

How Meaning in Life and Childhood Trauma Shape Suicidal Ideation, The Mediating Pathways of Coping Styles

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Abstract

Background

Given the escalating crisis of suicidal ideation among university students, there is a clear need to understand the underlying psychological factors. Variables such as life meaning, history of childhood trauma, and available coping mechanisms are considered pivotal in its etiology. Therefore, the primary objective of this research was to assess a structural model mapping the associations between meaning in life and childhood trauma regarding suicidal ideation, with coping styles hypothesized to function as a mediating component.

Methods

The research methodology was established as descriptive and correlational, employing Structural Equation Modeling (SEM). The pool of potential subjects comprised 4,149 students from Hamadan University of Medical Sciences. Adhering to the required participant-to-parameter ratio for SEM (10–15 participants per estimated parameter), the minimum required sample size was calculated to be approximately 280. In total, 350 students provided responses voluntarily through an electronic survey format. The variables were measured using the Meaning in Life Questionnaire (MLQ), the Childhood Trauma Questionnaire (CTQ), the Beck Scale for Suicide Ideation (BSSI), and the Lazarus–Folkman Coping Styles Questionnaire. Statistical computations were conducted using SPSS-25 and AMOS-24.

Results

An excellent model fit was achieved for the proposed framework. Analysis revealed that a higher sense of meaning in life significantly reduced suicidal ideation ($P < 0.001$), conversely, childhood trauma was significantly associated with increased suicidal ideation ($P < 0.001$). Importantly, the influence of meaning in life and childhood trauma on suicidal ideation was substantially channeled through both problem-focused and emotion-focused coping mechanisms ($P < 0.001$ for both mediating effects).

Conclusion

This study establishes meaning in life as a deterrent to suicidal ideation, contrasted with the risk-amplifying nature of childhood trauma in this student group. Coping styles were instrumental in elucidating the pathway connecting these psychological elements to suicidal thoughts. Thus, interventions aimed at reducing risk should focus on strengthening meaning-making capacities and instilling adaptive coping strategies for at-risk students.

Introduction

Human development moves through several vulnerable stages, and difficulties that appear early in life often echo into adulthood. A large part of both the world's population and the Iranian population is made up of young people [1–4]. For many of them, suicidal ideation has become a serious concern. These thoughts can be vague and passive, such as wishing one were no longer alive, or they can take the form of specific plans [1]. Suicide is now the fourth leading cause of death among people aged 15–29 around the world [5], and reports from Iran show a similar and worrying pattern [4–6].

One psychological factor that may help protect individuals is the experience of meaning in life. Feeling that life has purpose or direction can support emotional balance and help people deal more effectively with stressful events [4, 6]. Studies repeatedly show that when individuals have a clearer sense of meaning, they tend to report lower levels of depression, anxiety, and suicidal thought [4, 7–10].

On the other hand, childhood trauma, whether emotional, physical, or sexual, or involving neglect, can leave long-lasting wounds. These early experiences increase the likelihood of difficulties with mood, emotional regulation, and impulsive behavior, and they greatly raise the risk of suicidal thinking later on [11–13]. Research suggests that those who experienced trauma in childhood have almost double the risk of serious psychological problems, including suicidal ideation [14, 15]. Trauma may heighten this risk by overwhelming the person's ability to manage strong emotions or by weakening social connections [14].

A third factor that influences how people respond to stress is their coping style. Some individuals try to solve the problem directly, while others withdraw, avoid the situation, or react emotionally [16, 17]. Problem-focused strategies are usually linked to better outcomes, whereas avoidant or emotion-driven approaches tend to go along with distress and higher suicide risk [7, 17, 18]. Research also shows that coping styles can explain how emotional difficulties, like hopelessness or depression, turn into suicidal thinking [7, 19, 20].

Although each of these topics has been studied, they have rarely been examined together in one comprehensive model. The proposed model is theoretically grounded in the Stress-Diathesis Model, conceptualizing childhood trauma as a distal vulnerability, meaning in life as a protective psychological resource, and coping styles as modifiable mechanisms through which these factors shape suicidal ideation.

By integrating protective (meaning in life) and risk (childhood trauma) factors within a single structural model, this study advances prior research by elucidating how distinct coping styles differentially mediate their associations with suicidal ideation among medical sciences students.

Materials and Methods

This descriptive, correlational study was conducted using structural equation modeling (SEM). The study population comprised all students at Hamadan University of Medical Sciences (N = 4,149). Based on the recommended SEM sample size criteria of 10–15 participants per estimated parameter, the minimum

required sample size was approximately 280. Considering potential attrition, a total of 350 students were recruited voluntarily through an online survey.

Ethical approval

was obtained from the Ethics Committee of Hamadan University of Medical Sciences (IR.UMSHA.REC.1404.580). Participants provided informed consent after being fully briefed on the study objectives, and measures were taken to support them in case of any discomfort or anxiety while completing the questionnaires. Inclusion criteria included being a current student at Hamadan University of Medical Sciences and willingness to participate; the primary exclusion criterion was withdrawal from the study at any stage.

Instruments

Meaning in Life Questionnaire (MLQ): Developed by Steger et al. (2006), the MLQ assesses the presence of meaning in life and the search for meaning. It consists of 10 items, five evaluating the presence of meaning (items 1, 4, 5, 6, 9) and five evaluating the search for meaning (items 2, 3, 7, 8, 10). Internal consistency coefficients are 0.83 for presence and 0.78 for search, with one-month test-retest reliability of 0.70 and 0.73, respectively. Convergent and discriminant validity have been confirmed through correlations with life satisfaction, positive affect, extraversion, agreeableness, depression, negative affect, and neuroticism. Confirmatory factor analysis supported construct validity[21–23].

Childhood Trauma Questionnaire (CTQ): Developed by Bernstein et al. (1994) and refined to a 28-item version, the CTQ assesses childhood trauma across five subscales: physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse. Items are rated on a 5-point Likert scale from “never” to “always,” with higher scores indicating greater trauma. Validity and reliability have been well established, with Cronbach’s alpha ranging from 0.79 to 0.94 and satisfactory test-retest reliability [24].

Beck Scale for Suicidal Ideation (BSSI): Developed by Beck (1961), this 19-item self-report scale measures suicidal thoughts, planning, and behaviors in the past week. Items are scored on a 3-point scale (0–2), yielding a total score of 0–38. Factor analysis identifies three dimensions: wish to die (5 items), preparation for suicide (7 items), and actual suicidal desire (4 items), with two additional items assessing deterrents or concealment. Reliability coefficients are high (Cronbach’s alpha 0.87–0.97; test-retest 0.54) [25, 26].

Coping Styles Questionnaire (CSQ): Developed by Lazarus and Folkman (1985), the CSQ includes 66 items assessing eight problem-focused and emotion-focused coping strategies: seeking social support, responsibility, problem-solving, positive reappraisal, confrontation, avoidance, self-restraint, and distancing. Internal consistency coefficients range from 0.66 to 0.79, indicating acceptable reliability[27].

Data Analysis

Descriptive statistics (mean and standard deviation) and inferential analyses were performed. SEM assumptions, including normality, multicollinearity, and sample adequacy, were checked. Structural equation modeling was conducted using AMOS 24, and all additional statistical analyses were performed in SPSS 25.

Results

Descriptive Statistics

Table 1
presents descriptive statistics (mean $\pm$ SD) for the study variables.

Variable	Dimension	Mean	SD
Childhood Trauma (CTQ)	Emotional abuse	12.70	3.36
	Physical abuse	5.96	2.77
	Sexual abuse	6.60	3.13
	Emotional neglect	15.90	4.28
	Physical neglect	7.01	2.26
	Total score	48.17	12.76
Meaning in Life (MLQ)	Search for meaning	15.40	3.27
	Presence of meaning	13.61	3.24
	Total score	29.01	4.04
Suicidal Ideation (BSSI)	Wish to die	8.10	1.18
	Preparedness for suicide	5.95	1.62
	Actual suicidal desire	4.15	1.19
	Total score	18.20	3.27
Coping Styles (CSQ)	Emotion-focused	22.44	2.36
	Problem-focused	25.30	3.17
	Total score	47.74	4.78

As presented in Table 1, the mean total score for childhood trauma (CTQ) was 48.17 (SD = 12.76), with emotional neglect showing the highest mean among subscales (M = 15.90, SD = 4.28) and physical abuse the lowest (M = 5.96, SD = 2.77). Regarding meaning in life (MLQ), the mean total score was 29.01 (SD = 4.04), with the search for meaning subscale (M = 15.40, SD = 3.27) scoring slightly higher than the presence of meaning subscale (M = 13.61, SD = 3.24). The mean total score for suicidal ideation (BSSI)

was 18.20 (SD = 3.27), with the wish to die subscale having the highest mean (M = 8.10, SD = 1.18) and actual suicidal desire the lowest (M = 4.15, SD = 1.19). Finally, for coping styles (CSQ), the mean total score was 47.74 (SD = 4.78), with problem-focused coping (M = 25.30, SD = 3.17) demonstrating a higher mean compared to emotion-focused coping (M = 22.44, SD = 2.36).

Normality of Variables

Kolmogorov–Smirnov tests were conducted to examine the normality of the study variables (Table 2).

Table 2
Kolmogorov–Smirnov test for normality of variables

Variable	Dimension	Z	p-value
Childhood Trauma	Emotional abuse	0.502	0.962
	Physical abuse	0.809	0.530
	Sexual abuse	1.515	0.020
	Emotional neglect	1.801	0.003
	Physical neglect	1.476	0.026
	Total score	1.751	0.004
Meaning in Life	Search for meaning	1.838	0.002
	Presence of meaning	1.526	0.019
	Total score	2.013	0.001
Suicidal Ideation	Wish to die	1.412	0.037
	Preparedness for suicide	1.718	0.005
	Actual suicidal desire	0.551	0.922
	Total score	1.067	0.205
Coping Styles	Emotion-focused	1.422	0.035
	Problem-focused	1.147	0.144
	Total score	0.955	0.321

Although some variables were statistically non-normal at $p < 0.05$, given the large sample size ($n > 30$), the Central Limit Theorem supports the approximation of normality. Therefore, parametric analyses are appropriate, and assumptions for correlation and SEM are satisfied.

Structural Equation Modeling Results

Direct Effects

Table 3 shows the standardized and unstandardized path coefficients of the direct effects of meaning in life and childhood trauma on suicidal ideation.

Table 3
Direct effects of meaning in life and childhood trauma on suicidal ideation

Path	Unstandardized β	Standardized β	SE	t	p
Meaning in life → Suicidal ideation	-0.65	-0.34	0.06	-6.18	0.001
Childhood trauma → Suicidal ideation	0.52	0.36	0.11	4.79	0.001

As shown, meaning in life is significantly negatively associated with suicidal ideation, while childhood trauma is positively associated. Both direct paths are statistically significant ($|t| > 1.96$, $p < 0.05$).

Model Fit Indices

Figure 1 illustrates the standardized path coefficients for the proposed model examining the mediating role of coping styles. Table 4 presents model fit indices.

Table 4
Model fit indices

Fit index	Acceptable range	Observed value	Evaluation
χ^2/df	≤ 5	2.71	Good
IFI	≥ 0.90	0.95	Good
CFI	≥ 0.90	0.94	Good
NFI	≥ 0.90	0.95	Good
RMSEA	≤ 0.08	0.043	Good
SRMR	≤ 0.08	0.053	Good

All indices indicate good model fit, supporting the adequacy of the proposed SEM.

Indirect Effects (Mediation Analysis)

Bootstrap analysis examined the mediating effect of coping styles (Table 5).

Table 5
Mediating effect of coping styles on the relationships between meaning in life, childhood trauma, and suicidal ideation

Mediator path	Standardized β	SE	95% CI lower	95% CI upper	p
Meaning in life → Problem-focused → Suicidal ideation	0.43	0.14	0.32	0.47	0.001
Meaning in life → Emotion-focused → Suicidal ideation	0.23	0.11	0.18	0.31	0.001
Childhood trauma → Problem-focused → Suicidal ideation	0.27	0.11	0.14	0.33	0.001
Childhood trauma → Emotion-focused → Suicidal ideation	0.18	0.09	0.12	0.22	0.001

These results indicate that both problem-focused and emotion-focused coping partially mediate the relationships of meaning in life and childhood trauma with suicidal ideation. All indirect paths are statistically significant.

Discussion

The present study aimed to model the relationship between meaning in life and childhood trauma with suicidal ideation, considering the mediating role of coping styles among medical sciences students. Due to the cross-sectional nature of the data, causal inferences cannot be drawn, and the mediation findings should be interpreted with caution.

The first set of findings indicated a significant association between meaning in life and suicidal ideation. This outcome aligns with the work of Borji et al. [8], Mami and Yari [9], and Kleftras and Psarra [28]. Consistent with these studies, the presence of life meaning appears to buffer individuals against suicidal thoughts, functioning as a protective factor against both ideation and repeated self-harm behaviors [28]. A meaningful life also seems to help individuals manage depression, anxiety, and daily stressors more effectively, enabling them to better tolerate adversity and derive deeper satisfaction from positive experiences [8].

One of the most widely cited conceptualizations of meaning in life stems from Frankl[29], who argues that individuals experience meaning when they engage in valued activities, form human connections, appreciate art and literature, or feel anchored to spiritual or philosophical frameworks that extend beyond the self. In his view, meaning emerges when needs for purpose, competence, and self-worth are met [10, 29].

The findings of the present study can be interpreted in line with this theoretical perspective. When individuals are able to frame challenging experiences within a coherent narrative, they are more likely to mobilize adaptive coping strategies. Meaning gives structure to daily life: it offers an internal compass,

helps maintain commitment to personal values, and prevents feelings of emptiness. Those who recognize a sense of meaning are generally better equipped to explain their experiences, sustain motivation, and maintain healthy connections with others.

The results also demonstrated a significant relationship between childhood trauma and suicidal ideation. This finding is consistent with research by Feyzioğlu et al. [30], Kaya and Aydin [31], Estévez A et al. [32], Kim and Lee [33], and Pigginton et al. [34], particularly regarding the role of early maladaptive schemas. Childhood trauma, often occurring within caregiver–child relationships through abuse, neglect, or prolonged emotional distress, can have lasting effects on cognitive, emotional, and behavioral functioning. Numerous studies have shown that early trauma elevates the risk of suicidal behavior in adulthood [15], partly by increasing impulsivity and diminishing the brain’s capacity for emotional regulation. With impaired emotion regulation, individuals may resort to self-harm or suicidal behavior as a maladaptive response to overwhelming negative affect.

Another key finding of this study was the mediating role of coping styles in the relationship between meaning in life and suicidal ideation. This aligns with the research of Pine and Cohen [13], Brodsky and Stanley [35], and Alter et al. [36]. Meaning in life provides individuals with a framework for understanding suffering, strengthening their motivation to pursue valued goals even under stress [37]. Hope and optimism also cultivate an orientation toward positive future outcomes, fostering resilience and reducing suicidal ideation through consistent exposure to positive cognitive patterns [38]. Previous research has shown that low levels of meaning are associated with depression and suicidal ideation [39], while higher meaning serves as a protective factor [40, 41]. For example, Marco, Perez, and Arandit [42] found that meaning in life moderates the link between suicide risk factors and hopelessness in high-risk clinical populations, a finding echoed in further work by Marco, Gillen, and Botella [43].

Coping styles appear deeply intertwined with these processes. Individuals relying predominantly on emotion-focused coping may lack the cognitive flexibility needed to generate effective solutions during stressful events. As Schneider notes, suicide often becomes perceived as an escape from overwhelming problems. Thus, one’s appraisal of stress, perceived support, and sense of agency heavily influence coping responses [44, 45]. When individuals view a situation as inescapable or unmanageable, psychological distress may escalate into suicidal impulses [46]. Ineffective coping can intensify stress, exacerbate depression, and ultimately increase the likelihood of suicidal behavior [47].

The final major finding showed that coping styles also mediated the relationship between childhood trauma and suicidal ideation. This is supported by prior studies [48, 49, 50]. Capuzzi and colleagues, drawing on the cycle-of-violence theory, argue that individuals exposed to early trauma, especially interpersonal violence, are at higher risk for aggressive behavior, repeated self-harm, and suicide attempts in adulthood [48]. Angelakis et al. [49] suggest that severe maltreatment may lead to habituation to pain and diminished fear of death, gradually increasing an individual’s capability for suicide. Similarly, Baghaein and colleagues [50] emphasize that childhood trauma disrupts emotion

regulation, a key mechanism underlying suicidality. Among forms of childhood maltreatment, sexual abuse appears to be especially predictive of suicidal ideation [48, 51, 52].

Interpersonal coping difficulties are also frequently implicated in suicidal behaviors; over half of individuals who attempt suicide report interpersonal stressors as proximal triggers [53]. Studies suggest that various coping styles can elevate suicide risk [54, 55], and research on individuals with recurrent attempts shows that coping patterns strongly predict suicidal behaviors [56]. Coping efforts, whether problem-focused or emotion-focused [57, 58], shape an individual's psychological response to stress. Adolescents who struggle with self-harm, suicidal ideation, or depression often rely heavily on emotion-focused strategies [59, 60].

Beyond replicating prior associations, the present findings may be interpreted through a mechanism-based perspective. It is plausible that meaning in life operates as a cognitive–motivational resource that supports goal-directed behavior and coherence, thereby increasing the likelihood of engaging in more adaptive coping responses when facing stress. In contrast, childhood trauma may be linked to disruptions in emotion regulation and threat appraisal, which could predispose individuals to rely more heavily on less adaptive coping strategies. Within this framework, coping styles may represent proximal psychological processes through which these distal (trauma) and protective (meaning) factors are associated with suicidal ideation. Notably, the differential patterns observed for problem-focused and emotion-focused coping suggest that not all coping strategies function uniformly, and their roles may depend on how individuals interpret and manage internal distress. However, given the cross-sectional nature of the data, these interpretations remain tentative, and the identified mediation effects should be understood as statistical associations rather than causal pathways.

The present study, conducted in Hamadan, should be interpreted with caution due to potential cultural and contextual differences. The inability to control for individual psychological characteristics also represents a limitation. Future studies may benefit from broader sampling and longitudinal designs.

Conclusion

The findings highlight the potential relevance of meaning in life, childhood trauma, and coping styles in understanding suicidal ideation among students. However, given the cross-sectional design, these results should be interpreted with caution. Future longitudinal and interventional studies are needed to determine whether enhancing meaning in life and promoting adaptive coping strategies can effectively reduce suicidal ideation.

Declarations

Ethics approval and consent to participate

This study was approved by the Ethics Committee of Hamadan University of Medical Sciences under the code IR.UMSHA.REC.1404.580. All participants provided informed consent after being fully briefed on

the study objectives, and measures were taken to support them in case of any discomfort or anxiety while completing the questionnaires. All ethical principles, including informed consent, confidentiality, and participants' rights, were fully observed in accordance with the Declaration of Helsinki.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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Author Contribution

Study design, data collection, data analysis, manuscript drafting, and final approval were carried out by the authors according to their assigned roles. All authors approved the final version of the manuscript.

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Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request. This manuscript presents results that are part of a larger study on psychological factors influencing mental health among university students, with preliminary findings previously shared in a local Persian-language journal.

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Figures

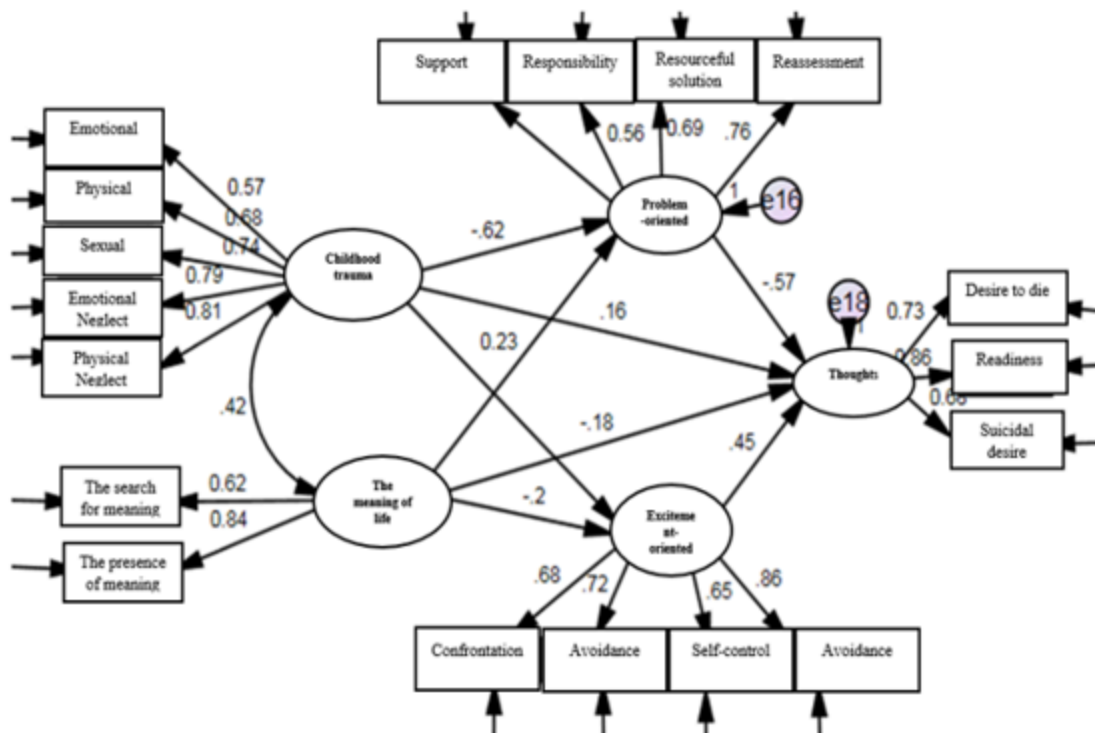


Figure 1

Standardized path coefficients for the proposed model examining the mediating role of coping styles