defense Mechanisms in the relationship between ICD-11 Five-Factor Personality Traits and Current Suicidal Ideation in Major Depressive Disorder

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Abstract

Suicidal ideation is a critical burden in Major Depressive Disorder (MDD). However, the mechanisms by which ICD-11 personality traits influence suicidal ideation through psychodynamic structures remain unclear. This study aims to explore the relationship between ICD-11 Five-Factor Personality traits and suicidal ideation and to investigate the mediating roles of object relations quality and defense mechanisms in outpatients with MDD. The study sample included 386 adult outpatients diagnosed with MDD, with a mean age of 30.5 ± 8.85 years and 212 females (54.9%). The primary variables examined were ICD-11 trait domains, quality of object relations, defense mechanisms, and suicidal ideation. Structural equation modeling (SEM) was employed to evaluate the direct effects of personality traits on suicidal ideation, as well as the mediating effects of object relations and defense mechanisms. Results indicate that Dissociality ($\beta = 0.128, P = 0.009$), Disinhibition ($\beta = 0.161, P = 0.001$), Detachment ($\beta = 0.142, P = 0.001$), and Negative Affectivity ($\beta = 0.182, P = 0.035$) were directly associated with suicidal ideation. Conversely, there was no direct effect of Anankastia on suicidal ideation ($\beta = 0.056, P = 0.361$). Notably, Anankastia exerted significant indirect effects through all mediators, whereas Detachment was the only trait not mediated by object relations. This study demonstrates that the quality of object relations and defense mechanisms serve as significant mediating associations between ICD-11 personality traits and suicidal ideation. These findings highlight the importance of targeting defense restructuring in therapeutic interventions to reduce suicidality in MDD outpatients.

Introduction

Suicide is a major, multifactorial public health concern. Comprehensive studies show up to 60% of individuals who have died by suicide are diagnosed with major depressive disorder (MDD) (1, 2). Suicidal ideation is characterized by a variety of passive and active thoughts related to suicide and wishes for death (3), and the presence of suicidal ideation contributes in part to the overall disease burden of MDD (4). While suicide prevention programs are primarily focused on reducing mortality and preventing attempts, suicidal ideation requires deeper and more comprehensive attention (5). Therefore, Suicidal ideation should be examined not merely at the symptom level, but at the level of underlying psychodynamic personality components, such as pathological personality traits, the quality of object relations, and defensive mechanisms in depression.

The 11th version of the International Classification of Diseases (ICD-11) represents a paradigm change from categorical to dimensional diagnosis in personality disorders (6). Research in the field has indicated that the ICD-11 and DSM-5 AMPD components are interrelated (7), and provide significant coverage of existing models, such as the five-factor model (FFM), which offers thorough coverage of maladaptive and adaptive personality traits (8). The ICD-11 frameworks for assessment of personality disorder present a domain traits specifier aimed to describe pathological internalized and externalized behaviors conceptualized as homogeneous building blocks of personality pathology. These domains include Negative Affectivity, Detachment, Dissociality, Disinhibition, and Anankastia (9–11). This reorganization aimed to enhance the understanding of implicit personality processes and personality styles for more tailored psychotherapy interventions (12–15). Moreover, there is an ongoing effort to identify associations between personality traits and psychopathology (16–18). These studies have also demonstrated associations between personality traits and MDD (19, 20) as well as the intensity of suicidal ideation (21, 22). However, descriptive personality traits do not exist in a vacuum; rather, they are rooted in deeper cognitive-affective structures that organize an individual's experience of self and others.

The conception of dimensional approaches in personality disorders is traced back to the last century, rooted in the object relations framework (23, 24). Object Relations Theory posits that early interactions with primary caregivers (objects) play a foundational role in shaping personality development. These experiences are internalized representations of self and other which influence patterns of interpersonal relationships and emotion regulation (25, 26). Footprints of this theoretical background can be seen in both DSM-5 AMPD (27) and ICD-11 clinical assessment of personality pathology (28). Previous studies indicated that people with MDD, because of pathological relationship between parts of the self, interpersonal difficulties, and impaired object relations, tend to express aggression toward themselves, which can quickly threaten their psychic equilibrium (29) and increases suicidal ideation (30).

Defense mechanisms refer to adaptive functions, namely, to protect individuals from internal anxieties, psychological distress, and improve interpersonal effectiveness (31). However, some defenses may be considered pathological corresponding to behavior and emotional difficulties that disrupt individual's lives (32, 33). Defenses can be hierarchically organized into three categories based on their level of psychosocial and adaptive maturity: (1) Mature defenses which maximize gratification and contribute to healthy adaptation to external and internal stressors; (2) neurotic defenses which function to keep potentially threatening internal experiences outside conscious awareness, and (3) immature defenses which aim to reduce anxiety in response to perceived threats or discomforting reality (34, 35). Studies have found that MDD symptoms are highly correlated with low levels of mature defenses and high levels of immature defenses (36). Additionally, in individuals with MDD and self-harm behaviors, there is a significant link between immature defense mechanisms and pathological personality traits (37).

Pathological personality traits behind Suicidal ideation are crucial to understanding the behavior itself. According to previous studies on Big Five taxonomy, lower level of extraversion is associated with suicidal ideation compared to non-suicidal participants (21). In a study on Current suicidal ideation, depressive symptomatology potentially mediated personality traits and suicidal ideation (38). Although studies have found individuals with severely impaired quality of object relations and maladaptive defense mechanisms were almost two and a half times more likely to report current suicidal ideation (39) the specific relationships between these factors and domain traits specifiers introduced by ICD-11 have not been clearly established.

The primary aim of this study is to explore the relationship between ICD-11 Five-Factor Personality traits and Suicidal ideation in outpatients with MDD and to test the hypothesis that quality of object relation and defense mechanisms serve as significant mediators in this relationship.

Method

Participants and procedures

The present study recruited 386 adult outpatients with an average age of 30.5 (SD = 8.85) ranging from 18 to 55 years old, included 212 females (54.9%). The inclusion criteria were: (1) previously received a clinical diagnosis with major depressive disorder (MDD) based on a structured clinical interview following the DSM-5 guidelines conducted by mental health professionals; (2) at least 18 years old; (3) have the ability to read and speak Farsi, and give their consent to participation at the beginning of the study. Individuals with substance use, comorbid severe psychiatric disorders, serious medical conditions, and intellectual disabilities, were excluded.

Data collection was started from May 2024 to September 2025 in private psychiatric clinics in Kurdistan province. Depressive symptom severity was assessed using the Beck Depression Inventory–II (BDI-II), which was administered as a measure of current symptom intensity rather than for diagnostic purposes. The self-report measures were therefore sent on private links only to the specific clinical cohort. Due to incomplete questionnaires, 26 Participants were excluded from the analysis. we screened for inattentive responding (e.g., monotonously repeating the same answer) and unrealistic completion times. 5 responses flagged for these patterns were excluded to ensure the robustness of the estimates.

Study design and measures

This research is practical in terms of objectives. The survey information and method pertain to a descriptive cross-sectional design of a structural equation modeling (SEM) study. Based on the research literature, ICD-11 Five-Factor Personality traits, quality of object relations and defense mechanisms components were investigated as exogenous components and suicidal ideations were assessed as endogenous components.

Five-Factor Personality Inventory for ICD-11 (FFiCD)

FFiCD is a 121-item self-report questionnaire intended to evaluate trait domains of Anankastia, Negative Affectivity, Detachment, Disinhibition and Dissociality interduced in ICD-11. It contains 47 brief scales and 20 facet measures categorized under the facets at the “nuance” level (40). Correlational and factor-analytic results, which compared FFiCD scales with the FFM, the personality inventory for ICD-11 (PiCD), and PID-5, supported the theoretical structure of the FFiCD and the validity of the ICD-11 model (Oltmanns, 2021; Sorrel et al., 2022). The Persian version of the questionnaire was used in this study with permission obtained from its translator.

The Beck Depression Inventory-II (BDI-II)

BDI-II is a 21-item self-report questionnaire intended to assess the severity of depression symptoms based on DSM-IV in both adolescents and adults. Items are rated on a 4-point (0 to 3) scale, with total scores obtained by summing the ratings for all items. Scores ranging between 0 and 13 are indicative of minimal depression; scores that fall between 14 and 19 are considered to mild level of depression; scores of 20 to 28 are considered moderate; and a score ranging from 29 to 63 is considered severe. (Beck, Steer, & Carbin, 1988). The reliability coefficient for all 21 items of the BDI-II is 0.913, indicating sufficient reliability for the Iranian population. To assess validity, factor analysis and construct validity methods were utilized, the BDI-II-Persian had high internal consistency (Cronbach's $\alpha = 0.87$) and acceptable test-retest reliability ($r = 0.74$). (Ghassemzadeh et al., 2005).

The Beck Scale for Suicide Ideation (BSSI)

BSSI is a 19-item inventory that examines the severity of suicidal thoughts experienced in the week prior. The self-report version of the scale was developed by Beck and colleagues in 1988. Each item is given a score on a range of 0 to 2, resulting in a total score between 0 and 38. No cutoff score was used to categorize the total scores (Beck, Steer, & Ranieri, 1988). In an Iranian sample, the BSSI showed a concurrent validity of 0.76 when compared to the general health questionnaire and a reliability coefficient of 0.95, as determined by Cronbach's alpha (Esfahani et al., 2015).

The Defense Style Questionnaire (DSQ)

DSQ by Andrews et al. (1993) is designed on the hierarchical framework of defense mechanisms. It consists of 40 items rated on a Likert scale of 9 points (ranging from "completely agree" to "completely disagree"). It assesses 20 defense mechanisms categorized into three tiers: mature, neurotic, and immature defenses (Andrews et al., 1993). In Iran, the reliability of the DSQ in their study ranged from 0.32 to 0.91, indicating acceptable reliability across its scales (41).

The Bell Object Relations and Reality Testing Inventory (BORRTI)

BORRTI is a dynamic thought processes questionnaire that provides insights into an individual's "ability to maintain basic relationships and accurately perceive internal and external reality." The inventory contains 45 items (O-form) and measures four object relations dimensions: alienation, insecure attachment, egocentricity, and social incompetence. (42). In Iran, Hadinejad and colleagues assessed the validity and reliability of the BORRTI. They reported Cronbach's alpha coefficients for the Object Relations scales, which ranged from 0.73 to 0.76 for split-half reliability coefficients (43).

Statistical Analyses

On the variables, an exploratory analysis was carried out, followed by the calculation of basic descriptive statistics to determine the means and standard deviations. Pearson's bivariate correlations were utilized to assess the correlation between the variables. These analyses were carried out using the SPSS version 26 statistical software. The research purpose was also to examine the relationships among variables using path analysis in AMOS 24 (44). Additionally, the highest likelihood estimation method was employed to estimate the variables. Data from 386 participants were initially analyzed for outliers and normalcy. Univariate outliers (z scores over than 3.29 and below than -3.29) were retained in the analyses. Multivariate outliers were not problematic (D^2 values were not distinctly separated, (45)), which resulted in 386 samples. Multivariate normality was established as the multivariate kurtosis critical ratio was below 5.00 (45). For all variables, the skewness and kurtosis values were within the range of $[-3, 3]$, indicating univariate normality. Bootstrap analyses were performed (45–48) with the advised bias-corrected (BC) confidence intervals (CI) and 5000 samples (49). To evaluate the fitness of the model, the comparative fit index (CFI) $>$ to assess the fitness of the model. 9, Incremental Fit Index (IFI) $>$.9, Goodness of Fit Index (GFI) $>$.9, Parsimonious Comparative Fit Index (PCFI) $>$.5, Parsimonious Normed Fit Index (PNFI) $>$.5, the standardized root means square residual (SRMR) $<$.08, and the root mean square error of approximation (RMSEA) $<$.08. was conducted. Additionally, we calculated the coefficient of determination (R^2) to assess the extent to which the variance in the dependent variables is explained by the independent variables (50). The VIF values considered for the independent variables varied from 1.85 to 2.16 and were below the threshold of 10; no multicollinearity issues were noted (51).

Results

Relationships among Variables

As illustrated in Table 1, pathological trait domains such as Anankastia, Dissociality, Detachment, and Negative Affectivity are associated with impaired quality of object relations and immature defense mechanisms ($P < 0.01$). Among these traits, Detachment showed a significant positive relationship, notably with the impaired quality of object relations and immature defense mechanisms, and a negative relationship with mature defense mechanisms ($P < 0.01$). No substantial correlation was found between demographic variables of age and gender with suicidal ideation using Pearson's correlation analysis ($P > 0.5$).

Table 1
Correlation and Descriptive statistics of research variable

1. Anankastia	1	2	3	4	5	6	7	8	9	10
	1									
2. Dissociality	.17**	1								
3. Disinhibition	.03	.48**	1							
4. Detachment	.23**	.15**	.50**	1						
5. Negative affectivity	.39**	.26**	.66**	.65**	1					
6. Quality of object relations	.27**	.40**	.54**	.44**	.60**	1				
7. Immature defenses	.25**	.38**	.27**	.12*	.26**	.34**	1			
8. Mature defenses	– .22**	– .13*	– .20**	– .29**	– .27**	– .06	– .48**	1		
9. Neurotic defenses	.31**	.20**	.19**	.03	.15**	.27**	.56**	– .44**	1	
10. Suicidal ideation	.01	.14**	.31**	.27**	.35**	.26**	.13*	– .26**	.17**	1
M	73.08	59.56	70.77	40.41	138.44	27.06	124.98	39.42	41.01	12.64
SD	9.29	11.20	12.42	6.93	21.90	8.33	24.43	11.75	10.62	6.25
Skewness	.19	.29	.18	.05	– .05	– .11	.05	– .14	– .13	1.08
Kurtosis	– .16	.70	– .28	.01	.10	– .69	.47	– .32	– .42	.50

*Pathological trait domains (except for Anankastia) quality of object relations, and immature and neurotic defense mechanisms, exhibited a significant positive association with suicidal ideation; in contrast, mature defense mechanisms exhibited a negative association ($P < 0.01$). Note. ** $P < 0.001$, ns: Nonsignificant. $N = 386$. M: Mean; SD: Standard deviation.*

Regarding the quality of object relations, it was indicated that pathological traits such as Anankastia ($\beta = 0.221$, $P < 0.001$), Dissociality ($\beta = 0.393$, $P < 0.001$), Disinhibition ($\beta = 0.466$, $P < 0.001$), and Negative Affectivity ($\beta = 0.365$,

$P < 0.001$) had a positive associative path on this variable. However, Detachment ($\beta = 0.070$, $P = 0.157$) had no significant path coefficient on the quality of object relations, which indicates that this trait may not have a direct effect on this variable. There are significant positive associations between suicidal ideation and multiple trait domains. Specifically, Dissociality ($\beta = 0.128$, $P = 0.009$), Disinhibition ($\beta = 0.161$, $P = 0.001$), Detachment ($\beta = 0.142$, $P = 0.001$), and Negative Affectivity ($\beta = 0.182$, $P = 0.035$) demonstrated statistically positive correlations with increased suicidal ideation. However, Anankastia ($\beta = 0.056$, $P = 0.361$) was not found to be statistically related to suicidal ideation (Table 1).

Table 2
Standard coefficients of direct paths

Path Estimate	Path coefficient	S.E.	C.R.	P
Direct effect				
Anankastia ---> Quality of object relations	.221	.108	5.14	< .001
Dissociality ---> Quality of object relations	.393	.064	6.78	< .001
Disinhibition ---> Quality of object relations	.466	.042	7.27	< .001
Detachment ---> Quality of object relations	.070	.061	1.41	.157
Negative Affectivity ---> Quality of object relations	.365	.025	5.53	< .001
Anankastia ---> suicidal ideation	.056	.042	.91	.361
Dissociality ---> suicidal ideation	.128	.029	2.68	.009
Disinhibition ---> suicidal ideation	.161	.018	3.29	.001
Detachment ---> suicidal ideation	.142	.019	3.27	.001
Negative affectivity ---> suicidal ideation	.182	.025	2.10	.035
Anankastia ---> Immature defenses	.177	.142	3.27	.001
Dissociality ---> Immature defenses	.276	.118	5.11	< .001
Disinhibition ---> Immature defenses	.211	.041	4.61	< .001
Detachment ---> Immature defenses	.136	.215	2.23	.026
Negative affectivity ---> Immature defenses	.137	.039	2.19	.030
Anankastia ---> Mature defenses	– .379	.067	-7.14	< .001
Dissociality ---> Mature defenses	– .176	.055	-3.35	< .001
Disinhibition ---> Mature defenses	.055	.068	.460	.641
Detachment ---> Mature defenses	– .261	.113	-4.78	< .001
Negative affectivity ---> Mature defenses	– .387	.041	-5.05	< .001
Anankastia ---> Neurotic defenses	.367	.064	6.61	< .001
Dissociality ---> Neurotic defenses	.038	.053	.69	.488
Disinhibition ---> Neurotic defenses	.301	.065	3.94	< .001
Detachment ---> Neurotic defenses	.136	.096	2.16	.031
Negative affectivity ---> Neurotic defenses	.112	.039	1.37	.170
Immature defenses ---> suicidal ideation	.165	.013	3.25	.001
Mature defenses ---> suicidal ideation	– .263	.114	-4.79	< .001
Neurotic defenses ---> suicidal ideation	.171	.138	3.25	.001

Path Estimate	Path coefficient	S.E.	C.R.	P
Quality of object relations ---> suicidal ideation	.242	.085	4.34	< .001

*The direct paths of the hypothesized model are presented.

The findings regarding defensive mechanisms indicate that trait domains, including Anankastia ($\beta = 0.177, P = 0.001$), Dissociality ($\beta = 0.276, P < 0.001$), Disinhibition ($\beta = 0.211, P < 0.001$), Detachment ($\beta = 0.136, P = 0.026$), and Negative Affectivity ($\beta = 0.137, P = 0.030$), exhibited significant positive paths to immature defenses. These results suggested that participants with these trait domains were likely to use immature defenses. Anankastia ($\beta = -0.379, P < 0.001$), Dissociality ($\beta = -0.176, P < 0.001$) and Detachment ($\beta = -0.261, P < 0.001$). Finally, Disinhibition ($\beta = 0.055, P = 0.641$) did not have a significant impact on mature defenses. The results concerning neurotic defenses indicated that the traits of Anankastia ($\beta = 0.367, P < 0.001$), Disinhibition ($\beta = 0.301, P < 0.001$), and Detachment ($\beta = 0.136, P = 0.031$) were strongly related to the utilization of this defensive strategy. In contrast, Dissociality ($\beta = 0.038, P = 0.488$) and Negative Affectivity ($\beta = 0.112, P = 0.170$) did not show any statistically significant association on neurotic defenses. Furthermore, immature defenses ($\beta = 0.165, P = 0.001$), neurotic defenses ($\beta = 0.171, P = 0.001$), and object relations quality ($\beta = 0.242, P < 0.001$) were positively associated with suicidal ideation. Mature defenses ($\beta = -0.263, P < 0.001$), conversely, were a protective factor against suicidal ideation (Table 2).

Table 3
Standard coefficients of indirect paths

Path estimate	Path indirect	S.E.	95% BC CI	
			Lower	Upper
Indirect Effect				
Anankastia ---> Quality of object relations ---> Suicidal ideation	.06**	.01	.03	.09
Anankastia ---> Immature defenses ---> Suicidal ideation	.03*	.01	.01	.06
Anankastia ---> Mature defenses ---> Suicidal ideation	.10**	.03	.05	.16
Anankastia ---> Neurotic defenses ---> Suicidal ideation	.07**	.02	.04	.10
Dissociality ---> Quality of object relations ---> Suicidal ideation	.10**	.04	.06	.15
Dissociality ---> Immature defenses ---> Suicidal ideation	.05**	.01	.02	.08
Dissociality ---> Mature defenses ---> Suicidal ideation	.04*	.01	.02	.06
Dissociality ---> Neurotic defenses ---> Suicidal ideation	.01	.01	– .02	.04
Disinhibition ---> Quality of object relations ---> Suicidal ideation	.12**	.05	.06	.18
Disinhibition ---> Immature defenses ---> Suicidal ideation	.04*	.01	.02	.07
Disinhibition ---> Mature defenses ---> Suicidal ideation	– .01	.01	– .03	.01
Disinhibition ---> Neurotic defenses ---> Suicidal ideation	.05**	.01	.03	.09
Detachment ---> Quality of object relations ---> Suicidal ideation	.01	.01	– .02	.02
Detachment ---> Immature defenses ---> Suicidal ideation	.02	.01	– .01	.03
Detachment ---> Mature defenses ---> Suicidal ideation	.07**	.03	.04	.11
Detachment ---> Neurotic defenses ---> Suicidal ideation	.03*	.01	.01	.05
Negative affectivity ---> Quality of object relations ---> Suicidal ideation	.09**	.04	.06	.16
Negative affectivity ---> Immature defenses ---> Suicidal ideation	.03*	.01	.02	.05
Negative affectivity ---> Mature defenses ---> Suicidal ideation	.11**	.04	.08	.19
Negative affectivity ---> Neurotic defenses ---> Suicidal ideation	.02	.01	– .01	.04

The results related to indirect paths for the estimated model are reported. This is followed by indirect effects of each pathological personality traits with suicidal ideation. Note: BC CI: Bias-corrected confidence intervals. * $p < .05$. ** $p < .01$.

Anankastia demonstrated significant indirect effects through all four mediators; quality of object relations ($\beta = 0.06$) and immature, mature, and neurotic defenses, with the strongest path observed via mature defenses ($\beta = 0.10$). Dissociality and Negative Affectivity exhibited similar patterns, showing significant indirect effects via quality of object relations (respectively $\beta = 0.10$ and $\beta = 0.09$) as well as immature and mature defenses. Disinhibition exerted its strongest indirect influence through the quality of object relations ($\beta = 0.12$) and also

showed significant paths via immature and neurotic defenses; however, its effect through mature defenses was not significant. Finally, Detachment displayed a unique pattern where indirect effects were only significant via mature ($\beta = 0.07$) and neurotic defenses ($\beta = 0.03$), with no significant mediation observed through quality of object relations or immature defenses (Table 3).

Evaluation of Proposed Model and Mediation Analyses

The quality of object relations and defense mechanisms mediate ICD-11 Five-Factor Personality traits and Suicidal ideation in Outpatients with Major Depressive Disorder (Fig. 1).

Discussion

In this study, we found that the quality of object relations and defense mechanisms act as significant mediators between ICD-11 personality traits and suicidal ideation in outpatients with MDD. Results showed that pathological personality traits (except Anankastia) had direct associations with suicidal ideation, but all five traits (including Anankastia) influenced suicide risk indirectly through the quality of object relations and defense mechanisms. Previous research found personality dysfunction, pathological traits and depressive symptoms are highly associated through chain mediations (52, 53). Overall, these findings highlight the need to explore psychodynamic structures contributing to personality and suicidal ideations, particularly in outpatients with MDD.

According to the ICD-11 personality model, trait domain specifiers represent a set of dimensions to describe personality disturbance and functioning (53, 54). Results support the hypothesized model that pathological traits of Anankastia, Negative Affectivity, Detachment, Dissociality, and Disinhibition are associated with impaired object relations, immature and neurotic defenses. Consistent with previous literature linking neuroticism and emotional instability to suicidal ideation (55, 56), our findings showed that Negative Affectivity was directly associated with suicidal ideation. This trait domain was strongly associated with impaired quality of object relations and a reliance on immature defense mechanisms, suggesting that individuals with high negative affectivity may struggle to maintain stabilizing interpersonal representations (57) and revert to maladaptive coping under stress (58). Anankastia had no significant direct associations on suicidal ideation, but rigid perfectionism, hyper-control over emotional expressions and difficulty in adapting to new changes, might buffer against impulsive suicide attempts (59, 60). The internal pressure and depressive symptoms lead to the use of specific defenses (neurotic) and relationship issues can suggest a "hidden risk" for these outpatients. Specifically, its strongest indirect effect through the depletion of mature defenses, alongside the mobilization of neurotic defenses and impaired object relations (61, 62).

Impaired cognitive-affective aspects of internalized representations, dissatisfaction in interpersonal relationships and immature ways of coping with internal and external anxieties can contribute to chronic suicidal ideation (62). Mediation analysis revealed that Disinhibition and Dissociality due to impulsive and antisocial behaviors based on immediate external or internal stimuli (i.e., sensations, emotions, thoughts) (63) showed direct associations of impaired quality of object relation and immature defenses. Which in turn removes social support due to disregard for the rights and feelings of others, encompassing both self-centredness and lack of empathy (64); increases suicide risk (65). Detachment is defined as a sustained inclination to preserve interpersonal distance (social detachment) and emotional distance (emotional detachment) (66), and the only personality trait where quality of object relations was not a significant mediator for suicidal ideation. Other studies have found that the relationship between suicidal ideation and social isolation is influenced by contextual and individual factors, including age, gender, the presence of psychopathology (depressive and anxiety symptoms), and situational conditions (67). Our

findings indicate that the association between Detachment and suicidal ideation is mediated by low levels of mature defenses and high levels of neurotic defenses. These findings may be explained by the possibility that, among individuals with high trait Detachment, the critical risk factor lies not in relational avoidance or limited emotional expression, but rather the way they perceive and cope with stress (68, 69). Previous findings recommend the clinical interventions can focus on internal defense restructuring rather than just interpersonal skills initially (70). Therefore, effective interventions require more than symptom management (71); they may require restructuring the patient's defense style (moving from immature to mature)(72, 73). The strong negative association found between mature defenses and suicidal ideation further supports this therapeutic goal (74).

However, limitations have to be considered when interpreting the results; due to a cross sectional design used to assess the mediating roles of the variables and reliance on questionnaires, conclusions about the causality should be done in caution. Future longitudinal studies using structural equation modeling are recommended to confirm the directionality of the presented model. the present analyses were restricted to domain-level traits to maintain model parsimony. Consequently, the nuanced contributions of specific facets to suicidal ideation remain unexplored and warrant further investigation in future research.

Conclusion

This study highlights that pathological trait impose significant indirect associations on suicide risk through impaired object relations and maladaptive defense mechanisms. Consequently, therapeutic interventions can prioritize restructuring defense styles, shifting from immature and neurotic patterns toward mature coping mechanisms to reduce suicidality.

Declarations

Conflicts of Interest

The authors declare no potential conflict of interest regarding the aauthorship and/or publication of this paper.

Funding Declaration

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The authors have not preregistered this research with an analysis plan.

Author Contributions

All authors have contributed to writing up the article and have seen and approved the article in its final version.

Consent to Participate

Informed consent was obtained from all individual participants included in the study.

Ethics Statement

This study was waived by the Research Ethics Committee of Allameh Tabataba'i University, in accordance with the guidelines and regulations set forth by this committee. The protocol number for this waiver is (IR.ATU.REC.1399.093).

Consent to Publish

Not Applicable.

Data transparency statement

The authors are willing to share their data, analytics methods, and study materials with other researchers. The material will be available upon request.

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Figures

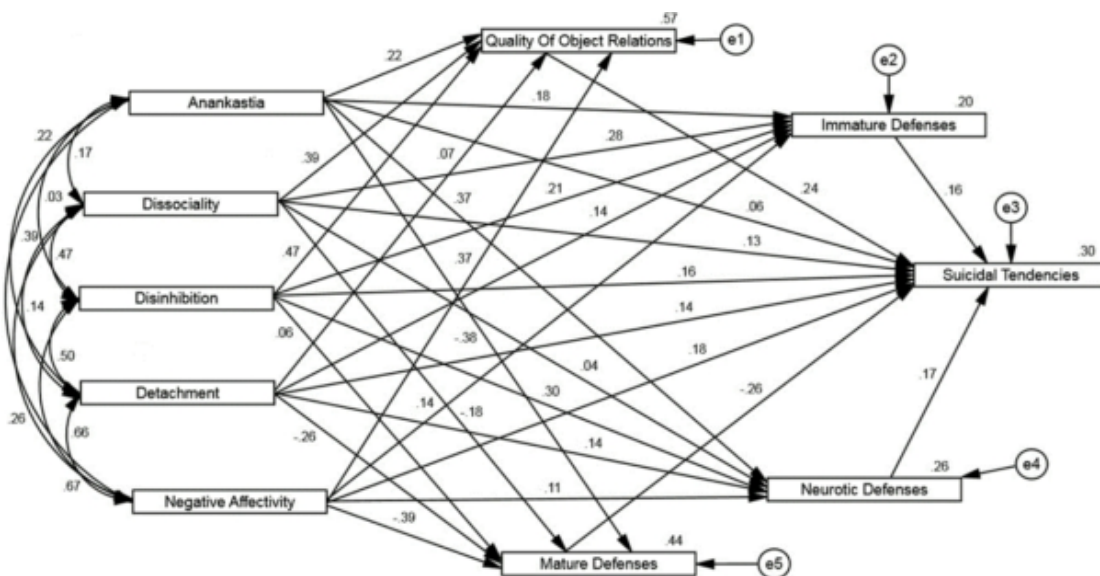


Figure 1

The data and the proposed model are in good fit, χ^2 (6, N=386) = 15.76, $p < .001$; CFI = .923; SRMR = .032; RMSEA = .065, 90% CI [.055, .079]; PNFI = .543; PCFI = .543; IFI = .924; GFI = .955 and $R^2 = .30$. The model tested explains 20% ($R^2 = .20$) of the variance in immature defenses and 44% in mature defenses ($R^2 = .44$), in neurotic defenses ($R^2 = .26$) and in quality of object relations ($R^2 = .57$).