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The protective role of Wisdom in Suicidal behavior: evidence from Indian adults

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Abstract

Background Current understanding of suicidal behavior remains largely medicalized, with existential factors underexplored despite their relevance. Growing evidence highlights wisdom's role in addressing existential concerns and enhancing well-being. We examined how existential thinking, existential anxiety, and wisdom relate to suicidal behavior among Indian adults.

Method This cross-sectional study included a total of 507 participants aged between 20 and 92 years. Participants completed standardized measures assessing suicidality, existential concerns (including existential thinking and existential anxiety), and wisdom. Two separate mediation analyses were conducted to examine the role of wisdom as a potential mediator in the relationships between (1) existential thinking and suicidal behavior, and (2) existential anxiety and suicidal behavior.

Result Parallel mediation analyses (controlling for age) revealed: (1) age negatively associated with suicidality and existential anxiety but positively with wisdom; (2) existential thinking positively associated to wisdom, while existential anxiety negatively associated with it; (3) wisdom was associated to lower suicidality, fully mediating existential thinking's negative association and partially mediating existential anxiety's positive association with suicidality.

Conclusion The protective role of wisdom against suicidal behavior points to possible directions for support and intervention, highlighting the necessity of psychological and philosophical approaches that increase people's wisdom as a defense against suicidal thoughts and existential distress.

Keywords Adulthood, Aging, Suicide prevention, Wisdom intervention, Death anxiety

Introduction

Suicide is a pervasive public-health concern that touches every stage of life and every corner of the globe. In 2021 it ranked as the third leading cause of death among people aged 15–29 years, underscoring its devastating impact on young adults [1]. Far from being confined to high-income nations, suicide is a worldwide phenomenon: about 73% of all suicides in 2021 occurred in low- and middle-income countries [1]. While extensive research in various countries shows a strong association between suicide, mental disorders—particularly depression and substance-use disorders—and prior suicide attempts [2–4], the picture is more complicated than mental

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illness alone. In the United States, 5–40% of people who die by suicide have no recorded psychiatric diagnosis [5]. Studies conducted in Asian countries (viz., Finland and China) reported no psychiatric diagnosis among people who died by or attempted suicide [6]; and studies demonstrate that even healthy volunteers without diagnosable disorders can experience suicidal thoughts [7]. Moreover, many suicides arise impulsively during acute crises—financial hardship, relationship conflict, chronic pain, debilitating illness—when an individual's coping capacity suddenly collapses [1, 6]. These observations emphasize the need to conceptualize suicidal behavior beyond a strictly psychopathology-centric framework.

Existential issues and suicidal behavior

The capacity to ponder and interpret ultimate concerns is highly valued across cultures that reflect in philosophy, cultural arts, theoretical science, and religion [8, 9]. Most people form beliefs around fundamental existential questions, such as the meaning of life and what happens after death [10, 11]; hence, existential concern is a universal phenomenon. Allan and Shearer (2012) defined existential thinking as “the tendency to consider the core issues of human existence and the ability to engage in a meaning-making process that locates oneself concerning ultimate concerns” [12]. A simple uncertainty or apprehension of the future can take the form of anxiety [13]. Existential anxiety refers to the profound unease or distress stemming from confrontation with the “ultimate concerns” of life. In scholarly terms, it is “the expression of ultimate concerns about life itself, including things such as meaninglessness, death, fundamental loneliness, and lack of certainty” [14]. While existential thinking reflects a reflective and meaning-oriented engagement with life's fundamental questions, existential anxiety captures the emotional distress that arises from confronting those very concerns.

Beyond diagnostic categories, evidence shows that existential concerns form a distinct pathway to suicidal behavior [15]. In the Existential-Constructivist Model (ECM), suicide is viewed as a response to the profound existential concerns individuals face [16]. According to the model, existential issues such as the fear of death, the inherent meaninglessness of existence, and existential isolation create significant psychological distress. When individuals are unable to construct a meaningful framework to cope with these concerns, this distress may become overwhelming, potentially leading to suicidal behavior. Furthermore, some individuals may perceive the act of suicide as an expression of love—towards themselves, their loved ones, or society—imbuing the act with significant existential meaning for those willing to harm themselves [17]. Empirical research also supports ECM. During identity formation, adolescents and young

adults engage in existential thinking about meaning and purpose; when this exploration stalls it breeds existential anxiety [18]. Adolescents struggling with existential questions often face heightened anxiety and depression [19], increasing their risk of self-harm, behavioral issues, and suicidality—particularly when they struggle to find meaning [20]. These existential concerns are also prominent in first-episode depression, frequently manifesting as loneliness, emptiness, and identity confusion, which may escalate to suicidal ideation [21], whereas purpose in life and life satisfaction provide robust protection even after neuroticism and mood-disorder severity are controlled [22].

Although both existential thinking and existential anxiety emerge from engagement with fundamental life concerns, their associations with suicidal behavior differ. Existential thinking represents a reflective orientation toward meaning and purpose, which may not inherently predispose individuals to suicidality. In contrast, existential anxiety reflects distress and apprehension about mortality and existential uncertainty, making it more directly associated with increased risk for suicidal thoughts and behavior. Together, the literature highlights existential thinking and existential anxiety as potent, independent contributors to suicidal behavior. However, studies are scarce and focused mainly on student population comprising adolescents.

Existential crisis and wisdom

Wisdom is the integration of knowledge, experience, and judgment that allows individuals to make thoughtful decisions and offer meaningful guidance in complex and uncertain situations. Monika Ardelt [23] conceptualized wisdom as integration of three components—cognition (knowledge, understanding, and intellectual competence), affect (self-awareness and the ability to view situations from multiple perspectives), and reflection (compassion, empathy, and emotional regulation). In theoretical wisdom conceptualization, successful resolution of human existential issues is central to the development of wisdom. Wisdom-related performance reaches its peak in situations that challenge the boundaries of human existence [24]. The comprehension and handling of existential issues like death and suffering are fundamental to wisdom. These existential matters are central to wisdom-related knowledge and represent some of the most challenging life problems to address. Walsh (2015) defined wisdom as deep, accurate insight and understanding of oneself and central existential issues, coupled with skillful and benevolent responsiveness [25].

Studies have confirmed a negative correlation between wisdom and fear of death, death avoidance, and death anxiety [26–28]. Ardelt et al. consider a low level of fear of death as an indicator of aging well and wisdom [29].

Wise people view phenomena and events from multiple perspectives, reducing subjectivity and discovering deeper meanings. This leads to less self-centeredness, a better understanding of life and others, and increased compassion. They accept physical deterioration as part of life and are unafraid of death, understanding the true nature of existence and having lived meaningfully [26]. Wisdom also shares a positive correlation with the purpose [26] or meaning in life [27]. Wisdom, therefore, is deeply intertwined with existential reflection, personal growth, and the ability to navigate and make sense of life's uncertainties [30].

Current study

Existential concerns and wisdom hold considerable philosophical, psychological, and medical significance; however, biomedical models predominant current understanding of suicidal behavior [31, 32]. Despite the established association between wisdom and existential themes—such as death anxiety and the search for meaning—there is a notable lack of studies exploring the correlation between wisdom, existential thinking, and existential anxiety. The current study aims to provide empirical support for these associations, hypothesizing that wisdom will be positively correlated to existential thinking and negatively correlated with existential anxiety. Additionally, given the link between existential concerns and psychological distress, we propose that existential thinking and anxiety will be positively correlated with suicidal behavior; while wisdom will be negatively correlated with suicidal behavior.

Wisdom may act as a buffer between existential concerns and suicidal behavior. On one hand, when existential thinking is accompanied by wisdom, it can promote a more profound sense of meaning and facilitate personal development [33], thereby may decrease the risk of suicidality. Conversely, unaddressed existential anxiety can exacerbate feelings of despair and hopelessness, increasing the risk of suicide [20, 34]. Nevertheless, wisdom has the capacity to lessen these impacts by fostering acceptance, encouraging perspective-taking, and building resilience when confronting existential fears [35, 36]. Thus, wisdom is not only associated with existential contemplation but also plays a crucial role in converting it into a protective resource against suicidality.

Age is a significant demographic factor influencing both suicidal behavior and wisdom. While suicidal ideation affects 10–20% of older adults in Europe [37, 38], suicide rates vary globally by age group. In high-income countries, older adults exhibit higher suicide rates than younger populations [39]. For instance, U.S. data shows rates of 13.5 (ages 15–24), 19.2 (35–44), 18.9 (45–54), 18.7 (55–64), and 19.4 (75+) per 100,000, indicating elevated risk in later life [40]. Conversely, India's 2022 data

reveals that 34.6% of suicides occur among youth (18–30 years) and 50.5% among middle-aged adults (30–59 years), with only 8.98% in older adults (60 + years) [41]. Given these patterns, we hypothesize that age among Indian participants will correlate negatively with suicidal behavior.

Research findings regarding the correlation between wisdom and age are inconsistent; some studies indicate no significant correlation between age and self-reported wisdom [42] or wisdom-related performance [43], while others report both positive and negative correlations [44]. Despite these mixed results, age is frequently associated with wisdom due to life-span experiences, leading us to hypothesize that age will be positively correlated with wisdom. Lastly, empirical studies examining existential concerns in relation to age differences are scarce; however, existential concerns are widely acknowledged as significant during youth [18], with their resolution often occurring in old age [45]. Therefore, we expect that age will be negatively correlated with existential issues.

The hypotheses assessed in this study are summarized as follows:

Hypothesis 1: Age will be (H1a) negatively associated with suicidal behavior, (H1b) positively associated with wisdom, and (H1c) negatively associated with existential issues (existential thinking and existential anxiety).

Hypothesis 2: Wisdom will be (H2a) positively associated with existential thinking and (H2b) negatively associated with existential anxiety.

Hypothesis 3: Existential thinking (H3a) and existential anxiety (H3b) will each be positively associated with suicidal behavior.

Hypothesis 4: Wisdom will mediate correlation between existential thinking and suicidal behavior (H4).

Hypothesis 5: Wisdom will mediate correlation between existential anxiety and suicidal behavior (H5).

Methods

Participants

In this cross-sectional study, participants were recruited from various community centers in the vicinity of Kohima and Jehanabad, including churches, social service groups, local recreational-cultural clubs, employee recreation clubs, and two public educational institutes. Eligible participants included those who could read and comprehend English or Hindi, had no history of psychiatric illness, and were not currently undergoing psychiatric treatment.

Assessments

All the assessment tools in this study are interpreted as “the higher the score, the greater the attribute.”

The scale for existential thinking (SET) [12]

The eleven-item SET is a self-report tool designed to assess an individual's tendency to explore fundamental questions of human existence and engage in meaning-making to determine their stance on these issues. Items related to various existential thinking behaviors (e.g., “Do you ever reflect on your purpose in life?”, and “Do you ever think about the human spirit or what happens to life after death?”) were rated on a 5-point scale ranging from no or rarely (1) to all the time (5). In two studies, researchers found that the SET exhibited a unidimensional factor structure and demonstrated strong reliability across both student and adult samples. The test-retest reliability coefficient was 0.75, and the Cronbach's alpha value was 0.88 [46]. In the current study, the Cronbach's alpha was 0.84.

Existential anxiety questionnaire (EAQ) [18]

This 13-item scale evaluates six key dimensions of existential anxiety—Fate, Death, Emptiness, Meaninglessness, Guilt, and Condemnation—as conceptualized by Paul Tillich. Each domain is represented by two items, except for Fate, which includes three. Respondents answer each statement using a binary format (‘true’ = 0, ‘false’ = 1). A sample item is: “I often feel anxious because I am worried that life might have no meaning.” The EAQ has been evaluated for its psychometric properties, including internal consistency and test-retest reliability. The internal consistency was found to be satisfactory, with a coefficient alpha of 0.71, and test-retest reliability showed a correlation coefficient of 0.72 at a two-week interval. In the current study, Cronbach's alpha was 0.67.

Abbreviated three-dimensional wisdom scale (3D-WS-12) [47]

The 3D-WS-12 is a self-report measure developed to assess wisdom as a multidimensional construct, grounded in the theoretical framework proposed by Ardel [47]. It captures three interrelated components of wisdom: cognitive (e.g., “A problem has little attraction for me if I don't think it has a solution”), reflective (e.g., “When I look back on what has happened to me, I can't help feeling resentful”), and affective (e.g., “Sometimes I feel a real compassion for everyone”). Each of the three dimensions is represented by four items, making up a total of 12 items rated on a Likert scale (1 = strongly disagree to 5 = strongly agree). Higher scores indicate greater levels of wisdom. This abbreviated version of the original 39-item Three-Dimensional Wisdom Scale aims to provide a reliable and efficient assessment of wisdom within the context of epidemiological surveys. Thomas et

al. (2017) used a combination of factor analytic methods and expert judgment to select a subset of 12 items that balanced concerns for measurement precision, internal structure, and content validity [47]. In the current study, Cronbach's alpha was 0.92.

Suicidal behavior Questionnaire-Revised (SBQ-R) [48]

The SBQ-R is a widely used four-item self-report instrument developed to assess suicidal thoughts and behaviors. Each item is rated on a different Likert-type scale, depending on the dimension it measures. Together, the items capture distinct aspects of suicidality: lifetime suicide ideation and/or attempts (“Have you ever thought about or attempted to kill yourself?”), frequency of suicidal ideation in the past twelve months (“How often have you thought about killing yourself in the past year?”), communication of suicide intent (“Have you ever told someone that you were going to commit suicide, or that you might do it?”), and perceived likelihood of future suicidal behavior (“How likely is it that you will attempt suicide someday?”). Total scores range from 0 to 18, with scores of 7 or higher indicating elevated suicide risk in the general population. The questionnaire's high internal consistency, with coefficient alpha estimates ranging from 0.76 to 0.88, underscores its reliability. In the current study, Cronbach's alpha was 0.71.

Procedure

To overcome language barriers and to maximize the participation of people with different levels of educational status, all the assessment tools were translated into Hindi using the backward method with the help of subject experts who were well-versed in English and Hindi. The researcher informed participants about the study personally or through word of mouth. Assessment tools were given to all the participants in a bilingual format in one-to-one contact.

Ethical statement

The study protocol and procedure were approved by the Institute Research Ethics Committee (name and reference are withheld for anonymous review). Informed written consent was obtained from each participant before their recruitment. Participants who scored ≥ 7 on SBQ-R were provided psychological counseling and referred to the nearest mental health center.

Statistical analyses

Descriptive statistics were calculated to obtain participants' characteristics. Kolmogorov-Smirnov and Shapiro-Wilk tests are default options in SPSS for assessing normality. However, these tests have been criticized for their increased sensitivity in large samples (>50). Instead, using skewness and kurtosis values to assess distribution

Table 1 Demographic details of the study participants ($N=507$).

		Frequency	%
Age (Years)	Young (20–39)	222	43.79
	Middle Aged (40–59)	154	30.37
	Older (60–90)	131	25.84
Gender	Female	246	48.5
	Male	261	51.5
Education	10th Grade	105	21
	12th Grade	50	10
	Under-graduation	201	40
	Post-graduation	151	30
Marital Status	Unmarried	204	40.2
	Married	275	54.2
	Widowed	25	4.9
	Divorced	3	0.6
Residence	Rural	155	30.6
	Urban	352	69.4
Religion	Hinduism	239	47.1
	Islam	19	3.7
	Christianity	249	49.1

normality is widely supported in the social sciences [49]. Therefore, we used skewness and kurtosis scores within ± 2 as a cutoff for normality, following the recommendations of Hahs-Vaughn and Lomax (2020) [49]. Scores on SBQ-R have a non-normal distribution (Skewness = 2.82, Kurtosis = 9.23), hence it was transformed using the inverse of the cumulative distribution function (IDF.Normal) for the normal distribution as recommended [50]. Correlations among study variables were tested through bivariate Pearson's correlation.

We conducted mediation analyses using Hayes' PROCESS Macro (Model 4) in SPSS (Version 27) [51] to examine whether wisdom mediated the relationships between existential concerns (existential thinking and existential anxiety) and suicidal behavior, while controlling for age. Separate analyses were run with existential thinking and existential anxiety as independent variables, normalized suicidal behavior scores (SBQ-RN) as the dependent variable, wisdom as the mediator, and age as a covariate. We employed bias-corrected bootstrapping

with 5,000 resamples to test the significance of indirect association.

Results

A total of 507 individuals participated in this study, 251 were from the vicinity of Jehanabad and 256 were from the vicinity of Kohima. We did not find any significant difference between these two vicinities for the study variables; hence, the participants were collectively analyzed. Participant characteristics are given in Table 1. The mean age of the participants was 42.67 ($SD = 18.33$; ranging from 20 years to 92 years).

Pearson's correlation coefficients were calculated to assess the correlations among variables (Table 2). As Pearson's correlation coefficient is sensitive to the distribution of the scores [52], we calculated Pearson's correlation coefficients for SBQ-R and normalized SBQ-R scores (SBQ-RN) with other study variables (Table 2). All the correlations among study variables were in the expected directions, except the participants' age was positively correlated to existential thinking, and existential thinking was negatively correlated to suicidal behavior of the participants.

First mediation analysis (Table 3) shows, existential thinking was significantly associated to higher wisdom ($\beta = 0.31$). Age also showed a positive association with wisdom ($\beta = 0.26$). Wisdom ($\beta = -0.67$) and age ($\beta = -0.12$) were significantly negatively associated to suicidal behavior. However, after accounting for wisdom, existential thinking no longer had a significant direct association to suicidal behavior ($\beta = 0.04$). Overall, Wisdom, age and existential thinking explained around 50% variances in suicidal behavior ($R^2 = 0.50$).

In the second mediation analysis (Table 4), existential anxiety was significantly associated to lower wisdom, ($\beta = -0.26$), and age was positively related to wisdom ($\beta = 0.24$). With wisdom and age in the equation, wisdom was significantly negatively associated to suicidal behavior ($\beta = -0.63$). Existential anxiety retained a positive direct association ($\beta = 0.11$) to suicidal behavior, indicating partial mediation of wisdom. Age was again

Table 2 Descriptive of the scales used with correlation coefficients ($N=507$)

	1.	2.	3.	4.	5.	Mean (SD)	Min - Max	Skewness (SE=0.108)	Kurtosis (SE=0.217)
1. Age						42.68 (18.33)	20–92	0.187	−1.29
2. SET	0.13**					30.34 (8.26)	11–55	0.403	−0.241
3. EAQ	−0.24**	−0.17**				5.41 (2.75)	0–12	0.313	−0.496
4. 3D-WS-12	0.30**	0.35**	−0.32**			47.69 (13.05)	12–60	−1.12	0.323
5. SBQ-R	−0.31**	−0.19**	0.33**	−0.66**		4.02 (2.09)	2–16	2.82	9.25
6. SBQ-RN	−0.32**	−0.21**	0.33**	−0.69**	0.90**	4.17 (1.71)	−1.23–10.49	0.875	1.16

SET Scale for Existential Thinking, EAQ Existential Anxiety Questionnaire, 3D-WS-12 Abbreviated three-dimensional Wisdom Scale, SBQ-R Suicidal Behavior Questionnaire Revised, SBQ-RN Normalized SBQ-R

** $p < .001$

Table 3 Mediation of the relationship between existential thinking (SET) and suicidal behavior (SBQ-RN) by wisdom (3D-WS-12), controlling for age ($N=507$)

Path	B	SE	t	p	95% CI [LL, UL]	β (stand.)
a path (SET $\rightarrow$ 3D-WS-12)	0.49	0.06	7.72	<0.001	[0.37, 0.62]	0.31
b path (3D-WS-12 $\rightarrow$ SBQ-RN)	-0.09	0.0001	-19.11	<0.001	[-0.10, -0.08]	-0.67
c path (Total effect: SET $\rightarrow$ SBQ-RN)	-0.03	0.01	-3.98	<0.001	[-0.05, -0.02]	-0.17
c' path (Direct effect: SET $\rightarrow$ SBQ-RN)	0.01	0.01	1.27	0.204	[-0.01, 0.02]	0.04
Indirect effect (a $\times$ b via 3D-WS-12)	-0.04	0.01 (Boot SE)	—	—	[-0.06, -0.03]	-0.21

Bootstrap based on 5,000 samples; 95% percentile CIs. Mediator model (Wisdom as outcome): $R^2 = 0.19$. Outcome model (SBQ-RN as outcome with EAQ, Wisdom, Age): $R^2 = 0.50$. Age (covariate): Age $\rightarrow$ Wisdom, $B = 0.18$, $p < .001$; Age $\rightarrow$ SBQ-RN, $B = -0.011$, $p < .001$

SET Scale for Existential Thinking, 3D-WS-12 Abbreviated three-dimensional Wisdom Scale, SBQ-RN Normalized Suicidal Behavior Questionnaire Revised

Table 4 Mediation of the association between existential anxiety (EAQ) and suicidal behavior (SBQ-RN) by wisdom (3D-WS-12), controlling for age ($N=507$)

Path	B	SE	t	p	95% CI [LL, UL]	β (stand.)
a (EAQ $\rightarrow$ 3D-WS-12)	-1.23	0.20	-6.12	<0.001	[-1.62, -0.83]	-0.26
b (3D-WS-12 $\rightarrow$ SBQ-RN)	-0.08	0.005	-18.38	<0.001	[-0.09, -0.07]	-0.63
c (Total: EAQ $\rightarrow$ SBQ-RN)	0.17	0.03	6.53	<0.001	[0.12, 0.22]	0.27
c' (Direct: EAQ $\rightarrow$ SBQ-RN)	0.07	0.02	3.31	0.001	[0.03, 0.11]	0.11
Indirect (a $\times$ b via 3D-WS-12)	0.10	0.02 (Boot SE)	—	—	[0.06, 0.14]	0.16

Bootstrap based on 5,000 samples; 95% percentile CIs. Mediator model (Wisdom as outcome): $R^2 = 0.15$. Outcome model (SBQ-RN as outcome with EAQ, Wisdom, Age): $R^2 = 0.50$. Age (covariate): Age $\rightarrow$ Wisdom, $B = 0.17$, $p < .001$; Age $\rightarrow$ SBQ-RN, $B = -0.010$, $p = .002$

EAQ Existential Anxiety Questionnaire, 3D-WS-12 Abbreviated three-dimensional Wisdom Scale, SBQ-RN Normalized Suicidal Behavior Questionnaire Revised

negatively associated to suicidal behavior ($\beta = -0.10$). This outcome model explained around 50% of the variance in suicidal behavior ($R^2 = 0.50$).

Discussion

The present study examined the relationships of age, existential thinking, existential anxiety, and wisdom with suicidal behavior. In addition, we tested whether wisdom mediates the associations between (a) existential thinking and suicidal behavior and (b) existential anxiety and suicidal behavior, while statistically controlling for age. Our sample consisted of 507 participants, representing a diverse adult population, with ages ranging from 20 to 92 years.

A negative association was found between age and suicidal behavior (H1a), consistent with reports of higher suicide rates among Indian young adults compared to older adults [41, 53]. This may be attributed to the development of improved coping and emotion regulation skills with advancing age [54, 55], which can reduce impulsive tendencies linked to suicidality. It should be noted, however, that cultural variations exist, such as elevated suicidal ideation among those over 80 in Korea [56]. This indicates the need for cross-cultural research on age-related patterns in suicidal behavior.

A significant positive association was observed between age and wisdom (H1b), supporting the notion that wisdom grows with life experience, though findings across the literature remain inconsistent [44]. In line with H1c, existential anxiety decreased with age, which is consistent with studies showing that death anxiety peaks

in young adulthood [57, 58]. Contrary to H1c, however, existential thinking was positively correlated with age. This divergence emphasizes a key distinction; existential anxiety reflects emotional distress about fundamental life concerns (e.g., meaninglessness or mortality), whereas existential thinking entails reflective engagement with philosophical questions. The two constructs are conceptually and empirically distinct, as further evidenced by their negative correlation in our data.

Supporting H2a and H2b, wisdom was positively correlated with existential thinking and negatively with existential anxiety. This aligns with existential models of wisdom [26, 59] and Pascual-Leone's (1990) view that wisdom arises from the integration of existential concerns through a "will-to-be" disposition [60]. Wisdom entails mature understanding and sound judgment in the face of uncertainty [36], which may develop through reflective engagement with, rather than fearful avoidance of, existential questions.

Existential thinking was negatively associated with suicidal behavior, contrary to H3a, while existential anxiety showed a positive correlation, partially supporting H3b. This suggests that intellectual engagement with life's meaning may be adaptive [8, 61], whereas emotional distress arising from existential threats heightens suicide risk [20, 62, 63]. Importantly, wisdom fully mediated the link between existential thinking and suicidal behavior and partially mediated the relationship between existential anxiety and suicidality (supporting H4 and H5). This highlights wisdom's role as a protective factor, likely cultivated through successful resolution of existential

challenges. Humility, a core attribute of wisdom [64, 65] may help mitigate self-related threats [66], reducing defensive overreactions and improving emotional regulation.

From a developmental perspective, wisdom represents “an informed and detached concern with life itself in the face of death itself” [43]. Older adults who achieve ego integrity maintain engagement with life despite physical and social losses [67], whereas young adults, still forming identity and purpose, remain more vulnerable to existential anxiety. Emerging evidence suggests wisdom can be cultivated through intervention [68, 69], with recent trials showing that wisdom-based psychotherapy reduces loneliness in older adults [70, 71]. Incorporating wisdom-building components into suicide prevention programs may thus hold promise, though further controlled longitudinal studies are needed to establish efficacy in reducing suicide risk.

Limitations

The generalizability of this study is limited by several factors. Firstly, while most studies on suicidal behavior focus on patient populations, particularly those with psychiatric conditions, our study examined suicidal behavior among healthy participants. However, we relied on participants' self-reports to rule out illnesses and did not use standard screening methods, which may introduce biases and missed the subclinical distress. Second limitation of this study is its cross-sectional nature; a key limitation of cross-sectional studies is the inability to establish causality or temporal relationships. Third, wisdom is defined in various ways, and the 3D-WS-12 scale measures only three dimensions. Including other attributes of wisdom measured by scales that encompass broader aspects of wisdom could potentially provide more significant contributions. For example, spirituality has been negatively associated with existential anxiety [72] and suicidal behavior [73]. Although most wisdom measures do not include spirituality as a dimension, the San Diego Wisdom Scale has shown support for spirituality as one of the dimensions of wisdom across different cultures, including Indian [74, 75]. Lastly, the measures were not culture-adapted and Cronbach's alpha for the EAQ was marginally less (0.67) than the acceptable value (0.70).

Conclusion

The patterns in these data are consistent with the idea that complex connections exist between suicidal behavior, age, wisdom, and existential contemplation. Thus, they could be interpreted to stress the potential value of cultivating wisdom and offering support for existential issues at all stages of life. If these findings are supported by future research, the protective role of wisdom might indicate promising directions for clinical intervention,

highlighting a possible need for approaches that increase wisdom to combat suicidal thoughts and existential distress.

Authors' contributions

RLD, SG, and IL conceptualized the study and operated the data collection. RLD and SP contributed to data curation and formal analyses. RLD, SG, and DJ wrote and edited the manuscript. All authors reviewed the manuscript.

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Data availability

The data supporting the findings of this study are available upon reasonable request to corresponding author.

Declarations

Ethics approval and consent to participate

This study was conducted in accordance with the 1964 Helsinki Declaration, its later amendments, or comparable ethical standards. The study protocol and procedures were approved by the Human Research Ethics Committee of the This study was approved by the Institute Research Ethics Committee of S. N. Sinha College, Jehanabad (Ref. RP/SNSC02-06). Written informed consents were obtained from all the participants before their recruitment in this study.

Consent for publication

Not Applicable.

Competing interests

The authors declare no competing interests.

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