

Negative Life Events and Psychological Distress: The Mediating Role of Thought Suppression

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Article type:
Original Research

Article history:
Received 10 January 2025
Revised 23 February 2025
Accepted 01 March 2025
Published online 10 March 2025

ABSTRACT

This study aimed to examine the mediating role of thought suppression in the relationship between negative life events and psychological distress in a South African adult population. A descriptive correlational design was employed with 423 participants selected based on Morgan and Krejcie's sampling guidelines. Participants completed three standardized instruments: the Life Events Checklist for DSM-5 (LEC-5) to assess exposure to negative life events, the White Bear Suppression Inventory (WBSI) to measure thought suppression, and the Kessler Psychological Distress Scale (K10) to evaluate psychological distress. Pearson correlation coefficients were calculated using SPSS-27 to examine bivariate relationships, while structural equation modeling (SEM) was conducted in AMOS-21 to test the hypothesized mediating model and assess model fit. Pearson correlation results revealed significant positive associations among negative life events, thought suppression, and psychological distress ($r = .41$ to $.52$, $p < .001$). SEM analysis confirmed that thought suppression partially mediated the relationship between negative life events and psychological distress. The direct effect of negative life events on psychological distress was significant ($\beta = .33$, $p < .001$), as was the path from negative life events to thought suppression ($\beta = .41$, $p < .001$), and from thought suppression to psychological distress ($\beta = .39$, $p < .001$). The indirect effect of negative life events on psychological distress through thought suppression was also significant ($\beta = .16$, $p < .001$). Model fit indices indicated a good fit ($\chi^2/df = 2.37$, CFI = 0.96, RMSEA = 0.056, TLI = 0.94). The findings highlight thought suppression as a significant cognitive mechanism that partially explains the link between life adversity and psychological distress. Interventions targeting maladaptive cognitive strategies such as suppression may be essential for mitigating distress, particularly in high-adversity sociocultural contexts.

Keywords: Negative life events, psychological distress, thought suppression.

How to cite this article:

Adeyemi, I., Mokoena, T., & Popescu, A. (2025). Negative Life Events and Psychological Distress: The Mediating Role of Thought Suppression. *Mental Health and Lifestyle Medicine Journal*, 3(1), 56-65. <https://doi.org/10.61838/mhfmj.3.1.6>

Introduction

Psychological distress is a multidimensional construct that encompasses symptoms of anxiety, depression, and emotional discomfort, often resulting from adverse experiences and cognitive patterns that impair daily functioning. A growing body of research has highlighted the influence of cumulative negative

life events on the emergence and persistence of psychological distress across various populations, particularly when compounded by maladaptive emotion regulation strategies such as thought suppression (1, 2). In recent years, understanding the pathways through which distress emerges has gained importance, not only for clinical interventions but also for the broader public health response to psychological vulnerability.

Negative life events—defined as disruptive or traumatic experiences that threaten an individual's psychological stability—are well-established antecedents of distress. These events include the loss of loved ones, chronic illness, interpersonal conflicts, and traumatic exposure. Research has consistently demonstrated that individuals exposed to such events report higher levels of emotional turmoil, including symptoms of anxiety, sadness, and cognitive dysfunction (3, 4). For example, recent evidence from oncology settings indicates that both cancer patients and their caregivers frequently exhibit heightened levels of distress due to disease burden, prognosis uncertainty, and caregiving demands (5, 6). Similarly, those dealing with acute or chronic illnesses often report long-term psychological impact, even post-treatment (1, 7). While these findings highlight the direct correlation between life events and distress, they also point to the importance of psychological processes—particularly how individuals cope cognitively and emotionally with adversity.

One such cognitive process is thought suppression, which refers to the conscious effort to avoid or eliminate unwanted thoughts from conscious awareness. Although often perceived as a protective mechanism, thought suppression can paradoxically intensify the very thoughts it seeks to control, thereby amplifying psychological distress (8, 9). The White Bear Suppression Inventory (WBSI), developed to quantify individuals' tendency to suppress thoughts, has been employed across diverse clinical and non-clinical populations, revealing consistent links between suppression and psychological maladjustment (9, 10). In individuals diagnosed with mental health disorders such as borderline personality disorder, thought suppression is particularly prevalent and strongly correlated with affective instability and anxiety (9). Moreover, suppression is not limited to clinical contexts. It is also seen among individuals facing daily stressors, including social comparisons on digital platforms, where it has been shown to moderate emotional outcomes and distress levels (11).

The mechanism by which thought suppression mediates the relationship between life adversity and emotional distress has been explored within several theoretical frameworks, including the acceptance and commitment therapy (ACT) model. According to this model, rigid control over internal experiences—such as suppressing distressing thoughts—prevents psychological flexibility and can exacerbate suffering over time (12, 13). Mindfulness- and acceptance-based interventions that encourage nonjudgmental observation of thoughts, rather than suppression, have proven effective in reducing distress in various populations, including caregivers and individuals with chronic conditions (14, 15). These findings suggest that suppression may serve as a maladaptive mediator that partially explains why some individuals develop significant distress following negative life events while others do not.

Empirical support for the mediating role of cognitive factors such as thought suppression continues to grow. For instance, Nakatani and colleagues found that emotional suppression predicted post-surgical distress among breast cancer patients, underscoring the psychological cost of avoiding unwanted feelings and thoughts (16). Similarly, in studies of bereaved individuals and trauma survivors, suppression was

associated with greater emotional reactivity and lower resilience (17). Furthermore, suppression has been linked to greater susceptibility to intrusive thoughts and memory-related distress, as shown in experimental studies where efforts to block distressing memories heightened their salience (18). These findings indicate that thought suppression may play a crucial mediating role in the development of psychological distress in the wake of adverse experiences.

The interaction between individual traits, contextual factors, and cognitive strategies further complicates the landscape of distress responses. For example, sociocultural dynamics, such as collectivist versus individualist orientation, can shape how suppression is employed and whether it is considered adaptive or harmful (3, 19). Gender and racial identity also intersect with cognitive coping styles. In a recent study on Black college women, Nelson and Cherry observed that suppression, rooted in cultural narratives of strength and self-reliance, contributed to increased psychological burden, particularly under stress (20). Similarly, Zeigler-Hill and colleagues found that low self-concept clarity led to psychological distress via escapist tendencies, which often manifest in avoidance-based strategies such as suppression (21). This suggests that thought suppression is not merely an individual psychological mechanism but is shaped and reinforced by broader sociocultural forces.

Importantly, interventions that reduce suppression and promote emotional acceptance have demonstrated notable benefits. McConachie et al. reported improved stress management outcomes among support staff using mindfulness-based practices, indicating that cultivating acceptance can alleviate occupational distress (14). Likewise, ACT-based therapies have shown promise in helping clinical trainees and caregivers foster better emotional regulation and self-care, reducing their vulnerability to distress (12, 13). Lam and colleagues' research on resilience among breast cancer patients further emphasized that acceptance of illness and emotional openness, rather than suppression, were associated with lower psychological distress and enhanced meaning-making (22).

From a theoretical perspective, this body of research supports a mediational model wherein negative life events contribute to psychological distress, and this relationship is, in part, transmitted through the use of maladaptive cognitive strategies—particularly thought suppression. However, the majority of these findings have been context-specific (e.g., cancer populations, caregivers, adolescents), leaving a gap in the literature regarding general adult populations in diverse sociocultural settings. The present study aims to address these gaps by examining the mediating role of thought suppression in the relationship between negative life events and psychological distress in a diverse sample of adults in South Africa.

Methods and Materials

Study Design and Participants

This study employed a descriptive correlational design to examine the relationship between negative life events, thought suppression, and psychological distress. The participants consisted of 423 individuals residing in South Africa, selected based on the sample size recommendations of the Morgan and Krejcie (1970) table for a population exceeding 75,000. A stratified sampling approach ensured diverse representation in terms of age, gender, and socio-economic background. Participants voluntarily completed self-report questionnaires through both online and paper-based formats after providing informed consent.

Data Collection

The Kessler Psychological Distress Scale (K10), developed by Kessler et al. in 2002, is a widely used screening tool designed to measure non-specific psychological distress in population surveys. The instrument includes 10 items that assess symptoms related to anxiety and depressive states experienced over the past 30 days. Respondents rate how often they experienced each symptom on a 5-point Likert scale ranging from 1 (none of the time) to 5 (all of the time), resulting in a total score between 10 and 50, with higher scores indicating greater psychological distress. The K10 has demonstrated strong internal consistency (Cronbach's alpha typically $> .90$) and has been validated in various cultural and clinical contexts, confirming its reliability and sensitivity in detecting levels of psychological distress.

The White Bear Suppression Inventory (WBSI), developed by Wegner and Zanakos in 1994, is a 15-item self-report measure designed to assess the tendency to suppress unwanted thoughts. Items are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), yielding a total score that reflects the general inclination toward thought suppression, with higher scores indicating greater suppression efforts. The WBSI originally included three subcomponents—unwanted intrusive thoughts, suppression of thoughts, and self-distraction—but it is commonly used as a unidimensional measure. The instrument has shown good internal consistency (Cronbach's alpha around .87) and has been validated in multiple studies, confirming its construct validity and test–retest reliability.

The Life Events Checklist for DSM-5 (LEC-5), developed by the National Center for PTSD in 2013, is a standardized tool used to assess exposure to potentially traumatic events. It includes 17 items covering various stressful and adverse life experiences, such as natural disasters, accidents, assault, and sudden loss. Respondents indicate whether they have experienced each event personally, witnessed it, learned about it happening to someone close, or are unsure. The LEC-5 does not provide a single score but is often used in conjunction with other measures to assess cumulative life stress or trauma exposure. The tool has demonstrated satisfactory test–retest reliability and strong content validity in both clinical and non-clinical populations and is widely used in psychological research and clinical screening.

Data analysis

Data were analyzed using IBM SPSS version 27 and AMOS version 21. Descriptive statistics (means, standard deviations, frequencies, and percentages) were used to summarize demographic and key study variables. Pearson correlation analysis was conducted to explore the bivariate relationships between psychological distress (dependent variable) and the two independent variables—negative life events and thought suppression. Structural Equation Modeling (SEM) using AMOS-21 was then applied to test the mediating role of thought suppression in the relationship between negative life events and psychological distress. A maximum likelihood estimation method was used, and model fit was evaluated using standard indices such as the Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Chi-square/df ratio.

Findings and Results

Of the 423 participants, 247 (58.39%) identified as female, 172 (40.66%) as male, and 4 (0.95%) as non-binary. The majority of participants ($n = 236$, 55.80%) were between the ages of 18 and 29, followed by 132

individuals (31.21%) aged 30–44, and 55 participants (12.99%) aged 45 and above. Regarding educational attainment, 198 participants (46.81%) held a bachelor's degree, 123 (29.08%) had completed secondary education, and 102 (24.11%) had a postgraduate qualification. In terms of employment status, 251 (59.34%) were employed, 94 (22.22%) were students, and 78 (18.44%) were unemployed at the time of the study.

Table 1. Descriptive Statistics for Study Variables (N = 423)

Variable	M	SD
Negative Life Events (LEC-5)	9.47	3.62
Thought Suppression (WBSI)	43.28	8.91
Psychological Distress (K10)	27.13	7.54

The descriptive statistics presented in Table 1 show that participants reported a moderate number of negative life events ($M = 9.47$, $SD = 3.62$), with a relatively high mean score for thought suppression ($M = 43.28$, $SD = 8.91$), suggesting a tendency to engage in avoidance strategies. The mean psychological distress score was 27.13 ($SD = 7.54$), indicating moderate levels of general distress among participants as per K10 scoring guidelines. Before conducting correlation and structural equation modeling, assumptions of normality, linearity, multicollinearity, and homoscedasticity were tested and confirmed. Skewness and kurtosis values for all continuous variables ranged between -0.94 and $+0.87$, indicating acceptable normality. Scatterplots and partial regression plots suggested linearity and homoscedasticity of residuals. Variance Inflation Factor (VIF) values ranged from 1.12 to 1.38, and tolerance values were above 0.72, indicating no issues with multicollinearity. Additionally, Mahalanobis distance values were examined to detect multivariate outliers, with no values exceeding the critical chi-square threshold ($\chi^2 = 16.27$, $df = 3$, $p < .001$), confirming the dataset's suitability for SEM analysis.

Table 2. Pearson Correlation Coefficients and Significance Levels Among Variables

Variable	1	2	3
1. Negative Life Events	–	.41** ($p < .001$)	.48** ($p < .001$)
2. Thought Suppression	.41** ($p < .001$)	–	.52** ($p < .001$)
3. Psychological Distress	.48** ($p < .001$)	.52** ($p < .001$)	–

As shown in Table 2, all variables were significantly positively correlated. Negative life events were significantly correlated with thought suppression ($r = .41$, $p < .001$) and psychological distress ($r = .48$, $p < .001$). Thought suppression was also positively correlated with psychological distress ($r = .52$, $p < .001$), suggesting a robust relationship between maladaptive cognitive regulation and emotional strain.

Table 3. Fit Indices of the Structural Equation Model

Fit Index	Value	Acceptable Threshold
Chi-Square (χ^2)	113.62	–
df	48	–
χ^2/df	2.37	< 3
GFI	0.95	≥ 0.90
AGFI	0.92	≥ 0.90
CFI	0.96	≥ 0.95
RMSEA	0.056	≤ 0.08
TLI	0.94	≥ 0.90

The model fit indices in Table 3 indicate that the proposed structural model fits the data well. The chi-square to degrees of freedom ratio ($\chi^2/df = 2.37$) falls within the acceptable range. Other indices such as GFI

(0.95), AGFI (0.92), CFI (0.96), TLI (0.94), and RMSEA (0.056) all meet or exceed standard thresholds for good model fit, supporting the adequacy of the hypothesized model.

Table 4. Total, Direct, and Indirect Effects Between Research Variables in SEM

Path	B	S.E.	β	p
Negative Life Events → Thought Suppression	1.14	0.19	.41	< .001
Thought Suppression → Psychological Distress	0.52	0.08	.39	< .001
Negative Life Events → Psychological Distress (Direct)	0.76	0.11	.33	< .001
Negative Life Events → Psychological Distress (Indirect via Suppression)	0.59	0.09	.16	< .001
Total Effect: Negative Life Events → Psychological Distress	1.35	0.13	.49	< .001

As illustrated in Table 4, all direct and indirect effects in the structural model were statistically significant. The direct path from negative life events to psychological distress ($\beta = .33$, $p < .001$) and the path from thought suppression to distress ($\beta = .39$, $p < .001$) both contribute meaningfully. The indirect path from negative life events to psychological distress via suppression ($\beta = .16$, $p < .001$) confirms the mediating role of suppression. The total standardized effect ($\beta = .49$, $p < .001$) underscores that negative life events exert a strong overall influence on distress, partly through increased thought suppression.

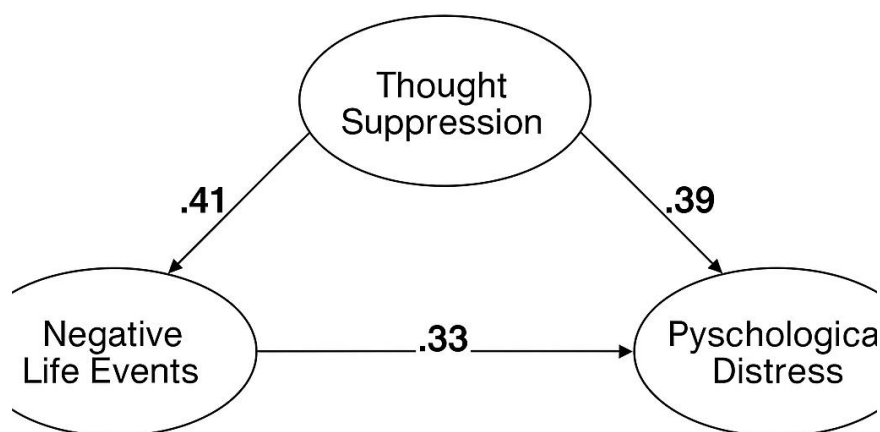


Figure 1. Model with Beta Values

Discussion and Conclusion

The present study aimed to examine the relationship between negative life events and psychological distress, with particular attention to the mediating role of thought suppression. Using a structural equation modeling (SEM) approach, the results revealed a significant positive correlation between negative life events and psychological distress. Additionally, thought suppression was found to partially mediate this relationship, indicating that individuals exposed to greater negative life events were more likely to engage in suppression strategies, which in turn increased their psychological distress.

These findings are consistent with a substantial body of literature emphasizing the detrimental impact of both life stressors and maladaptive emotion regulation strategies on mental well-being. As demonstrated in prior research, adverse life experiences have long been recognized as a key contributor to emotional dysregulation, heightened arousal, and psychological suffering (2, 4, 7). For instance, in adolescents, the interaction between adverse events and rumination or suppression has been shown to significantly predict depression and anxiety symptoms (2). Similarly, studies on cancer patients and caregivers found that

cumulative stress from diagnosis, treatment, and caregiving tasks was strongly linked to distress, especially in those who lacked effective coping strategies (1, 5, 6).

The direct relationship observed in this study between thought suppression and psychological distress further confirms earlier empirical work. Suppression, as a cognitive avoidance strategy, is known to intensify unwanted thoughts and elevate emotional burden (8, 9, 17). Our findings are aligned with the theoretical proposition that individuals attempting to push away distressing cognitions may inadvertently amplify them, thereby increasing distress over time. This paradoxical effect is well-documented in clinical populations, where thought suppression is associated with increased reactivity, anxiety, and maladaptive behaviors (9). In line with our results, Talask et al. validated the White Bear Suppression Inventory in a culturally distinct sample and affirmed that individuals with higher suppression tendencies reported significantly greater psychological burden (10).

The mediating role of suppression identified in our SEM model adds a critical dimension to the understanding of how life events influence psychological outcomes. Rather than viewing negative events and distress as directly linked in a linear fashion, our findings suggest that internal regulatory strategies act as psychological mechanisms that shape this relationship. This insight echoes the conclusions of Nelson and Cherry, who found that emotion regulation—particularly suppression—mediated the link between cultural expectations and psychological distress in Black college women (20). Similarly, Zeigler-Hill et al. identified suppression and escapism as coping mechanisms that intensified distress in individuals with unclear self-concepts (21). These findings converge with our study, demonstrating that suppression is not merely a consequence of distress, but a pivotal process that sustains or exacerbates it.

Furthermore, the present findings are congruent with studies grounded in acceptance-based and mindfulness-based frameworks. According to the ACT model, inflexible avoidance of internal experiences (e.g., thoughts and emotions) leads to long-term psychological dysfunction (12, 13). Individuals who suppress instead of accepting distressing thoughts show increased vulnerability to anxiety, depression, and emotional fatigue. In support of this framework, McConachie et al. demonstrated that stress management based on mindfulness led to decreased psychological symptoms in caregivers for individuals with intellectual disabilities, largely by reducing suppression tendencies (14). These findings help contextualize our result that suppression significantly contributed to distress, reinforcing the proposition that interventions targeting regulation strategies could alleviate the psychological toll of adverse experiences.

This study also provides important insight into the broader sociocultural context in which suppression operates. Research by Pignatiello et al. highlighted the sociocultural moderators that shape emotion regulation, emphasizing how familial and cultural expectations can influence an individual's suppression tendencies and subsequent distress outcomes (3). In South Africa, a society characterized by a mixture of communal resilience and enduring trauma, suppression may be culturally reinforced as a means of maintaining social harmony. This may explain the strength of the mediating path observed in our model. Additionally, studies of suppression in the context of cancer (e.g., Nakatani et al.) found that patients often avoided discussing their emotional pain, which ultimately led to prolonged distress and less effective adjustment (16).

Interestingly, our study's results also align with recent experimental work demonstrating the neurological and cognitive burden of suppression. Nishiyama and Saito showed that suppression of aversive memories

increased the cognitive load and emotional discomfort associated with those memories (18). This supports our assertion that suppression does not eliminate distress, but rather delays or amplifies it. Moreover, in digital contexts, suppression triggered by social comparison has also been associated with negative outcomes. Tedjawidjaja and Christanti found that adolescents who engaged in suppression while using social media experienced elevated distress, supporting the cross-contextual relevance of our findings (11).

Our study adds to this extensive body of literature by providing empirical support for a comprehensive mediational model that integrates environmental (life events) and cognitive (suppression) predictors of distress. It affirms the notion that distress is not only externally caused but internally maintained through maladaptive coping. Furthermore, our use of structural equation modeling offers a more nuanced perspective on the interplay of these factors, beyond simple bivariate relationships. This methodology also allowed for simultaneous testing of direct and indirect effects, increasing the robustness of our conclusions.

Despite its contributions, the present study is not without limitations. First, the cross-sectional design restricts the ability to infer causality. While the mediation model is theoretically grounded and supported by existing research, the observed relationships may be bidirectional or influenced by unmeasured variables. Second, the reliance on self-report instruments may introduce social desirability and recall biases, especially regarding sensitive topics like distress and cognitive avoidance. Third, although the sample was relatively diverse within the South African context, it may not be generalizable to populations with different cultural or socioeconomic backgrounds. Additionally, while thought suppression was explored as a key mediator, other regulation strategies such as rumination, reappraisal, or avoidance behaviors were not assessed, which may limit the comprehensiveness of the model.

Future research should adopt longitudinal or experimental designs to better assess the temporal dynamics and potential causal links between life events, suppression, and psychological distress. Exploring additional mediators and moderators, such as resilience, perceived social support, or personality traits, could provide a deeper understanding of individual variability in distress outcomes. Moreover, qualitative research could offer rich insights into how people from different cultural contexts conceptualize and manage distress, particularly regarding socially reinforced suppression norms. Including physiological or neurological measures might also help to validate and extend findings from self-report tools, offering a more integrative biopsychosocial model.

The findings of this study underscore the importance of integrating cognitive and emotional regulation strategies into mental health interventions, especially in high-adversity environments. Mental health practitioners should be aware of the maladaptive role of thought suppression and instead promote therapeutic techniques that foster acceptance, mindfulness, and psychological flexibility. Community-based programs in culturally diverse settings like South Africa could benefit from incorporating emotion literacy and regulation training to reduce stigma around emotional expression and support healthier coping mechanisms. These interventions should be tailored to align with the values and norms of the target population to enhance engagement and sustainability.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Authors' Contributions

All authors equally contributed to this study.

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. Written consent was obtained from all participants in the study.

Transparency of Data

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

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

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