# THE PREDICTIVE EFFECT OF EMOTIONAL INTELLIGENCE ON THE RISK OF SUICIDAL IDEATION AND BEHAVIOR IN COLOMBIAN ADOLESCENTS

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**Abstract**

Suicide in adolescents is a public health problem, and it is relevant to conduct research to identify protective factors against suicidal risk. This paper analyzed the effect of emotional intelligence on the risk of suicidal ideation and behavior. A total of 289 adolescents aged 11 to 18 years ($M$=14.88, $SD$=1.902) responded to the suicide orientation (ISO-30) and trait emotional meta-cognition (TMMS-24) scales. Suicidal ideation and behavior correlated ($p<$ .001) inversely with intelligence, clarity, and emotional regulation. Logistic regression analysis showed that emotional intelligence had an inverse effect that explained between 43% and 49% of the variance in suicidal risk. Structural equation analysis evidenced that emotional attention mediates the association between emotional clarity and suicidal ideation and behavior. These findings support the role of emotional intelligence in reducing suicidal risk in adolescents and justify the importance of developing strategies focused on emotion management for suicide prevention.
KEY WORDS: *emotions, suicidal ideation, adolescent, prevention.*

**Resumen**

El suicidio en adolescentes es un problema de salud pública y es relevante realizar estudios que identifiquen factores protectores del riesgo suicida. Este trabajo analizó el efecto de la inteligencia emocional sobre el riesgo de ideación y conducta suicida. Participaron 289 adolescentes de 11 a 18 años ($M$= 14,88; $DT$= 1,902) que respondieron las escalas de orientación suicida (ISO-30) y rasgo de metaconocimiento emocional (TMMS-24). La ideación y conducta suicida correlacionó ($p<$ 0,001) inversamente con la inteligencia, la claridad y la regulación emocional. El análisis de regresión logística mostró que la inteligencia emocional tuvo un efecto inverso que explicó entre el 43% y el 49% de la varianza del riesgo suicida. El análisis de ecuaciones estructurales mostró que la atención emocional media la asociación entre la claridad emocional y la ideación y la conducta suicida. Estos hallazgos respaldan el papel de la inteligencia emocional en la reducción del

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riesgo suicida en adolescentes y justifican la importancia de desarrollar estrategias centradas en la gestión de las emociones para la prevención del suicidio.
PALABRAS CLAVE: *emociones, ideación suicida, adolescente, prevención.*

## Introduction

Suicide is a multicausal phenomenon that encompasses different biopsychosocial, situational, and individual factors. These influence the thoughts and decisions made by the individual (Lensch et al., 2021). The World Health Organization (WHO, 2021) estimates that approximately 700,000 people commit suicide each year, indicating one death every 40 seconds. Suicide has positioned itself as the second leading cause of death in the age group 15 and 29 years (WHO, 2021). For Colombia, the National Institute of Legal Medicine and Forensic Sciences (known as INMLCF in Spanish) (2021) reported that, between 2020 and July 2021, there were 2,803 cases of suicide, of which 241 were in children and adolescents between the ages of 12 and 17 years. In the department of Caldas, the "Territorial de la Salud de Caldas" (2021) reported 124 cases of suicide in 2020 and 24 cases in the city of Manizales in the first semester of 2021. Caldas ranks sixth among the departments with the highest suicide rate in Colombia (Delgado et al., 2017; INMLCF, 2019). In addition, Manizales has the highest suicide rate in the department. Regarding suicide attempts, for every completed suicide there are approximately 13 people who attempt suicide (Gómez et al., 2020). In Colombia, throughout 2020 the epidemiological bulletin of the Instituto Nacional de Salud (National Institute of Health) (INS, 2020) reported 2,380 cases of suicide attempts in adolescents between the ages of 15 and 19 years, in 2019 in Manizales there were 553 suicide attempts (Sistema Integrado de Salud, 2019).

Suicidal behavior is composed of various manifestations that precede the act, including suicidal risk, ideation, and attempt (Mortier et al., 2018). Suicidal risk alludes to all those behaviors, attitudes, or thoughts of the person that place their life in danger (Jans et al., 2018). Suicidal ideation is composed of continuous thoughts that the person has of wishing to be dead (Jans et al., 2018). A suicidal attempt is a self-injurious behavior, the intention of which is to die; however, it does not have a fatal outcome (Jans et al., 2018). Several studies have reported that the highest rates of attempted and completed suicide occur in adolescents (Gómez, 2021a; Inman et al., 2019; Rasquinha, 2011); therefore, it is considered a population with a higher risk of suicide compared to other stages of life. Likewise, Zanus et al. (2021) refer to adolescence is a life cycle stage involving biological, emotional, physical, and psychological changes, which bring modifications in behavior and perception about oneself, others, and the world. These changes in interaction with psychosocial vulnerability factors can lead to an increased risk of suicide.

Several studies have reported that there are multiple factors that increase the risk of suicide in adolescents, including aversive experiences such as childhood abuse, physical, psychological, and sexual abuse, different types of bullying, self-injurious behaviors, suicidal ideation and previous suicide attempts, substance use,

and lack of support and care from family members or caregivers (Duan et al., 2020; Gómez, 2021b, Gómez et al., 2020; Lensch et al., 2021; Tan et al., 2016). However, there is less evidence on which factors protect against suicidal ideation and attempts in adolescents, precisely because there is a greater interest in predicting the precipitating factors of suicidal risk.

In recent years, there has been increasing interest in studying the link between emotions and mental health (Fernández-Berrocal & Extremera, 2016). It has been reported that emotional intelligence could help decrease vulnerability to suicide in adolescents (Domínguez-García & Fernández-Berrocal, 2018). Adolescents' abilities to recognize, regulate, monitor, and express their own and others' emotions allow them to adaptively manage stressful situations and considerably affect the decisions they make (Salovey & Mayer, 1990; Salovey & Grewal, 2006). These aspects have been considered protective factors for suicidal risk (Abdollahi et al., 2016; Cha & Nock, 2009; Gallagher & Miller, 2018). For this reason, researchers consider it relevant to continue studying the relationship between emotions and suicidal behavior in adolescents.

Emotional intelligence is the assortment of skills each person has to recognize their emotions and those of others. Among these skills, attention, clarity, and emotional regulation stand out. Furthermore, emotional attention refers to the awareness of one's own emotions and the ability to recognize feelings and know what they mean (Quintana et al., 2020). Emotional clarity is the ability to understand emotions, distinguish among them, and understand how they evolve to integrate them into thinking (Quintana et al., 2020). Also, emotional regulation refers to the ability to regulate and control positive and negative emotions (Galindo & Losada, 2022).

Research has reported that feeling good about oneself and life, bonding with others, coping with adverse situations, and impulse control are positively related to emotional intelligence and reduce the likelihood of occurrence of suicidal ideation and behavior in adolescents (Extremera et al., 2023; Hermosillo et al., 2021; Korkmaz et al., 2020; Rey et al., 2019).

In this regard, Quintana et al. (2019) sought to analyze the relationship between emotional intelligence, depression, and suicidal ideation in adolescents (*M*= 13.98 years). The researchers found that emotional intelligence had a negative predictor effect on suicidal ideation and behavior; this effect was mediated by depression. These results show that emotional intelligence acts as a psychological protective factor against the risk of suicidal ideation and behavior. Furthermore, Hermosillo et al. (2021) evaluated the relationship between depression, anxiety, self-esteem, emotional intelligence, and suicidal risk in 8,033 Mexican adolescents (*M*= 16 years). Hermosillo et al. (2021) found that those adolescents who reported low levels of emotional intelligence or manifested inadequate attention to emotions had a higher risk of suicidality. In addition, low emotional intelligence correlated positively with anxiety and depression. These correlated positively with the risk of suicidal ideation and behavior.

Rey et al. (2019) analyzed the mediating role of flourishing -understood as the combination of psychological and emotional social well-being- in the association between emotional intelligence and suicidal risk in 1,847 adolescents aged 12 to 17 years. Emotional intelligence and flourishing have a significantly negative relationship with suicidal risk. Also, flourishing acts as a mediator between suicidal risk and emotional intelligence, with low flourishing implying low emotional intelligence and increased suicidal risk. These findings are consistent with the study by Quintana et al. (2019), who analyzed the effect of emotional intelligence on suicidal risk in 1,824 adolescents. Emotional intelligence was negatively related to suicidal ideation and positively related to cognitive coping and emotional regulation.

Consistent with the above, Bonet et al. (2020) analyzed the relationship between suicidal risk, emotional intelligence, and basic psychological needs in adolescents between 12 and 17 years old. Also, these authors found that suicidal risk correlated negatively with the dimensions of emotional clarity and emotional repair, which led to thinking that dimensions of emotional intelligence operate as protective factors against suicidal behavior. Similarly, Goméz et al. (2018) studied the relationship between emotional intelligence, negative affect, and suicidal risk in 144 students, finding that the participants who showed high levels of perceived emotional intelligence, particularly in the dimensions of clarity and regulation, had a lower risk of suicide. Also, the negative effect presented positive correlations with suicidal risk.

Suicide is considered a public health problem that affects mostly the young population. Therefore, it is relevant to carry out studies that identify protective factors to improve mental health and reduce the high rates of attempted and completed suicide in adolescents in Manizales (Colombia).

The reviewed studies provide evidence that emotional intelligence is related to suicidal behavior, such that higher emotional intelligence is associated with lower levels of suicidal ideation and attempts in adolescents. However, more information is still needed on the differential effects of the dimensions that make up emotional intelligence on suicidal ideation and behavior in adolescents and whether these effects are invariant to characteristics such as age and gender, which supports the need to broaden the scope of current research.

 Hence, the analysis of the direct and indirect effects on emotional intelligence in the risk of suicidal ideation and behavior prediction becomes pertinent, with implications for psychological intervention with adolescents. This study aims to analyze the predictive effect of emotional intelligence on the risk of suicidal ideation and behavior in-school adolescents.

## Method

*Participants*

The non-probabilistic sample is 289 school adolescents from three educational institutions in Manizales (Colombia). The ages ranged from 11 to 18, and the mean

age was 14.88 (*SD*= 1.902). The sample was selected considering that the highest rate of attempted and completed suicides in Manizales and Colombia occurs in adolescents, according to the social observatory of the Dirección Territorial Seccional Caldas (Delgado et al., 2017) and INMLCF (2019). Table 1 shows the sociodemographic characteristics of the sample.

**Table 1**
Description of the sample and distribution of sociodemographic variables

| Features | *n* | % |
|---|---|---|
| Sex | | |
| Male | 112 | 38.8 |
| Female | 177 | 61.2 |
| Age ranges | | |
| 11-14 | 120 | 41,5 |
| 15-18 | 169 | 58,5 |
| Scholar level | | |
| Middle school | | |
| Sixth grade | 33 | 11.4 |
| Seventh grade | 31 | 10.7 |
| Eighth grade | 25 | 8.7 |
| High school | | |
| Ninth grade | 72 | 24.9 |
| Tenth grade | 58 | 20.1 |
| Eleventh grade | 70 | 24.2 |
| Socioeconomic stratum | | |
| Very low (1) | 23 | 8.0 |
| Low (2) | 103 | 35.6 |
| Medium (3) | 136 | 47.1 |
| Mid-high (4) | 25 | 8.7 |
| High (5) | 2 | 0.7 |
| Family Typology | | |
| Extensive | 38 | 13.1 |
| Reconstituted | 16 | 5.5 |
| Nuclear | 137 | 47.4 |
| Single Parent Maternal | 68 | 23.5 |
| Single Parent Paternal | 4 | 1.4 |
| Other | 26 | 9.0 |

*Instruments*

a) *Inventory of Suicide Orientation* (ISO-30; King & Kowalchuck, 1994). This questionnaire assesses the presence of risk factors linked to suicidal ideation and behaviors (Galarza et al., 2019). Fernández and Casullo (2006) made the adaptation to Spanish. The inventory is composed of 30 items grouped into five dimensions: Low self-esteem, hopelessness, inability to cope with problems, loneliness and social isolation, and suicidal ideations (Valdés & González, 2019).

Six of the items are considered critical (items 10, 15, 20, 20, 25, and 30), which means that, regardless of the obtained score, the presence of three or more of these items may imply the existence of suicide risk (Martínez, 2017). The scores to determine the level of suicidal risk are as follows: between 0 and 20 low suicidal risk; from 30 to 44, medium risk; and from 45 to 90, high risk (Martínez, 2017; Medina et al., 2011). Cronbach's alpha was .90 for its original version (King & Kowalchuck, 1994), and for the Spanish adapted version, it has an internal consistency with Cronbach's alpha of .87 and a test-retest of .80 (Fernández & Casullo, 2006).

b) *Trait Meta-Mood Scale* (TMMS-24; Salovey et al., 1995) assesses perceived emotional intelligence on a Likert-type scale (1= Strongly disagree, 5= Strongly agree). Its adapted and reduced version (Fernández-Berrocal et al., 2004) maintains the three dimensions of the original scale: Attention to feelings, emotional clarity, and emotion regulation. They are distributed in 24 items (8 for each factor). The reduced version adapted to Spanish has an internal consistency above .82 according to Cronbach's alpha and for all subscales Attention (.86), Clarity (.87) and Repair 8.82), while the test-retests for the Attention *(r=* .60), Clarity (*r=* .70) and Repair (*r=* .83) dimensions were acceptable (Fernandez-Berrocal et al., 2004).

*Procedure*

This study is quantitative with a non-experimental-transactional design and correlational-explanatory scope. The research was conducted following the ethical guidelines for research, ensuring anonymity, voluntary participation, confidentiality, minimal potential for harm, and transparency in the communication of results. The ethics committee of the Universidad Católica Luis Amigó approved the fieldwork protocol. We had the authorization of the schools to carry out the fieldwork, the informed consent of the parents, and the consent of the adolescents who participated in the research.

*Data analysis*

The results were digitized and coded in an Excel data matrix. Initially, researchers reviewed the database and ensured that there were no missing data or responses that did not fit the options of the instruments. The structural equations were conducted on the statistical package SPSS version 25.0 and the AMOS add-in version 24.0. Cronbach's alpha coefficient (α) was applied to estimate the internal consistency of the total scales and subscales. Researchers performed a descriptive and frequency analysis of the sociodemographic characteristics of the sample, antecedents associated with suicidal behavior, and the risk factors for suicidal ideation and behavior according to the ISO-30 inventory. The normality of the data was verified using the Kolmogorov-Smirnov test, and shows that the variables were not normally distributed ($p>$ .05). The nonparametric Kruskal-Wallis test was used

to carry out a comparative analysis of the risk of suicidal ideation and behavior as a function of emotional intelligence variables. The effect size of the results found in the comparative analysis was calculated. The eta squared statistic ($\eta^2$) was used and the interpretation was established by Fritz et al. (2012) (small effect= .01, medium effect= .06, and large effect= .14).

Subsequently, researchers used Spearman's rho coefficient and multinomial logistic regression analysis to identify the predictor effect of the independent variables of emotional intelligence on the risk of suicidal ideation and behavior. Moderate and high levels of suicidal risk were the dependent variables, and low level of suicidality was the reference category. Finally, this study proposed two structural equation models to determine the effect of the independent variables on suicidal ideation and behavior.

Model goodness-of-fit indicators were assessed ($\chi^2/p \geq .05$, IFI$\geq$ .90 and CFI$\geq$ .90, GFI$\geq$ .90 and AGFI$\geq$ .90, NFI$\geq$ .90, TLI$\geq$ .90 and RMSEA$\leq$ .08) and total, direct and indirect standardized effects were calculated using the bootstrap method with a 95% confidence interval (Byrne, 2016; Hayes, 2018). A multigroup analysis was performed to evaluate whether the proposed model presents metric invariance by age (11 to 14 years/15 to 18 years) and gender (male/female). The increase in CFI (ΔCFI) was analyzed to determine whether the compared models are equivalent. If the change in CFI is equal to or less than .01 (ΔCFI$\leq$ .01), invariance between groups is accepted (Cheung & Rensvold, 2002). The RMSEA value was also compared, which must be equal to or less than .08 (Byrne, 2016).

## Results

Based on the ISO-30 inventory, researchers found a risk factor for suicidal ideation and behavior of 47.4%, with a specificity of 26.3% at moderate risk and 21.1% at high risk. 21.5% have reported suicidal ideation, and 6.6% have a history of suicide attempts in the last year. Likewise, 23.9% have presented non-suicidal self-injurious behaviors, including scratches, burns, blows, or superficial cuts.

Table 2 shows the comparison between the levels of suicidal risk and the emotional intelligence variables. Researchers identified that higher scores in total emotional intelligence, emotional clarity, and emotional regulation, decreased the risk of suicidal ideation and behavior. The differences were statistically significant ($p< .001$), with a large effect size ($\eta^2> .14$).

Table 3 shows the results of the analysis of correlations among emotional intelligence and suicidal ideation and behavior. Researchers found negative correlations statistically significant ($p< .001$) between suicidal ideation and behavior (ISO-30), total emotional intelligence, emotional clarity, and emotional regulation.

Table 4 presents the multinomial logistic regression model using the input method to determine the role of the independent variables of emotional intelligence on the moderate and high risk of suicidal ideation and behavior. The low-risk factor was taken as the reference category. Odds ratios (OR) show the probability of risk increases according to the variance of the factors evaluated. The β values determine

whether the probability is increasing or decreasing. The model obtained good indicators of fit (Log-likelihood-2= 422.921618, $\chi^2$= 161.056, $df$= 16, $p$< .001) and goodness-of-fit (Pearson's $\chi^2$= 574.425757, $df$= 556, p= .586). The independent variables explained between 43% ($R^2$ Cox and Snell= .427) and 49% ($R^2$ Nagelkerke= .491) of the variance in the risk of suicidal ideation and behavior.

**Table 2**
Differences in the level of risk of suicidal ideation and behavior as a function of emotional intelligence

| Suicidal ideation and behavior | | $N$ | $Rp$ | $H^{(gl)}$ | $p$ | $\eta^2$ |
|---|---|---|---|---|---|---|
| Total emotional intelligence | Low Risk | 152 | 178.01 | 53.330$^{(2)}$ | < .001 | .179 |
| | Moderate Risk | 76 | 119.94 | | | |
| | High Risk | 61 | 93.96 | | | |
| Emotional attention | Low Risk | 152 | 141.96 | 5.432$^{(2)}$ | .195 | .012 |
| | Moderate Risk | 76 | 134.07 | | | |
| | High Risk | 61 | 166.19 | | | |
| Emotional clarity | Low Risk | 152 | 179.84 | 64.995$^{(2)}$ | < .001 | .22 |
| | Moderate Risk | 76 | 125.70 | | | |
| | High Risk | 61 | 82.24 | | | |
| Emotional regulation | Low Risk | 152 | 189.53 | 99.017$^{(2)}$ | < .001 | .339 |
| | Moderate Risk | 76 | 113.47 | | | |
| | High Risk | 61 | 73.32 | | | |

**Table 3**
Correlations between suicidal ideation and behavior and emotional intelligence

| Variables (instruments) | Suicidal ideation and behavior | | |
|---|---|---|---|
| | α | $Rho$ | $p$ |
| Total emotional intelligence (TMMS-24) | .91 | -.511 | < .001 |
| Emotional Attention | .85 | .050 | .396 |
| Emotional clarity | .91 | -.562 | < .001 |
| Emotional regulation | .88 | -.659 | < .001 |
| Suicidal ideation and behavior (ISO-30) | .92 | -- | -- |

*Note*: TMMS-24= Trait Meta-Mood Scale; ISO-30= Inventory of Suicide Orientation.

Researchers analyzed the total, direct, and indirect standardized effects of the independent variables on suicidal ideation and behavior, estimating two structural equation models. In the first model, researchers estimated the direct effect of the dimensions of emotional intelligence on suicidal ideation and behavior. Nonetheless, it did not yield good goodness-of-fit indicators in the RMSEA indicator, which should be less than .08 (Byrne, 2016), so the model was re-specified. In model 2, emotional attention was used as a mediator between emotional clarity and regulation and suicidal ideation and behavior, which obtained significative goodness-of-fit indicators (Byrne, 2016; McArdle & Nesselroade, 2014). Likewise, when evaluating the difference in the CFI (ΔCFI≤ .01) of model 2, it was possible to corroborate the

**Table 4**

Multinomial logistic regression: The effect of emotional intelligence on the level of risk of suicidal ideation and behavior

| Suicidal ideation and behavior | | $B$ | $SE$ | $\chi^2 Wald$ | $gl$ | $p$ | $OR$ | CI 95% OR | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | | | | | | | Lower | Upper |
| Moderate risk | Emotional attention | .065 | .026 | 6.160 | 1 | .013 | 1.067 | 1.014 | 1.123 |
| | Emotional clarity | -.046 | .028 | 2.610 | 1 | .106 | .955 | .903 | 1.010 |
| | Emotional regulation | -.158 | .030 | 27.110 | 1 | <.001 | .854 | .804 | .906 |
| High risk | Emotional attention | .194 | .036 | 28.394 | 1 | <.001 | 1.214 | 1.130 | 1.304 |
| | Emotional clarity | -.152 | .040 | 14.213 | 1 | <.001 | .859 | .793 | .930 |
| | Emotional regulation | -.253 | .040 | 40.928 | 1 | <.001 | .776 | .718 | .839 |

*Note:* * The reference category is: Low risk.

**Table 5**

Statistical indicators of goodness-of-fit of structural models predicting suicidal ideation and behavior

| Model | $\chi^2$ | gl | p | IFI | CFI | NFI | TLI | GFI | AGFI | RMSEA |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 25.609 | 1 | .000 | .915 | .914 | .912 | .483 | .979 | .786 | .203 |
| 2 | .443 | 1 | .506 | 1.004 | 1.000 | .997 | 1.022 | .999 | .992 | .000 |
| Metric invariance by gender (male/female) of model 2 | | | | | | | | | | |
| Unconstrained | 1.252 | 2 | .535 | 1.005 | 1.000 | .992 | 1.031 | .998 | .978 | .000 |
| Structural weights | 1.761 | 6 | .940 | 1.028 | 1.000 | .989 | 1.059 | .997 | .990 | .000 |
| Structural covariances | 16.283 | 9 | .054 | .943 | .962 | .889 | .923 | .970 | .933 | .057 |
| Metric invariance by age (11 to 14 years old / 15 to 18 years old) of model 2 | | | | | | | | | | |
| Unconstrained | .329 | 2 | .848 | 1.011 | 1.000 | .998 | 1.071 | .999 | .994 | .000 |
| Structural weights | 1.989 | 6 | .921 | 1.027 | 1.000 | .987 | 1.056 | .997 | .988 | .000 |
| Structural covariances | 5.022 | 9 | .832 | 1.027 | 1.000 | .960 | 1.037 | .991 | .981 | .000 |

*Note*: IFI and CFI= comparative fit index; GFI= goodness-of-fit index; AGFI=corrected goodness-of-fit index; NFI= normed fit index; TLI= Tucker - Lewis index; RMSEA= root mean square error of approximation.

invariance in the age (11 to 14 years/ 15 to 18 years) and gender (male/female) subsamples (Table 5).

Figure 1 (model 2) shows that emotional clarity, attention, and emotional regulation explained 52% ($R^2$= .520, 95% CI= .459-.578, $p$= .001) of the variance in suicidal ideation and behavior. Additionally, emotional attention was found to mediate the association between emotional clarity and suicidal ideation and behavior. The standardized indirect effect was significant (β= .061, 95% CI= .038-.088, $p$= .001). All direct effects were statistically significant ($p$< .001).

**Figure 1**
Structural equation model 2 of suicidal ideation and behavior in adolescents
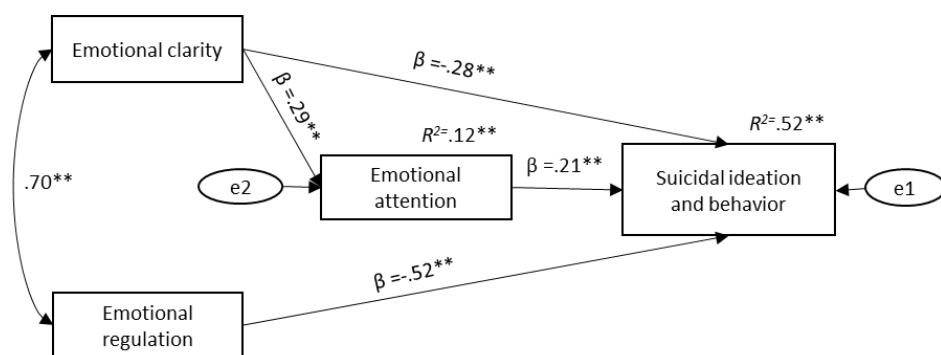


*Note*: \*\**p*< .001.

## Discussion

This study aimed to analyze the predictive effect of emotional intelligence on the risk of suicidal ideation and behavior in adolescent schoolchildren in Manizales (Colombia). Researchers found a risk factor for suicidal ideation and behavior of 47.4%, with a specificity of 21.1% in high risk. These findings are consistent with what has been found in other studies when considering that between a third and a quarter of school, adolescents present indicators of suicidal risk, including feelings of loneliness and isolation, hopelessness, ideation, and previous suicide attempts (Andrade & Gonzáles, 2017; Ceballos et al., 2015; Gómez & Montalvo, 2021; Siabato et al., 2017).

On the other hand, researchers found that the lower the suicidal risk, the higher the intelligence, clarity, and emotional regulation in adolescents. These emotional factors were negatively correlated with suicidal ideation and behavior. Findings suggest that the ability to recognize, understand, and distinguish emotions with the objective of integrating them into their thinking and regulating them, are factors that reduce the probability of suicidal risk and ideation (Chatard et al., 2009; Sarmiento & Villalobos, 2011; Suárez et al., 2016), which were also demonstrated in regression analyses by pointing out that emotional clarity and regulation have negative effects the likelihood of suicidal ideation and behavior.

In this regard, the study by Quintana et al. (2020) with 1,824 school adolescents reported that emotional intelligence is negatively correlated with suicide risk, and operates as a protective factor throughout life. These findings are consistent with similar studies (Bonet et al., 2020; Mamani et al.,2018; Goméz et al., 2018; Hermosillo et al., 2021; Quintana et al., 2019; Rey et al., 2019). Emotional dysregulation has also been reported to be a predictor of suicidal ideation (Neacsiu et al., 2018).

Emotional intelligence is the ability to deal with daily stressors and the emotions generated since it is related to the adaptive processes and responses that adolescents emit in aversive situations leading them to a positive state of mind (Quintana et al., 2020). Analyses of this paper revealed that emotional clarity and regulation have a negative effect on suicidal ideation and behavior, suggesting that the ability to regulate, control, and understand negative emotions (e.g., anger, guilt, sadness, and anxiety) lowers the likelihood of suicidal risk and thus may be considered emotional aspects that promote mental health and protection against suicidal risk (Gomez et al., 2020; Palmer et al., 2019; Schutte et al., 2007).

 Previous research has indicated that emotional skills, especially, self-regulation of emotions, are a protective factor against suicidal ideation and behavior in adolescents (Cha & Nock, 2009; Domínguez-García & Fernández-Berrocal, 2018; Extremera et al., 2018) and suggest that adolescents with high emotional intelligence are likely to develop more positive and less negative affectivity, which, in turn, contributes to a lower likelihood of suicidal ideation (Extremera et al., 2023; Mamani et al., 2018; Yamokoski et al., 2011). The results of this paper are consistent in indicating that high emotional intelligence is associated with lower suicidal ideation orientation and suicidal behavior in adolescents, which highlights the importance of fostering emotional intelligence in adolescents as an essential part of suicide prevention programs.

Researchers also found that the emotional attention dimension presented positive correlations and direct effects on suicidal ideation and behavior. This finding suggests that the set of beliefs or perceptions adolescents have about their capacity for attention and valuing their feelings are risk factors for suicide. In this regard, the study by Gomez et al. (2020) with 1,414 young people ($M$= 20.49 years, $SD$= 3.2) reported that young people with suicidal risk factors presented significantly ($p$< .05) higher scores in emotional attention compared to those without risk indicators. In addition, emotional attention contributed to positive direct effects that increased the probability of suicidal risk ($OR$= 1.037, CI 95%= 1.014-1.060).

In this regard, the systematic review study by Domínguez-García and Fernández-Berrocal (2018) analyzed the relationship between suicide and emotional intelligence indicating that a high level of emotional attention is positively associated with suicidal behavior, while emotional clarity and regulation are inversely associated with suicidal risk in adolescent and youth population. This is consistent with the study of Bonet et al. (2020) on adolescents in measures of caring in residential centers of Barcelona, Reporting that high levels of emotional attention can be maladaptive in situations of high perceived stress and generate greater emotional

tension given the effort that must be made to monitor and understand the negative mood.

The findings of this paper support the idea that emotional attention can sometimes be considered a risk factor and maladaptive (Bonet et al., 2020; Extremera et al., 2018). However, attention to emotions may also play a relevant role in mediating the ability to understand and reflect on one's emotions and suicidal behavior, as evidenced in the proposed structural equation model. Thus, beliefs and perceptions about one's own emotions are a distal affective marker that mediates the effect of understanding one's own emotional states on suicidal ideation and behavior in adolescents, an aspect not clearly reported in previous studies.

Although previous research has reported age and gender differences in suicidal risk (Freeman et al., 2017; Gómez, 2021a; Núñez et al., 2022), the proposed model remained invariant after controlling for age and gender, indicating that emotional intelligence is consistently associated with suicidal behavior and its emotional dimensions present differential effects on suicidal ideation and behavior in adolescents. In this regard, the study by Gómez et al. (2020) presented a similar mediation model by showing that emotional attention acts as a mediator among the variables of self-confidence, emotional clarity, and suicidal risk, suggesting that emotional attention moderates the affective characteristics of emotional clarity--considered a protective factor--and suicidal risk. This is because emotional attention exerts a positive effect on suicidal ideation and behavior.

We can conclude that, regardless of age and sex, emotional intelligence has a relevant role in understanding suicidal behavior. The statistical findings underline the importance of emotional intelligence in lowering suicidal ideation and behavior and could be of interest in designing programs focused on promoting emotional competencies in adolescents.

This paper has some limitations. First, it is a cross-sectional study based on statistical correlation analysis but lacks longitudinal evidence. Future longitudinal studies examining the medium- and long-term effects of emotional intelligence on suicidal ideation and behavior in adolescents are recommended. Second, a nonclinical convenience sample of adolescents who voluntarily participated in the study was used, so future research using clinical and nonclinical samples of adolescents is needed. Third, the data were obtained using self-report instruments, so they are not free of biases leading to interpretations and results with some probability of error. Fourth, other social (e.g., family functionality, perceived social support, or adverse events) and emotional variables (e.g., symptoms of anxiety, depression, and impulsivity) that might mediate or moderate the direct and indirect effects of emotional intelligence on suicidal ideation and behavior in adolescents were not considered. Future research should include these aspects not covered in this work in order to enrich the field of knowledge.

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