

## Original Article

# The Psychometric Properties of 16 and 4-item Versions of the Entrapment Scale

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### Abstract

The evidence supports the role of entrapment in predicting suicidal ideation and attempts. This study investigated the psychometric properties of the 16- and 4-item versions of the Entrapment Scale in independent samples and examined the differences in entrapment across demographic characteristics. Using a descriptive and psychometric design, the study was conducted in two populations: 306 individuals from the general population of Bojnord City and 122 students with a confirmed history of suicidal ideation or attempts. Participants completed demographic questionnaires, the Beck Depression Inventory, the Beck Scale for Suicidal Ideation, and the 16- and 4-item versions of the Entrapment Scale. The short form was administered to the suicide-risk sample to minimize burden, while the long form was used in the general population; psychometric properties were evaluated separately within each sample. All statistical analyses were carried out using SPSS version 22. Exploratory factor analysis confirmed a single-factor structure for the 16-item version. Cronbach's alpha was 0.96 for the 16-item version and 0.88 for the 4-item version. The Entrapment Scale showed strong convergent validity, with correlations of 0.82 with depression and 0.63 with suicidal ideation suggesting potential overlap with depression. Individuals with a history of suicidal ideation or attempts scored significantly higher on both the Entrapment Scale and the Suicidal Ideation Scale compared to the general population. Demographic analyses revealed that men, married individuals, and younger participants exhibited significantly higher scores in entrapment, depression, and suicidal ideation. Both the 16- and 4-item versions demonstrated high reliability and validity for use in Iranian samples.

### Keywords

Entrapment  
Depression  
Suicidal Ideation  
Reliability  
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### Introduction

A meta-analysis of studies from 2010 to 2021 on the prevalence of suicide attempts and suicide mortality in Iran reported a suicide attempt rate of 131 per 100,000 in the general population and a suicide mortality rate of 8.14 per 100,000 (Asadiyun & Daliri, 2023). The lifetime prevalence of suicidal ideation ranges from 2% to 11% in the general population and reaches 47% in psychiatric samples (Liu et al., 2020). However, most individuals with suicidal ideation do not attempt suicide. A population-based study found that only 7% of those with suicidal ideation attempted suicide within two years (Have et al., 2009). Epidemiological studies have identified risk factors such as gender, mental illness, and socioeconomic status (Hawton & van Heeringen, 2009). Over the past decade, research has increasingly focused on psychological factors influencing the development of suicidal ideation and attempts (O'Connor & Nock, 2014). Despite these advances, little is known about when and

which individuals transition from suicidal ideation to attempts, necessitating the identification of variables that predict and explain this progression. One such factor that has recently garnered significant attention is entrapment, defined as the belief in one's inability to alter undesirable situations. Entrapment arises when efforts to escape situations of defeat or humiliation—whether internal or external—are thwarted (Gilbert & Allan, 1998). Research suggests that suicide attempts reflect an effort to escape distressing external situations (external entrapment) or intolerable thoughts and emotions (internal entrapment) (O'Connor & Portzky, 2018). According to the Integrated Motivational-Volitional (IMV) model, entrapment is a core psychological mechanism underlying suicidal ideation and a key driver of suicidal behavior (O'Connor & Portzky, 2018). In a longitudinal study with a four-year follow-up of patients hospitalized after a suicide attempt, O'Connor et al. (2013) found that entrapment levels predicted subsequent suicide attempts. Notably, even after controlling for suicidal ideation, depression symptoms, and hopelessness, entrapment remained a

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significant predictor of attempt status. A meta-analysis by Siddaway et al. (2015) reported a strong effect size for the relationship between entrapment and suicide attempts. Höller et al. (2022) further demonstrated that both dimensions of entrapment (internal and external) influenced suicidal ideation, with external entrapment showing a stronger effect, mediated by hopelessness. Given the robust association between entrapment and suicidal thoughts and behaviors, it is expected that demographic patterns similar to those observed in suicidal ideation and depression would also emerge in entrapment. For instance, younger age and female gender are hypothesized to be associated with higher entrapment levels. Thus, the present study examines demographic differences in entrapment levels. These findings suggest that clinicians should target entrapment as a therapeutic focus for individuals at risk of suicide (O'Connor & Portzky, 2018; Salmani et al., 2024). Monitoring and addressing entrapment over time offers a novel pathway for therapeutic interventions, raising the critical question of how to measure it accurately. Most studies on suicidal behavior and entrapment have utilized the 16-item self-report Entrapment Scale, originally developed by Gilbert and Allan (1998) to assess entrapment in depressed individuals (Mikaeili et al., 2023). This scale comprises two subscales—internal entrapment (e.g., “I feel trapped inside myself”) and external entrapment (e.g., “I see no way out of my current situation”). Subsequent research has yielded mixed findings regarding its factor structure. Some researchers argue that entrapment is best understood as a single, unified construct, with several studies providing support for a one-factor model (Taylor et al., 2009; Tucker et al., 2016; Chabbouh et al., 2024). In contrast, other findings suggest that internal and external entrapment represent distinct but related dimensions (Gilbert & Allan, 1998; Forkmann et al., 2018; Cramer et al., 2019; Tarsafi et al., 2021). Adding to this debate, recent evidence indicates that support for the two-factor model may be weaker than previously assumed (Cramer et al., 2024). Tarsafi et al. (2021) examined the 16-item scale in a sample of Italian students and found strong internal consistency (Cronbach’s  $\alpha = 0.93$  for the total scale, 0.89 for internal entrapment, and 0.90 for external entrapment), as well as meaningful associations with depression and hopelessness. Baghian Kulemarzi et al. (2024) validated the scale in Iranian adolescents, finding strong internal consistency and significant associations with depression, anxiety, hopelessness, and suicidal ideation, proposing a cutoff score of 18 with 98% sensitivity and 73.6% specificity. Although the 16-item scale is valuable in clinical settings, its repeated use in consecutive sessions with vulnerable individuals can be impractical. De Beurs et al. (2020) developed a 4-item short form, selecting items with the highest factor loadings and discrimination parameters from both entrapment dimensions, and validated its psychometric properties in clinical and general youth samples. They reported correlations of 0.94 (clinical sample) and 0.97 (general sample) between the short and long forms.

While the psychometric properties of the 16-item (long-form) Entrapment Scale have previously been examined in Iran, the short-form version has not yet been evaluated, particularly among individuals at elevated risk. This represents an important gap, as short form scale can offer practical advantages in clinical, preventive, and screening settings. A concise 4-item Entrapment Scale may allow for rapid identification of individuals experiencing high levels of entrapment, supporting timely assessment, risk monitoring, and potential intervention. Examining both the short and long forms in independent Iranian samples can therefore contribute to more efficient and culturally relevant assessment strategies. Accordingly, the primary aim of the present study was to examine the psychometric properties of the 4-item and 16-item Entrapment Scales in two independent Iranian samples. A secondary, exploratory aim was to investigate potential differences in entrapment scores across selected demographic variables within each sample.

## Method

### Participants

Given that this study aimed to evaluate the psychometric properties of the 16- and 4-item versions of the Entrapment Scale, a descriptive and psychometric design focused on scale validation was employed. The 16-item version of the Entrapment Scale had previously been translated into Persian and validated in a student sample. The 4-item version consists of items 4, 5, 14, and 16 from the original scale; however, re-translation and re-adaptation to the original version were conducted for accuracy. The study involved two populations. To assess the psychometric properties of the 16-item version, the target population comprised adults from Bojnurd city. Non-random sampling was used, and 304 individuals from the general population completed the questionnaires online. Inclusion criteria included an age range of 18–65 years and consent to participate, while the exclusion criterion was a history of psychiatric disorders. Participants had a mean age of 24.87 years ( $SD = 6.13$ ), ranging from 18 to 53 years, with 153 men, 151 women, 138 single, 161 married, and 7 with unspecified marital status. For the 4-item version’s psychometric evaluation, the population consisted of 3,700 students from the University of Bojnurd screened for mental health in 2023, of whom 132 reported suicidal ideation, confirmed via clinical interviews. Purposive sampling was applied, and 122 of these students consented to participate. Inclusion criteria were being a student, consenting to the study, and having suicidal ideation or a history of attempts; the exclusion criterion was severe psychiatric disorders. Their age ranged from 19 to 28 years, with 24.6% men, 75.4% women, 86.9% single, and 6.6% married.

### Instrument

#### *Entrapment Scale:*

This 16-item Entrapment Scale is a self-report questionnaire initially developed to assess feelings of entrapment in the context of depression (Gilbert & Allan,

1998). Participants respond on a 5-point Likert scale ranging from 0 (“not at all like me”) to 4 (“extremely like me”). The scale is divided into two subscales: items 1–10 measure external entrapment, reflecting feelings of being trapped by circumstances or other people (e.g., “I feel trapped in my situation”), while items 11–16 assess internal entrapment, reflecting a desire to escape from oneself (e.g., “I want to escape from myself”). Total scores range from 0 to 70, with higher scores indicating greater perceived entrapment. In the original validation study, the scale demonstrated good internal consistency (Cronbach’s  $\alpha = 0.93$  for the total scale) and acceptable construct validity, showing significant associations with depression and hopelessness, supporting its use in both research and clinical settings (Gilbert & Allan, 1998). Ghamarani et al. (2014) validated the scale in an Iranian student sample, confirming a two-factor structure via exploratory and confirmatory factor analyses. Cronbach’s alpha was 0.92 for the total scale, 0.87 for the internal subscale, and 0.88 for the external subscale, with correlations of 0.95 (external) and 0.90 (internal) with the total score.

**Beck Depression Inventory (BDI-II):**

The BDI-II is a 21-item self-report scale designed to assess the severity of depressive symptoms in adolescents and adults. Each item is rated on a 4-point Likert scale ranging from 0 to 3, with total scores interpreted as follows: 0–13 = minimal, 14–19 = mild, 20–28 = moderate, and 29–63 = severe depression. The scale has demonstrated strong psychometric properties in its original validation studies, including high internal consistency (Cronbach’s  $\alpha = 0.92$ ) and good construct and concurrent validity with clinical interviews and other depression measures (Beck et al., 1996). In Iranian student samples, the BDI-II also showed acceptable reliability (Cronbach’s  $\alpha = 0.78$ ), test-retest reliability of 0.73, and a moderate correlation with the General Health Questionnaire ( $r = 0.68$ ), supporting its appropriateness for assessing depressive symptoms in this population (Rahimi, 2014).

**Beck Scale for Suicidal Ideation (BSSI):**

The BSSI is a 19-item self-report scale developed by Beck et al. to assess the presence and severity of suicidal thoughts. Each item is rated on a 3-point Likert scale, with higher scores indicating more intense suicidal ideation. According to Beck & Steer (1991), the scale demonstrates

high internal consistency (Cronbach’s  $\alpha = 0.87$ – $0.97$ ) and good construct and predictive validity for suicidal behavior, supporting its reliability and clinical utility. In Iranian samples, the BSSI also showed good reliability (Cronbach’s  $\alpha = 0.83$ ) and a moderate positive correlation with the SCL-90-R total score ( $r = 0.51$ ), supporting its applicability and validity in this cultural context (Esfahani et al., 2015).

**Procedure**

The study was conducted across two populations. The use of two independent samples and two different forms of the instrument was guided by ethical, clinical, and methodological considerations. For participants at risk of suicide, the short form was administered to minimize response burden, reduce fatigue and potential distress, and enhance feasibility in sensitive clinical contexts. In contrast, the long form was used in the general population sample, where clinical risk was lower, to allow for a more comprehensive assessment of the target construct. Reporting the psychometric properties of each form in its respective sample ensures the adequacy of measurement. The first group of 306 participants from the general population completed online questionnaires, including demographic information, the Beck Depression Inventory, the Beck Scale for Suicidal Ideation, and the 16-item Entrapment Scale. The second group of 122 students with confirmed suicidal ideation or attempts completed the Beck Depression Inventory, Beck Scale for Suicidal Ideation, and the 4-item Entrapment Scale in person at the university counseling center. Data from both groups were analyzed using SPSS version 22 with exploratory factor analysis, correlation tests, and independent t-tests.

**Results**

Factorability was assessed using the Kaiser-Meyer-Olkin (KMO) measure and Bartlett’s test of sphericity. Table 1 shows KMO values of 0.93 for the 16-item version and 0.81 for the 4-item version, indicating high adequacy for factor analysis. Bartlett’s test was significant (16-item: 5381.47; 4-item: 272.06,  $P < 0.0001$ ), confirming that the correlation matrix was not an identity matrix and justifying factor analysis. The variance explained was 64.56% for the 16-item version and 74.29% for the 4-item version. Cronbach’s alpha was 0.96 (16-item) and 0.88 (4-item), reflecting excellent internal consistency for both versions.

**Table 1.** Reliability and Exploratory Factor Analysis Indices

Entrapment Scale	Cronbach’s Alpha	KMO	Bartlett’s Test	P	Variance Explained
16-item version	.96	.93	5381.47	<0.0001	64.56%
4-item version	.88	.81	272.06	<0.0001	74.29%

**Table 2.** Factor Loadings of Entrapment Scale Items

Q	16-item Version	Factor Loading	4-item Version	Factor Loading
1	I am in a situation I feel trapped in	.81		
2	I have a strong desire to escape things in my life	.82		
3	I am in a relationship I cannot get out of	.69		
4	I often have the feeling that I would just like to run away	.83		

5	I feel powerless to change things	.8	Q4	.85
6	I feel trapped by my obligations	.79	Q5	.79
7	I can see no way out of my current situation	.9		
8	I would like to get away from other more powerful people in my life	.68		
9	I have a strong desire to get away and stay away from where I am now	.79		
10	I feel trapped by others people	.84		
11	I want to get away from myself	.85		
12	I feel powerless to change myself	.8		
13	I would like to escape my thoughts and feeling	.84		
14	I feel trapped inside myself	.87	Q14	.9
15	I would like to get away from who I am and start again	.77		
16	I feel I am in a deep hole I can't get out of	.9	Q16	.89

Exploratory factor analysis (EFA) extracted a single factor for the 16-item version. Table 2 presents factor loadings, with the lowest values for items 8 (0.68) and 3

(0.69) and the highest for items 7 and 16 (0.90). For the 4-item version, all factor loadings exceeded 0.79.

**Table 3.** Correlations of Entrapment Scale with Depression and Suicidal Ideation

Variable	1	2	3	4	5	6
1. Total Entrapment	1					
2. External Entrapment	.98**	1				
3. Internal Entrapment	.96**	.9**	1			
4. Suicidal Ideation	.63**	.64**	.56**	1		
5. Depression	.82**	.81**	.79**	.72**	1	
6. Age	-.12*	-.12*	-.11	-.23**	-.11	1

\* P < 0.05, \*\* P < 0.01

Table 3 indicates correlations of 0.90 between internal and external entrapment subscales, 0.98 between the total score and external subscale, and 0.96 with the internal subscale, confirming the scale's validity. Correlations with

depression (0.82) and suicidal ideation (0.63) demonstrate strong convergent validity. A weak but significant negative correlation with age (-0.12) suggests that entrapment decreases with age.

**Table 4.** Comparison of Entrapment, Suicidal Ideation, and Depression Across Groups

Variable	General Population		Suicidal Ideation		Suicide Attempt		F	P
	M	SD	M	SD	M	SD		
Entrapment (4-item)	5.43	5.02	6.61	5.06	9.33	5.40	6.51	.002
Suicidal Ideation	5.03	6.41	8.72	6.53	14.22	10.44	22.65	.0001
Depression	15.93	13.09	20.85	13.89	25.22	14.98	7.09	.001

Table 4 shows that individuals with a history of suicide attempts had the highest scores for entrapment, suicidal ideation, and depression, while the general population had the lowest. One-way ANOVA revealed significant group differences (P < 0.05). Post-hoc Scheffé tests indicated no significant difference in depression between the suicidal ideation and attempt groups (P > 0.05), but

both differed from the general population (P < 0.02). For suicidal ideation, all three groups differed significantly (P < 0.001), with the attempt group scoring highest and the general population lowest. For entrapment, the ideation and attempt groups did not differ (P > 0.05), but both differed from the general population (P < 0.007).

**Table 5.** Gender and Marital Status Differences in Variables

Variable		Entrapment (16-item)	Internal Entrapment	External Entrapment	Suicidal Ideation	Depression
Men	M	24.02	8.9	15.12	6.54	17.39
	SD	19.89	7.84	12.38	6.6	13.6
Women	M	18.59	7.53	11.05	3.5	14.4
	SD	17.18	7.52	10.23	5.84	12.41
Independent T		2.54	1.54	3.12	4.25	1.97
P		.01	.12	.002	.0001	.05
Married	M	23.64	8.91	14.72	6.32	12.49
	SD	20.58	7.98	12.96	6.98	13.1
Single	M	18.62	7.45	11.17	3.61	12.94
	SD	16.22	7.38	9.37	5.38	12.62
Independent T		2.31	1.64	2.74	3.78	3.71
P		.02	.1	.006	.0001	.0001

Table 5 shows that men scored significantly higher than women on total entrapment (t= 2.54, P = 0.015) and

external entrapment (t = 3.12, P = 0.002), as well as on suicidal ideation (t= 4.25, P = 0.0001) and depression (t=

1.97,  $P = 0.05$ ). Married individuals also scored significantly higher than unmarried participants on total entrapment ( $t = 2.31$ ,  $P = 0.02$ ) and external entrapment ( $t = 2.74$ ,  $P = 0.006$ ), as well as on suicidal ideation ( $t = 3.78$ ,  $P = 0.0001$ ) and depression ( $t = 3.71$ ,  $P = 0.0001$ ). No significant differences were found for internal entrapment by gender ( $t(198) = 1.05$ ,  $P = 0.29$ ) or marital status ( $t(198) = 0.98$ ,  $P = 0.33$ ). However, no significant differences were found in internal entrapment by gender or marital status ( $P > 0.05$ ).

## Discussion

This study aimed to investigate the psychometric properties of the 16- and 4-item versions of the Entrapment Scale and compare entrapment levels by gender and marital status. Exploratory factor analysis (EFA) confirmed a single-factor structure for the 16-item version, with all item factor loadings exceeding 0.68 and an explained variance of 64.56%. For the 4-item version, factor loadings were above 0.79, with an explained variance of 74.29%. These findings align with Tucker et al. (2016), Cramer et al. (2024), and Chabbouh et al. (2024), who supported a unidimensional structure via EFA, but contrast with Cramer et al. (2019), Forkmann et al. (2018), Tarsafi et al. (2021), and Baghian Kulemarzi et al. (2024), who identified a two-factor structure. Cronbach's alpha was 0.96 for the 16-item version and 0.88 for the 4-item version, indicating high internal consistency for both. This is consistent with Tarsafi et al. (2021), Baghian Kulemarzi et al. (2024), and Ghamarani et al. (2014), who reported high reliability for the 16-item version, and De Beurs et al. (2020), who found strong reliability for the 4-item version. Correlations between internal and external entrapment subscales were 0.90, with the total score correlating 0.98 with the external subscale and 0.96 with the internal subscale, supporting the scale's validity.

In the present study, the correlation between total entrapment and depression was high ( $r = 0.82$ ), which may raise concerns about the distinctiveness of the two constructs. However, similar patterns have been observed in previous research. For example, Trachsel et al. (2010) reported a correlation of 0.72 between entrapment and depression using a different depression measure, and Cramer et al. (2019) found a correlation of 0.71 with yet another depression instrument. These findings suggest that strong associations are consistent across studies and measurement methods, reflecting the theoretical and empirical overlap between entrapment and depressive symptoms rather than a methodological artifact. Importantly, despite these correlations, the conceptual distinction between internal and external entrapment remains meaningful, supported by the differential item content and the theoretical framework underlying the subscale.

Convergent validity was evidenced by correlation of 0.63 with suicidal ideation, aligning with Tarsafi et al. (2021), Chabbouh et al. (2024), Cramer et al. (2024, 2019), and Baghian Kulemarzi et al. (2024), who reported significant associations between entrapment, depression, and suicidal

ideation. Group comparisons revealed no significant differences in entrapment and suicidal ideation between individuals with suicidal ideation and those with a history of attempts, though both differed significantly from the healthy group. Similarly, for depression, the ideation and attempt groups did not differ, but both were distinct from the healthy group. These results are consistent with Baghian Kulemarzi et al. (2024), who found the Entrapment Scale effectively distinguished individuals with entrapment-related issues, and Tucker et al. (2016), who noted higher entrapment scores in those with a suicide history. They also align with studies linking both internal and external entrapment to suicidal behavior (De Beurs et al., 2018; O'Connor & Portzky, 2018). Demographically, men and married individuals exhibited significantly higher scores in total entrapment, external entrapment, suicidal ideation, and depression, but no differences were observed in internal entrapment by gender or marital status. A significant inverse correlation between age and entrapment ( $-0.12$ ) indicated that entrapment decreases with age. While prior research often associates suicidal ideation with female gender and younger age (Borges et al., 2010), data on demographic differences in entrapment are limited. However, Cramer et al. (2019) found higher entrapment in women, younger individuals, and American samples. The discrepancy between this study's findings—higher entrapment, depression, and suicidal ideation in men—and previous research may reflect Iran's cultural, social, and economic context. Economic challenges, unemployment, and cultural expectations of men as family providers could contribute to elevated mental health issues and entrapment among men. Higher scores in married individuals further suggest economic pressures as a key factor, particularly as external entrapment was significantly higher in men and married participants, indicating perceptions of uncontrollable and inescapable situations (Gilbert & Gilbert, 2003).

Several limitations of the present study should be considered when interpreting the findings. First, the study relied on non-random, convenience sampling, which may limit the representativeness of the samples. Second, the short and long forms of the Entrapment Scale were examined in separate samples, preventing direct comparison across versions. Finally, the study employed a cross-sectional design, which does not allow for conclusions about causality or changes over time. These limitations suggest that caution is needed when generalizing the findings to broader populations, and future research using longitudinal and more diverse samples is recommended. Given the high reliability and validity of both the 16- and 4-item versions in Iranian samples, their use is recommended in clinical and non-clinical settings, with the 4-item version preferred for repeated assessments in therapeutic contexts.

## Conclusion

Entrapment is a core psychological mechanism underlying suicidal ideation and a key driver of suicidal behavior. Given the robust association between entrapment and suicidal thoughts and behaviors. This study examined

psychometric properties of short and long forms of Entrapment Scale in independent Iranian samples. Both the 16- and 4-item versions demonstrated high reliability and validity for use in Iranian samples. The results indicated that men, married individuals, and younger participants exhibited significantly higher scores in entrapment, depression, and suicidal ideation. Entrapment Scale can help for rapid identification of individuals at elevated risk, supporting timely assessment, risk monitoring, and potential intervention.

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No potential conflict of interest was reported by the authors.

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