

T.C.
TED UNIVERSITY
GRADUATE SCHOOL
CLINICAL PSYCHOLOGY

**SUICIDAL IDEAS AND SUICIDAL PROBABILITY:
EXAMINING VARIOUS PATHWAYS THROUGH
INTEGRATING INTERPERSONAL PSYCHOLOGICAL
THEORY OF SUICIDE AND ATTACHMENT THEORY**

İREM BERİL KARAÇALIK

ANKARA, 2024

SUICIDAL IDEAS AND SUICIDAL PROBABILITY: EXAMINING VARIOUS
PATHWAYS THROUGH INTEGRATING INTERPERSONAL
PSYCHOLOGICAL THEORY OF SUICIDE AND ATTACHMENT THEORY

A Thesis Submitted To
The Graduate School
of
TED University

by

İrem Beril Karaçalık

In Partial Fulfillment of The Requirements
For
Master of Science
in
Clinical Psychology

ANKARA, 2024

Approval of the Graduate School

Prof. Dr. Kezban Çelik
Dean, Faculty of Arts And
Sciences

Assoc. Prof. Dr. Emrah Keser
Program Chair

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

Assoc. Prof. Dr. İbrahim Yiğit
Co-Supervisor

Assoc. Prof. Dr. Iğın Gökler Danışman
Supervisor

Examining Committee Members

Assoc. Prof. Dr. Emrah Keser (Committee Chair)

Faculty Of Arts and Sciences,

Department of Psychology, TEDU

Assoc. Prof. Dr. Iğın Gökler Danışman

Faculty Of Arts and Sciences,

Department of Psychology, TEDU

Assoc. Prof. Dr. Zeynep Tüzün Gün

Institute of Child Health, HU

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

Name, Last name : İrem Beril Karaçalık

Signature :

ABSTRACT

SUICIDAL IDEAS AND SUICIDAL PROBABILITY: EXAMINING VARIOUS PATHWAYS THROUGH INTEGRATING INTERPERSONAL PSYCHOLOGICAL THEORY OF SUICIDE AND ATTACHMENT THEORY

İrem Beril Karaçalık

Master of Science, Clinical Psychology

Supervisor: Assoc. Prof. Dr. Ilgın Gökler-Danışman

Co-Supervisor: Assoc. Prof. Dr. İbrahim Yiğit

June, 2024

This study aims to propose and test various models integrating attachment theory within different relational structures and self-other models in explaining suicidal ideation and likelihood through the interpersonal theory of suicide (ITS). The proposed models hypothesized that anxious and avoidant attachment patterns focusing maternal, paternal, romantic partner, and friend relationships, along with self and other models, predict suicidal ideation and likelihood through ITS constructs of Perceived Burdensomeness (PB) and Thwarted Belongingness (TB). The sample comprises 412 participants aged 18-25 with convenience sampling, who completed online scales to measure the variables including the Suicidal Probability Scale (SPS), Suicidal Ideation Scale (SIS), Interpersonal Needs Questionnaire (INQ), Experiences in Close Relationships-Relationship Structures (ECR-RS) for mother, father, romantic partner,

and friend forms, and the Relationship Scale (RS). SPSS and R Studio were used to test the compatibility of the proposed models with the obtained data. The results confirmed the proposed models. In maternal and paternal-focused models, avoidant attachment had greater effects on PB, TB, and suicidal ideation and likelihood compared to anxious attachment. In friend-focused attachment, anxious attachment was dominant, while in romantic partner attachment, both anxious and avoidant attachments had similar effects, but overall, anxious attachment had greater impacts. These findings highlight the criticality of insecure attachment in different relational structures in explaining suicidal ideation and likelihood through its relationship with PB and TB, providing empirical support to the suicide literature. The findings were discussed theoretically and clinically within the relevant literature, and suggestions for future research and potential clinical implications were provided.

Keywords: IPTS, Attachment, Relationship structures, Suicide

ÖZET

İNTİHAR DÜŞÜNCELERİ VE İNTİHAR OLASILIĞI: İNTİHARIN KİŞİLERARASI PSİKOLOJİK TEORİSİ VE BAĞLANMA TEORİSİNİN BÜTÜNLEŞTİRİLMESİ İLE ÇEŞİTLİ YOLLARIN İNCELENMESİ

İrem Beril Karaçalık

M.Sc., Klinik Psikoloji

Tez Yöneticisi: Doç. Dr. Ilgın Gökler-Danışman

Ortak Tez Yöneticisi: Doç. Dr. İbrahim Yiğit

Haziran, 2024

Bu çalışma, intihar düşüncesi ve olasılığını açıklamada, bütüncül olarak farklı ilişkisel boyutlardaki ve farklı kendilik ve başkaları modelleri ile entegrasyonda, intiharın kişilerarası kuramı (KPİK) ile entegrasyonunda, farklı modeller önermek ve onların testini sağlamaktır. Önerilen modellerde, bağlanma maternal, paternal, romantik partner ve arkadaş odaklı kaygılı ve kaçınan bağlanma örüntülerinin ve kendilik ve diğerleri modellerinin, KPİK'in Algılanan Külfetlilik (AK) ve Engellenmiş Aidiyet (EA) kavramları üzerinden intihar olasılığını ve düşüncesini yordaması öngörülmüştür. Çalışmadaki örneklem, uygun örnekleme yöntemiyle ulaşılmış 18-25 yaş arasındaki 412 katılımcıdan oluşmuştur. Modellerdeki değişkenleri ölçmek amacıyla, katılımcılar çevrimiçi olarak, İntihar Olasılığı Ölçeği (İÖÖ), İntihar Düşüncesi Ölçeği (İDÖ), Kişilerarası İhtiyaçlar Anketi (KİA), Yakın İlişkilerde Yaşantılar Envanteri-İlişki Yapıları (YİYE-İY) Anne, Baba, Romantik Partner,

Arkadaş Formu, İlişkiler Ölçeği (İÖ)'den oluşan ölçek toplamı uygulanmıştır. Çalışmada önerilen modellerin elde edilen veri ile uyumlu olup olmadığını test etmek adına SPSS ve R Studio kullanılmıştır. Sonuçlar, önerilen modellerin doğrulandığını göstermiştir. Anne ve baba odaklı modellerde, kaçınan bağlanmanın kaygılı bağlanmaya göre, AK ve EA üzerinde ve intihar düşüncesi ve olasılığını yordamada daha büyük etkileri olduğu bulunmuştur. Arkadaş odaklı bağlanmada ise kaygılı bağlanmanın baskınlığı bulunurken, romantik partnerde hem kaygılı hem kaçınan bağlanmanın benzer etkileri olduğu ancak bütünsel olarak, kaygılı bağlanmanın daha büyük etkileri olduğu saptanmıştır. Bulgular, ilgili literatür çerçevesinde teorik ve klinik anlamda tartışılmıştır. Çalışmanın zayıflıkları tartışılarak, gelecek çalışmalara öneriler verilmiş ve bulguların olası klinik çıkarımları tartışılmıştır. Bu bulgular, farklı ilişki yapılarındaki güvensiz bağlanmanın, bireyin kendisini yük hissetmesi ve aidiyetsizliği ile olan ilişki ile intihar düşüncesi ve olasılığını açıklamadaki önemli rolünün farklı etkilerini göstermekte ve intihar literatürüne ampirik destek sunmaktadır.

Anahtar Kelimeler: KPİK, Bağlanma, İlişki yapıları, İntihar

ACKNOWLEDGMENTS

First of all, I would like to thank my advisor, Assoc. Prof. Dr. İlgin Gökler Danışman, and co-advisor Assoc. Prof. Dr. İbrahim Yiğit for their unique guidance, advice, criticism, encouragements and insight during my research. During this process, I learned a lot from their invaluable knowledge, and I had the opportunity to progress skillfully, thanks to their positive approach and time devotion. This thesis would not have been possible without their support. I feel very thankful for being their student.

Furthermore, I want to disclose a great appreciation to the committee members, Assoc. Prof. Dr. Emrah Keser and Assoc. Prof. Dr. Zeynep Tüzün Gün for accepting to be involved in my jury and for their valuable contributions. I am grateful for the time and effort they dedicated to evaluating and shaping this study.

Special thanks to Ufuk Efe, who has not spared his love, support, faith and trust in me throughout this long journey, and who has lightened my burden in every single difficulty I have experienced. You sometimes tried harder than me to overcome all the difficulties I experienced, and you were always by my side. I am growing with you both as personally and academically. I am very lucky to have you!

I would like to express my enormous gratitude to Beyza Türkistan, with whom we shared almost all our time together in graduate life, lectures, and library. I am very lucky to have you! You always been my companion throughout this process.

Additionally, I would also like to express my gratitude to my dearest mother Gül Karaçalık and father, Eyüp Karaçalık, for their tremendous help in my data collection process and the whole stressful graduate degree process.

Moreover, I would like to thank my loving sister Ceren Karaçalık, and my brother-in-law Hasan Ünver for their sincere love and support who have always been behind me from beginning to end and have substantially contributed every little thing I do.

Furthermore, I would like to thank my little Atlas Ünver with his never-ending love. Your love has made life easier from the very beginning that you entered to my life and during this process.

Finally, my dear friends Ezgi Topuz, Ceren Şavk and Elif Büke, I feel very lucky to have you! It is so precious for me to have your witnessing, support and love all the time.





To My Beloved Family and Friends...

TABLE OF CONTENTS

PLAGIARISM.....	iii
ABSTRACT.....	iv
ÖZET.....	vi
ACKNOWLEDGMENTS.....	viii
DEDICATION	x
TABLE OF CONTENTS.....	xi
LIST OF TABLES	xiv
LIST OF FIGURES.....	xvi
CHAPTERS	
1. INTRODUCTION.....	1
1.1 Suicide as a Construct	1
1.2 Prevalence of Suicide.....	2
1.3 Risk and Protective Factors Towards Suicide.....	3
1.4 Suicide Theories.....	5
1.4.1 Durkheim and “Le Suicide”	5
1.4.2 Psychodynamic Approach Towards Suicide.....	6
1.4.2.1 Freud and “Death Instinct”	6
1.4.2.2 Object Relations Perspective.....	6
1.4.2.3 Ego Functioning Disturbance and Narcissism	7
1.4.3 Theory of Psychological Pain (Psychache)	8
1.4.4 Escape Theory	9
1.4.5 Beck’s Cognitive Theory and Hopelessness	9
1.5 Interpersonal Psychological Theory of Suicide (IPTs)	10
1.5.1 Thwarted Belongingness.....	12
1.5.2 Perceived Burdensomeness.....	13
1.5.3 Hopelessness	14
1.5.4 Acquired Capability of Suicide.....	15
1.5.5 Research Regarding IPTs and Suicide	17
1.6 Attachment Theory.....	18

1.6.1	Relationship Structures in Attachment.....	23
1.6.2	Research Regarding Attachment and Suicide.....	24
1.7	Research Regarding Attachment Theory and IPTS	25
1.8	Aim of the Study	26
2.	METHOD.....	32
2.1	Participants.....	32
2.2	Measures	34
2.2.1	Suicidal Probability Scale (SPS)	34
2.2.2	Interpersonal Needs Questionnaire (INQ)	35
2.2.3	Suicidal Ideation Scale (SIS)	36
2.2.4	Relationships Scale	36
2.2.5	Experiences in Close Relationships Inventory – Relationship Structures (ECR-RS)	37
2.2.8	Demographic Information Form	37
2.3	Procedure.....	38
3.	RESULTS	39
3.1	Preliminary Analyses and Data Screening.....	39
3.2	Item Parceling	42
3.3	Correlations and Descriptive Statistics of Variables.....	43
3.4	Structural Equation Models.....	44
3.4.1	Testing the Proposed Model 1.....	46
3.4.2	Testing the Proposed Model 2.....	57
3.4.3	Testing the Proposed Model 3.....	66
3.4.4	Testing the Proposed Model 4.....	76
3.5	Path Model	86
4.	DISCUSSION	91
4.1	General Discussion.....	91
4.1.1	Latent Models.....	91
4.1.1.1	Maternal-Focused Attachment.....	93
4.1.1.2	Paternal-Focused Attachment	94
4.1.1.3	Maternal and Paternal-Focused Attachment	95
4.1.1.4	Romantic Partner-Focused Attachment	97

4.1.1.5	Friend-Focused Attachment	99
4.1.1.6	Romantic Partner and Friend-Focused Attachment	100
4.1.1.7	Avoidant Attachment in Relation to IPTS	101
4.1.1.8	Anxious Attachment in Relation to IPTS.....	103
4.1.2	Path Model	106
4.2	Limitations Directions for Future Studies.....	108
4.3	Clinical Implications	110
4.4	Conclusion.....	112
REFERENCES.....		113
APPENDICES		
A.	Announcement Text	137
B.	Informed Consent Form	138
C.	Detailed Information Form	141
D.	Demographic Information Form	145
E.	Suicidal Probability Scale (SPS).....	148
F.	Interpersonal Needs Questionnaire (INQ)	150
G.	Suicidal Ideation Scale (SIS)	151
H.	Relationships Scale	152
I.	Experiences in Close Relationships Inventory – Relationship Structures (ECR-RS).....	154
J.	Ethical Approval	157
K.	The Unused Alternative Model 1 in the current study	159
L.	The Unused Alternative Model 2 in the current study	160
M.	The Unused Alternative Model 3 in the current study	161
N.	The Table of the Correlations between Parcels of SIS	162
O.	The Table of the Correlations between Subscales of SPS	163
P.	The Table of the Correlations between the Items of ECR-RS-M	164
Q.	The Table of the Correlations between the Items of ECR-RS-FT	165
R.	The Table of the Correlations between the Items of ECR-RS-P	166
S.	The Table of the Correlations between the Items of ECR-RS-FR.....	167
T.	The Scatter Dot Graphs	168

LIST OF TABLES

Table 1 Participant Demographic Characteristics.....	32
Table 2 Skewness and Kurtosis statistics and z-scores of the variables	40
Table 3 Descriptive statistics of the variables.....	43
Table 4 Correlations between variables and descriptive statistics of variables	45
Table 5 Acceptable and perfect ranges of model fit indices	46
Table 6 Correlations between latent variables in model 1	51
Table 7 Indirect Effects of Independent Variables on Dependent Variables in Proposed Model 1	51
Table 8 The model fit indices of measurement and proposed models for the proposed model 1.....	53
Table 9 Indirect Effects of Independent Variables on Dependent Variables through Mediators in Proposed Model 1	54
Table 10 Results of parameter estimates values of primary proposed model 1.....	56
Table 11 Correlations between latent variables in model 2	61
Table 12 Indirect Effects of Independent Variables on Dependent Variables in Proposed Model 2	62
Table 13 Indirect Effects of Independent Variables on Dependent Variables through Mediators in Proposed Model 2	64
Table 14 Results of parameter estimates values of primary proposed model 2.....	65
Table 15 Correlations between latent variables in model 3	70
Table 16 Indirect Effects of Independent Variables on Dependent Variables in Proposed Model 3	72
Table 17 Results of parameter estimates values of primary proposed model 3.....	73
Table 18 The model fit indices of measurement and proposed models for the proposed model 3.....	74
Table 19 Indirect Effects of Independent Variables on Dependent Variables through Mediators in Proposed Model 3	75
Table 20 Correlations between latent variables in model 4	80
Table 21 Results of parameter estimates values of primary proposed model 4.....	82

Table 22 Indirect Effects of Independent Variables on Dependent Variables in Proposed Model 4	83
Table 23 The model fit indices of measurement and proposed models for the proposed model 4.....	84
Table 23 Indirect Effects of Independent Variables on Dependent Variables through Mediators in Proposed Model 4.	85
Table 24 The model fit indices of measurement and proposed models for the proposed model 5.....	84
Table 25 Indirect Effects of Independent Variables on Dependent Variables in Proposed Model 5	88
Table 26 Model fit indices for the proposed model 5	88
Table 27 Results of parameter estimates values of primary proposed model 5	89
Table 28 Indirect Effects of Independent Variables on Dependent Variables through Mediators in Proposed Model 5	90
Table 29 The model fit indices of unused alternative model 1	159
Table 30 The model fit indices of unused alternative model 2	160
Table 31 The model fit indices of unused alternative model 3	161
Table 32 The Correlations between Parcels of SIS.....	162
Table 33 The Correlations between Subscales of SPS.....	163
Table 34 The Correlations between the Items of ECR-RS-M	164
Table 35 The Correlations between the Items of ECR-RS-FT	165
Table 36 The Correlations between the Items of ECR-RS-P	166
Table 37 The Correlations between the Items of ECR-RS-FR	167

LIST OF FIGURES

Figure 1 Schema of the theoretical framework of IPTS	11
Figure 2 Thwarted Belongingness and two dimensions	13
Figure 3 Perceived burdensomeness and two dimensions	14
Figure 4 Acquired Capability and Two Dimensions.....	16
Figure 5 Categorical model of the internal working models and four-category attachment styles	20
Figure 6 Two-dimensional orthogonal model of attachment.....	21
Figure 7 The Proposed Model 1.....	27
Figure 8 The Proposed Model 2.....	28
Figure 9 The Proposed Model 3.....	29
Figure 10 The Proposed Model 4.....	30
Figure 11 The Proposed Model 5.....	31
Figure 12 Primary Measurement Model 1 with standardized parameter estimates .	49
Figure 13 The Proposed Model 1 with standardized parameter estimates.....	55
Figure 14 Primary Measurement Model 2 with standardized parameter estimates .	59
Figure 15 The Proposed Model 2 with standardized parameter estimates.....	63
Figure 16 Primary Measurement Model 3 with standardized parameter estimates .	67
Figure 17 The Proposed Model 3 with standardized parameter estimates.....	71
Figure 18 Primary Measurement Model 4 with standardized parameter estimates .	78
Figure 19 The Proposed Model 4 with standardized parameter estimates.....	81
Figure 20 The Proposed Model 5 with standardized parameter estimates.....	87
Figure 21 The unused alternative Model 1 with standardized parameter estimates.....	159
Figure 22 The unused alternative Model 2 with standardized parameter estimates.....	160
Figure 23 The unused alternative Model 3 with standardized parameter estimates	161

CHAPTER 1

INTRODUCTION

1.1.Suicide as a Construct

The concept of suicide, '*Sui Caedere*,' meaning 'to take one's own life,' distinctively focuses on the factor causing death, as opposed to '*Homo Caedere*,' meaning 'to take the other's life', defined by the literary author Sir Thomas Browne in 1642 (DeLeo, Bertolote, & Lester, 2002; Minois, 1995 as cited in Wasserman, 2020). The concept of suicide encompasses a broad spectrum, including an individual's act of self-termination of life, thoughts oriented toward ending one's own life, and attempts at such self-termination with the understanding or anticipation that it will lead to death (World Health Organization [WHO], 1998; Eskin, 2007).

Suicide is a diverse construct, and it is influenced by multiple factors, encompassing a range of elements throughout an individual's life. Suicidal ideation, on the other hand, entails thoughts involving self-inflicted death and plans in alignment with such thoughts (Eskin, 2012). The notion of suicide probability involves evaluating an individual's likelihood of attempting or successfully committing suicide. This comprehensive assessment covers a range of risk determinants, including genetic and environmental influences (Nock et al., 2008; World Health Organization, 2014; Hawton & van Heeringen, 2009). A detailed exploration of these factors is forthcoming in the section titled "Risk and Protective Factors Towards Suicide."

Efforts to harmonize definitions of suicide and suicide attempts converge on the 'suicidal process,' initially proposed by Zubin (Zubin, 1974; Wasserman; 2020). Zubin posited that suicide results from a cumulative process rather than a sudden incident. Later theories have expanded this ideation, including the 'diathesis-stress model' regarding suicide (De Catanzaro, 1980; Rubinstein, 1986; Mann & Arango, 1992). These frameworks outline a trajectory that starts with suicidal ideation, develops into planning, and eventually leads to attempts. Moreover, the diathesis-stress model emphasizes both the vulnerabilities of individuals, such as genetic predispositions, and the stressors created by external factors that trigger the emergence of

psychopathologies, such as drastic life changes or traumatic events. (Bertolote et al., 2009; Broerman, 2020; Wasserman, 2020).

1.2.Prevalence of Suicide

In the 2021 report issued by the World Health Organization, it is reported that the global annual suicide estimate is approximately 703,000 individuals in 2019. Another perspective on this statistic is that, on average, a suicide occurs every 40 seconds worldwide (WHO, 2021). The report highlights that suicide is a prevalent issue transcending socio-economic boundaries, affecting various global regions indiscriminately. Moreover, a noteworthy 77% of these suicides are reported in middle- and low-income countries (WHO, 2018). The report underscores the pervasiveness of suicide across different age groups. Predominantly, suicides are recorded before the age of 50, with global mortality statistics placing it as the fourth cause of death across genders in the 15-19 and 15-29 age brackets. It is further detailed that while this ranking remains constant for males, it escalates to the third cause of death for females. Additionally, a significant proportion of adolescent suicides, the report notes, originate from low and middle-income countries. Gender-specific analysis reveals a higher incidence of suicide among males compared to females (WHO, 2021).

The report further conveys a reduction, which cannot be observed in every country, in the global suicide rate by 36% over the past two decades. Despite this decline, the World Health Organization emphasizes the critical importance of recognizing suicide as a major public health issue, underscoring the necessity for continued attention and intervention (WHO, 2021).

According to the official reports, in 2023, Turkey's standardized rate of suicide stood at 2.3 for every 100,000 individuals, with a general rate of 3.4, comprising 0.7 in women and 2.7 in men. Even though these rates are comparatively lower than those observed in several European countries, there has been a notable increase in suicide rates in Turkey in almost the last 50 years, underscoring the issue as a significant public health challenge and there is a fluctuating suicide rate, with an observable increase

in specific demographics, particularly among young adults and in rural areas (Karkin & Eskin, 2023; TÜİK, 2021).

1.3. Risk and Protective Factors Towards Suicide

Suicide is influenced by many factors including societal, economic, or political conditions, genetic predispositions combined with environmental stressors, and traumatic experiences. Economic and political factors manifest particularly during social transitions, wars, or migrations. Additionally, suicide risk varies among ethnic, sexual, and gender minorities (Wasserman, 2020).

Studies show Holocaust survivors who immigrated to Israel during or after the genocide have higher suicide rates than those who arrived earlier (Lipsicas et al., 2017). Also, increased psychopathology and suicidal thoughts are reported among Syrian refugees in Lebanon (Hassan et al., 2016), and a meta-analysis indicates high levels of suicidal ideation among refugees in general (Haase et al., 2022).

The transition after the Soviet Union's collapse led to significant social changes and a noted increase in suicide rates, as individuals struggled to adapt to new societal expectations, including changes in education and bureaucracy. This period saw the emergence of '*Soviet Syndrome*,' characterized by feelings of alienation, low self-esteem, insecurity, loss of life's meaning, identity crisis, and challenges in adjusting to new personal and societal roles, which correlated with a rise in suicidal thoughts and actions (Lester, 1998; Skrabski et al., 2005, as cited in Wasserman, 2020).

Global studies indicate that sexual and gender minorities face higher mental health issues and suicide risks compared to non-minorities (Gmelin et al., 2022; Haas et al., 2011; Pepping et al., 2017; Hatchel et al., 2021). The increased risk for the LGBTQ+ community is linked to negative reactions like homophobia, transphobia, heterosexism, and discrimination (Wasserman, 2020). The World Health Organization notes a gender gap in suicide behaviors worldwide, with men having higher suicide mortality despite more women experiencing suicidal thoughts. Literature suggests women's suicides may often be linked to impulse and interpersonal issues, with some attributing it as an escape from domestic abuse (Canetto & Lester, 2002; Lee, 2014). Employment and gender equality are also relevant in reducing suicide risk in women

(Kposowa et al., 2019; Wasserman, 2020). Yet, findings are mixed; for example, Eskin et al. (2020) suggest that collectivist cultures may be more protective against suicide than individualistic cultures. External factors like unemployment, workplace environment, and retirement significantly affect suicide risk (Wasserman, 2020). Unemployment intertwines with economic strain, social stigma, and the stress of job searching, influencing suicidal behavior (Platt, 2016). Studies also link workplace issues, such as overwork, long hours (Amagasa et al., 2005), and conflicts like mobbing and bullying (Nielsen et al., 2015), to an increased risk of suicide.

Moreover, when it comes to psychopathology, anxiety disorders have been identified as significant contributors to suicidal ideation and attempts (Sareen et al., 2005; Uebelacker et al., 2013). Also, substance-related addiction may be a salient risk factor for suicide for elevated risk for suicidal behavior (Yuodelis-Flores & Ries, 2015; Wiener et al., 2017). Additionally, childhood maltreatment, with familial, genetic, and biological factors, may also be a risk factor for suicidal behavior (Zelazny et al., 2019). There are evidence of research indicating a strong link between personality disorders, such as borderline and narcissistic disorders, and higher incidences of suicide attempts (Coleman et al., 2017; Nock et al., 2008; Tidemalm et al., 2008; Parra-Urbe et al., 2017; Zimmerman & Becker, 2023). These disorders likely impact emotional control, social interactions, and impulsivity, potentially increasing vulnerability to suicidal thoughts and behaviors. Also, the role of personality traits in suicide risk, particularly in bipolar disorder, is also well-documented, highlighting a complex relationship between personality and suicide risk (Schaffer, 2015). Furthermore, exposure to trauma is considered as a stronger link to higher rates of suicidal thoughts and actions, especially in those with post-traumatic stress disorder (PTSD) (Wilcox et al., 2009; Stevens et al., 2013; Eskander et al., 2020; Belik et al., 2007). PTSD symptoms such as intense anxiety, repeated traumatic memories, and increased arousal may significantly influence the onset of suicidal tendencies (Dutheil et al., 2020; Liu et al., 2020). Moreover, research has indicated that parenting styles are also factors affecting children's mental health and risk of suicide. In this sense, supportive parenting can decrease suicidal thoughts in adolescents, while negative parenting practices may increase suicide risk. Additionally, witnessing parental suicide attempts or dealing with family issues also can be considered as the risk of suicide in children (Donath et

al., 2014; Geulayov et al., 2012; Burrell et al., 2018; Mittendorfer-Rutz et al., 2012; Thompson et al., 2016; Choi et al., 2020). Furthermore, studies have shown that parents with mental health issues, including mood, anxiety, and substance disorders, may increase the risk of suicide in their children (Gureje et al., 2011; Wang et al., 2021; Melhem et al., 2007). Relatedly, parental psychopathology is linked to various negative outcomes that can create a high-risk environment for children, potentially leading to a higher likelihood of suicidal behavior (Melhem et al., 2007). Moreover, a study by Eskin et al. (2020) noted that insufficient mental health services and stigma associated with seeking psychological help might exacerbate the risk factors for suicide.

1.4. Suicide Theories

1.4.1. Durkheim and “Le Suicide”

In his book *Le Suicide*, written in 1897, Durkheim emphasizes collective and social forces over individual forces and argued that all suicides essentially share an impaired regulation. He conceptualizes that this impaired regulation consists of social and moral integration. Durkheim states that suicides can be evaluated under four groups according to the amount of these two integrations. Furthermore, he suggests that when social integration is low, when people's need to connect with something beyond themselves, the society, is not met, this lack of crucial connection can lead people to *Egoistic Suicide* (Durkheim, 1897 as cited in Joiner, 2005). In the extreme of social integration, an individual sacrifices one's own individuality for a purpose much greater than one's own self, and this defines the type of *Altruistic Suicide* in which one sacrifices one's own individuality for the group. Moreover, Durkheim defines *Anomic Suicide* as occurring with dysphoria that occurs due to the lack of moral regulation and the inability to fulfill essential requirements, especially after sudden imbalances and changes in people's social positions. He described *Fatalistic Suicide*, which occurs in enslaved people whose lives are too unrewarding and regulated by other forces, with too much moral integration. With his theory of suicide, Durkheim accentuates the importance of contextual and social factors by emphasizing them rather than individual factors (Wasserman, 2020).

1.4.2. Psychodynamic Approach Towards Suicide

1.4.2.1. Freud and “Death Instinct”

Freud conceptualized personality as a dynamic interplay between the id, ego, and superego. The *id* is driven by primal desires and seeks immediate gratification (Freud, 1989a). The *ego*, aware of reality, mediates between the id and the outside world, while the superego internalizes societal norms and morality (Freud, 1989b; Geçtan, 1998; Lapsley & Stey, 2011).

In "*Beyond the Pleasure Principle*," Freud proposed the life-affirming *Eros* and the self-destructive *Thanatos*, highlighting a tension between survival and an innate pull towards inorganic stasis (Freud, 1920; Potamianou, 2015). The death drive also encompasses a desire to destroy external objects, which can become internalized, leading to self-directed aggression (Barnhart, 1972; Barzilay & Apter, 2014).

Freud associated *melancholy*, a precursor to suicide, with a conflicted bond to a loved and resented object, as detailed in "Mourning and Melancholia" (Freud, 1917). He posits that the aggressive impulses towards this object can become self-directed under the shadow of the superego, fostering a destructive inward turn that could culminate in suicide (Freud, 1917; Freud, 1923, as cited in Wasserman, 2020). The superego's role is critical here, as it withdraws emotional investment from the ego, perceived as abandonment and leading to self-destructive behaviors (Wasserman, 2020). Thus, Freud sees suicide as an ultimate self-destructive act, reflecting a profound internal conflict.

1.4.2.2. Object Relations Perspective

Object Relations Theory, developed from Freud's work by Melanie Klein, is integral to psychoanalysis and explores how early relationships shape future interpersonal dynamics (Klein, 1935). Klein's theory proposes that interactions with caregivers form the foundation for how individuals later connect with others, influencing personality development through concepts of 'good' and 'bad' objects within an individual's psyche (Yakeley & Burbidge-James, 2018). The '*paranoid-schizoid*' phase is marked by hostile attitudes due to fears of losing valued objects, while the '*depressive*' phase involves simultaneous recognition of good and bad object qualities, eliciting guilt and

reparative urges. These psychological states are believed to be significantly linked to suicidal behavior (Kaslow et al., 1998).

Klein identified early envy and aggression as precursors to suicidal ideation, framing suicide as a response to guilt from hostile inner fantasies (Klein, 1946). Moreover, Kernberg built on this by viewing suicide as a means to get rid of one's negative internal elements. (Kernberg, 1975). Similarly, Winnicott viewed suicide as either a self-preservation act against destructive elements or a total self-obliteration due to external threats (Winnicott, 2013). Overall, within Object Relations Theory, suicide is seen as a defense against one's own potential for destructiveness (Barzilay & Apter, 2014).

1.4.2.3. Ego Functioning Disturbance and Narcissism

The theoretical understanding of suicide includes narcissistic tendencies, where individuals act to maintain their self-concept and a positive self-view (Wasserman, 2020). Klein views suicide as an expression of envy and aggression, a defense against which can take a narcissistic form (Klein, 1957; Rosenfeld, 1971). This defense mechanism accommodates both life-affirming and destructive impulses, aiming to protect the self from its own destructive capacities. Rosenfeld notes that extreme destructiveness and envy can lead to a desire to annihilate oneself and the valued 'good objects' one depends on, with suicide seen as a solution to all problems (Rosenfeld, 1971, as cited in Wasserman, 2020).

Furthermore, other theorists like Lewin, Maltzberger, and Buie suggest that suicide might serve as an escape from a grandiose self-concept, paradoxically aiming to preserve self-esteem by reuniting with lost loved ones or escaping the pain (Lewin, 1950; Maltzberger, 2004; Maltzberger & Buie, 1980, as cited in Wasserman, 2020). Also, Kohut links suicide to shame and narcissistic anger, viewing it as an ego's attempt to overcome a reality filled with suffering and disappointment (Kohut, 1971, 1972). He diverges from Freud by focusing on the ego's sense of failure rather than the superego's aggression (Kohut, 1977). Moreover, Kernberg associates suicide with intense self-hatred and the urge for self-punishment, defining '*Malignant Narcissism*' as a condition where suicide is seen as a means to destroy both the self and the hated object that the self has become intertwined with (Kernberg, 1995).

In essence, these theories suggest that suicide may stem from a complex interplay of narcissistic elements such as self-image, dependency, envy, and self-destructiveness.

1.4.3. Theory of Psychological Pain (Psychache)

Regarding suicide, Shneidman (1993) proposed that suicide is caused by intense, uncontrollable psychological pain, which he referred to this pain as *psychache*, and construed it as the psychological and emotional suffering that brings insufferable severity with the weight of negative emotions (Shneidman, 1993). He viewed suicide as *a drama in the mind* and stated that this drama stems from Psychache (Shneidman, 1993; Shneidman, 2001). He believed that individuals should meet their psychological needs, which can be divided into primary vital needs for life, and secondary modal needs that shape personality, interpersonal relations (Barzilay & Apter, 2014). When these needs are unfulfilled, suicide may result due to the resulting psychache. Pain is more likely to occur when individuals experience extreme stress, disrupted relationships, or exceeded emotional distress tolerance (Wasserman, 2020). Shneidman emphasized that an individual's capacity to endure mental pain depends on their unique personal history and experiences of need frustration (Shneidman, 2001).

Shneidman argued that most suicide cases can be traced back to unfulfilled needs, such as love, unconditional acceptance, belongingness, and control, and the feelings arising from these thwarted needs, such as feelings of helplessness, shame, destruction, indignity, or damage to significant relationships, and self-image invasion.

In essence, he distinguished suicide from other constructs in the literature, such as depression and despair, and emphasized its unique phenomenological existence (Wasserman, 2020).

1.4.4. Escape Theory

According to Baumeister (1990), suicide is an attempt to cope with intense and intolerable psychological pain that happens in stages (Baumeister, 1990; Barzilay & Apter, 2014). The first stage is marked by a significant discrepancy between personal expectations and reality, often leading to disappointed goals and personal failures. This is similar to the thwarted psychological needs theory described by Shneidman

(Shneidman, 1993; Shneidman, 1980). In the second stage, the individual associates these perceived failures with internal factors and blames the individual's own self, leading to distorted self-perception and negative self-evaluation. The third stage brings painful and negative emotions, followed by a cognitive decline in the fourth stage, focusing on concrete sensations and immediate needs. This experience reduces behavioral inhibitions and increases risky behavior, particularly suicidality, which is one of the characteristics of the unique contribution of his escape theory (Baumeister, 1990; Wasserman, 2020).

Baumeister posited that suicide is not a form of self-punishment but rather a search for relief from psychological pain associated with mental and cognitive disorders. His cognitive theory differs from the psychodynamic perspective on suicide, as it assumes that suicide results from an acute situation and is most often a consequence of mental disorders. Furthermore, Baumeister's theory suggests that the steps leading to suicide are related to cognitive distortions and problematic problem-solving strategies (Wasserman, 2020).

1.4.5. Beck's Cognitive Theory and Hopelessness

In their seminal work, Beck, Brown, Berchick, et al. (1990), followed by further investigations by Wenzel, Brown, and Beck (2009), elucidate the central role of cognitive components in comprehending suicide (Beck et al., 1990; Barzilay & Apter, 2014). Their research posits that a pervasive sense of hopelessness detrimentally alters individuals' perceptions and beliefs of self, others, and the future, a mechanism integral to suicide. This cognitive dissonance creates biases in attentional focus, information processing, and memory recollection processes. Notably, in the context of suicide, attentional biases engender biased processing of stimuli related to suicide. In contrast, memory biases impede individuals with suicidal tendencies from recollecting life-living motivations, reasons, or hopes (Barzilay & Apter, 2014).

The theoretical framework advanced by Beck et al. delineates the bonding between psychological vulnerability factors and cognitive processes linked with psychiatric pathologies, those regarding suicide (Wenzel & Beck, 2008). According to Clark and Beck (1999), *Schemas* are relatively permanent internal structures that include all stimuli, thoughts, perceptions, and experiences to organize the acquired information

and make it meaningful. Negative schemas, on the other hand, are formed by distorted and biased information processing processes associated with psychological discomfort and dysfunction (Clark & Beck, 1999). The model highlights how intrinsic vulnerabilities characterized by impulsiveness, deficits in problem-solving capabilities, a generalized memory schema, maladaptive cognitive styles, and perfectionist personality tendencies interact with external stressors to trigger cognitive schemas that are symptomatic of psychiatric disorders (Barzilay & Apter, 2014). These schemas facilitate an information processing bias, profoundly influencing the ideation and behavioral manifestations associated with suicidality (Wasserman, 2020).

Moreover, this theory defines *Modes* as structural entities comprising schemas that form a combination of interconnected cognitive, emotional, motivational, physiological, and behavioral schemas that are activated in response to adaptive external events. It is hypothesized that repeated activation of these modes increases susceptibility to subsequent psychological adversity (Beck, 1996). In essence, the contributions of Beck and his colleagues highlight the significance of hopelessness and cognitive dysfunctions in comprehending suicide.

1.5. Interpersonal Psychological Theory of Suicide (IPTs)

In 2005, Thomas Joiner introduced the *Interpersonal-Psychological Theory of Suicide* (IPTs), which emerged as a more encompassing theoretical paradigm, synthesizing clinical observations with extant research and theories within the suicidology literature. This theory unified the phenomenon of suicide around two key factors that distinctly separate suicidal ideation or desire from actual suicidal behavior. Within this theoretical framework, three critical components are introduced, each representing distinct factors that cumulatively lead to suicidal behavior: *Perceived Burdensomeness* (PB), summarized by the subjective perception of oneself as a burden to others; *Thwarted Belongingness* (TB), characterized by profound feelings of social alienation and feeling of loneliness; and *Acquired Capability for Suicide* (ACS), characterized by a diminished fear of death (Joiner, 2005; Van Orden et al., 2010). A schematic representation of the fundamental prediction of the theory is given in Figure 1. There are four fundamental hypotheses that the theory suggests, which present an outline of

a structured approach to understanding the dynamics of suicide, emphasizing the critical roles of thwarted belongingness and perceived burdensomeness.

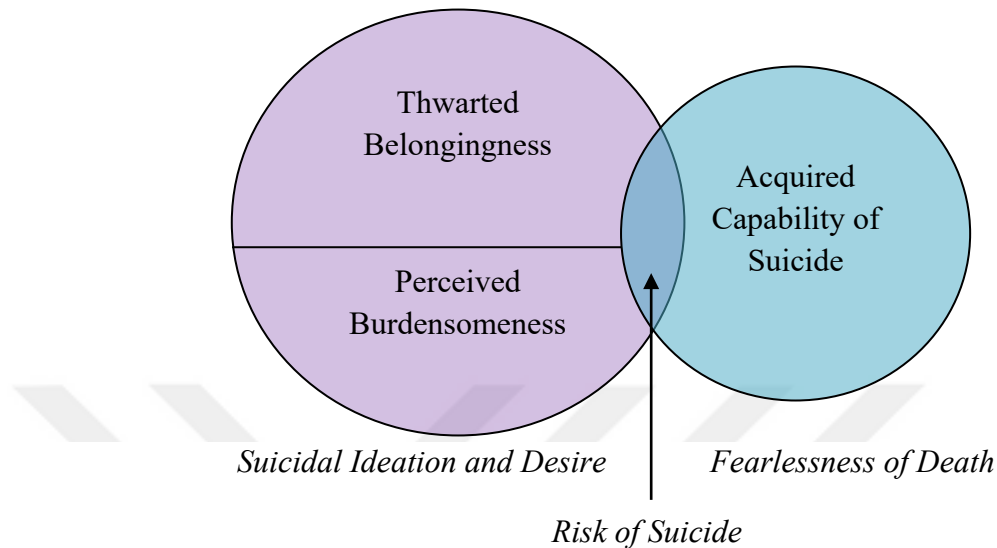


Figure 1. Schema of the theoretical framework of IPTS

These are posited as primary factors driving suicidal ideation and desire in the IPTS framework. Specifically:

The first hypothesis suggests that feeling disconnected and like a burden may independently lead to thoughts of suicide. The second hypothesis argues that when individuals experience both a lack of belonging and feel like they are a burden, this leads to a stronger, more active wish for death. The third hypothesis indicates that the transition from wanting to die to planning suicide happens when an individual wants to die and also has less fear of death. The third and last hypothesis indicates that suicide attempts are more probable when individuals, cumulatively, feel disconnected, perceive themselves as burdens, fear death less, can endure more pain, and are hopeless regarding these feelings improving (Van Orden et al. 2010).

This conceptual framework underscores that the risk of suicide is heightened in individuals who not only desire death but also possess the means or capability to enact it, supported by past behavior as a significant predictor of future suicide attempts. Relatedly, this aligns with findings that those with a history of suicide attempts show increased 'acquired capability' for suicide, emphasizing a complex interaction between the desire to die and the capacity to act on that desire (Joiner, 2005; Joiner et al. 2009).

1.5.1. Thwarted Belongingness

The need to belong, defined by Baumeister and Leary in 1995, includes social isolation and social connectedness, which shares a strong relationship with suicidal ideation (Baumeister & Leary, 1995). Social isolation and the need to belong, which is a basic human need, played an important role in suicide theories. The need to belong in IPTS is similar to Baumeister and Leary's. It is defined as the need for individuals to engage in frequent, emotionally, and affectively positive interactions on a stable and long-term basis (Baumeister, 1990; Baumeister & Leary, 1995). Similarly, Durkheim also associated low levels of social integration with suicide (Durkheim, 1897). However, he did not give a central role to individual factors. Shneidman, on the other hand, listed unmet human needs with psychache, which he defines as psychological and emotional pain (Shneidman, 1993). In parallel, IPTS focuses on thwarted belongingness, which focuses on social isolation but is also a multidimensional concept, as one of the two essential components of suicidal ideation. According to IPTS, thwarted belongingness consists of two elements: loneliness and reciprocally caring relationships (Van Orden et al., 2010). In line with this definition, the loneliness aspect of TB is marked by a lack of fulfilling social interactions, limited social connections, or a sense of disconnection from others. The other facet of TB concerns the lack of reciprocally caring relationships, where individuals experience and express care mutually. Fundamental to such relationships is the perception by individuals of their engagement with others and reciprocally feeling cared for. To foster a sense of belonging, relationships must be surrounded by positive emotions and a supportive environment (Baumeister & Leary, 1995; Van Orden et al., 2010). If a relationship cannot meet these requirements, an individual may struggle with feelings of alienation, perceive themselves as incapable of providing support to others, or find themselves without a support system for their own needs (Van Orden et al., 2010). In this sense, the risk factors comprehensively associated with loneliness and the absence of reciprocal care are schematically visualized in Figure 2.

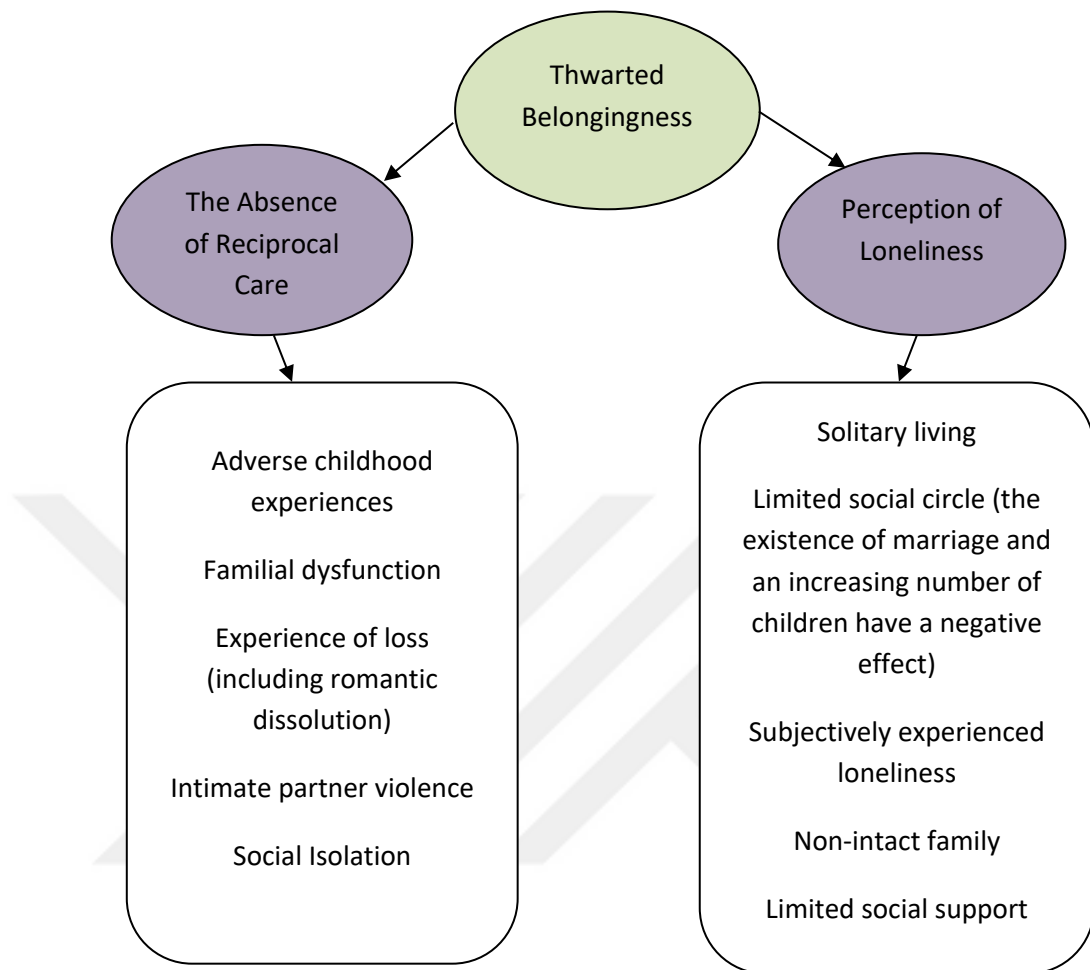


Figure 2. Thwarted Belongingness and two dimensions (Van Orden et. al. 2010)

1.5.2. Perceived Burdensomeness

According to Sabbath's (1969) family systems theory, the notion that adolescents perceive themselves as burdens to their families could lead to suicidal behavior. This viewpoint highlights adverse parental attitudes as the central element, culminating in adolescents perceiving themselves as unnecessary to the family unit to the point where they believe their absence would be beneficial (Sabbath, 1969). Building on these concepts, the Interpersonal-Psychological Theory of Suicide (IPTS) further emphasizes the critical role that the perception of being a burden plays as one of the key factors of suicidal tendencies (Van Orden et al., 2010). Moreover, as posited by the IPTS, the perception of burdensomeness extends beyond familial context and correlates with suicidal ideation. This perception embodies the belief that the

individual's own death is worth more to others than the individual's continued existence. According to the theory, this belief is rooted in two primary dimensions: self-hate and a sense of expendability, in other words, liability. These dimensions encompass cognitions of self-perceived liability and an emotional state filled with self-hate. The individual's sense of burdensomeness may manifest through feelings of failing to meet obligations and thereby inflicting harm, or in the case of self-hatred, it may surface through expressions of intense hate towards self or feelings of worthlessness (Van Orden et al., 2010). In this sense, the risk factors comprehensively associated with liability and self-hate are schematically visualized in Figure 3.

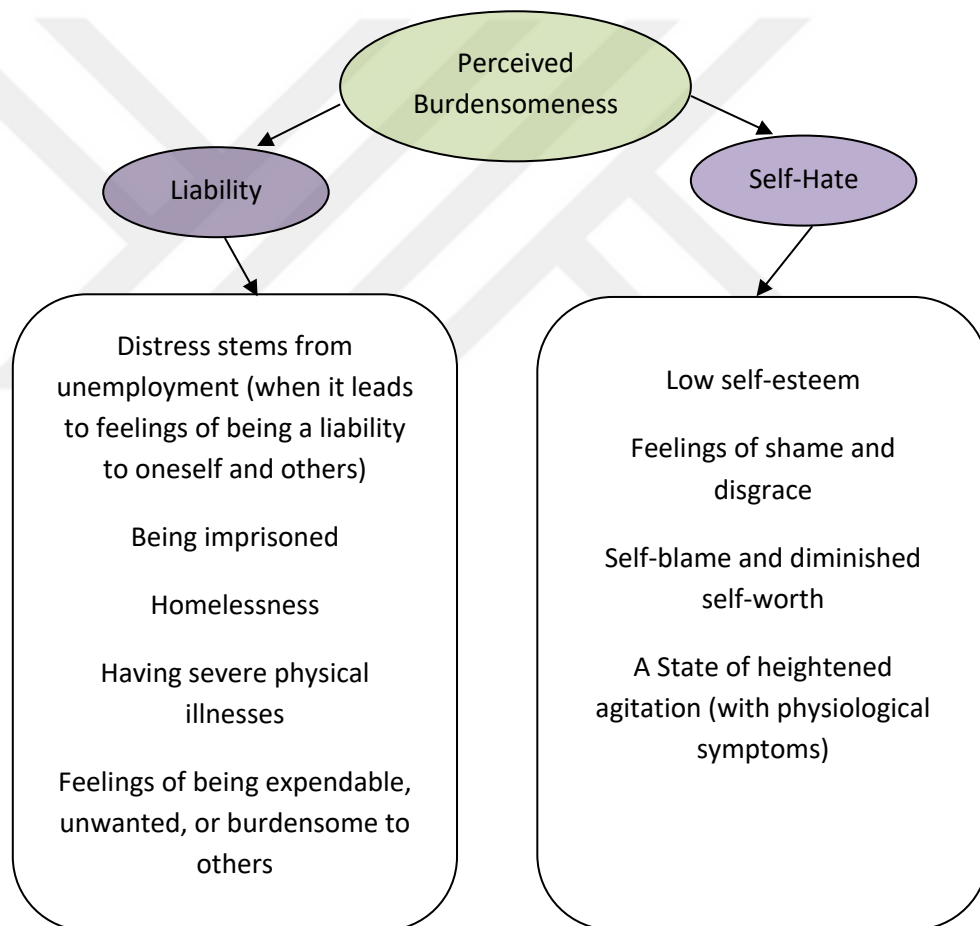


Figure 3. Perceived burdensomeness and two dimensions (Van Orden et. al. 2010)

1.5.3. Hopelessness

Hopelessness is a critical factor in IPTS, positing that despair over the unchangeability of TB and PB increases suicide risk. While some studies have used general

hopelessness as a proxy, direct testing of the theory's predictions remains unaddressed (Van Orden, 2014). Notably, the theory also posits that an active desire for suicide emerges when there is hopelessness concerning these states, an element often neglected in research (Hagan, Podlogar, Chu, & Joiner, 2015). According to the theory, it is essential to consider the nuanced understanding that hopelessness about the possibility of altering feelings of disconnection and burdensomeness is a crucial determinant of suicidal intent.

1.5.4. Acquired Capability of Suicide

The theory posits that the act of suicide contradicts our inherent instinct to survive, introducing the concept of "acquired capability" for suicide. This capability, it is argued, develops through repeated encounters with traumatic incidents, including physical maltreatment and warfare, that reduce fear of death and increase tolerance to physical pain. Primarily, past suicide attempts, which best predict the likelihood of future suicide attempts, similarly increase an individual's tolerance for pain and reduce the fear of death. According to some recent studies, an individual's fearlessness of suicide and death is also related to genetic predispositions. (Smith et al., 2012). Thus, a more encompassing term, "capability for suicide," acknowledges both acquired experiences in lifespan and genetic predispositions. This notion aims to capture better the complex interplay between environmental factors and biological predispositions in the development of suicidal capability (Chu et al., 2017). Suicide requires an increased threshold for physical pain, as the act itself is inherently painful. Research indicates that individuals who have attempted suicide display a higher pain threshold, as determined by their reactions to electric shock and heat-induced pain, compared to non-suicidal psychiatric patients or the general population. This suggests that the heightened ability to endure the pain is more closely related to suicidal behavior than to general physical trauma (Orbach, Mikulincer, King, Cohen, & Stein, 1997; Van Orden, et al., 2010). The ability to endure the pain involved in a suicide method depends on cognitive appraisals of expected pain, habituation to pain, and the belief that such pain is within one's capacity to bear. This appraisal must be robust and unambiguous for a lethal suicide attempt to occur, highlighting the complex interplay between physical pain tolerance and cognitive processes in suicidal behavior (Van

Orden et al., 2010). Moreover, IPTS outlines how individuals develop the capability for suicide through habituation to fear and pain and the reinforcing of opponent processes similar to Solomon and Corbit (1974). Acquired capability emerges from exposure to traumatic experiences such as childhood abuse, warfare, or past suicide attempts, gradually diminishing fear of death and increasing pain tolerance. Moreover, with repetition, self-harm, which was initially a painful experience, may develop into a less frightening, and also turn into a source of emotional relief. This process may increase the engagement with previously painful and fear-inducing experiences (Muehlenkamp et al., 2009).

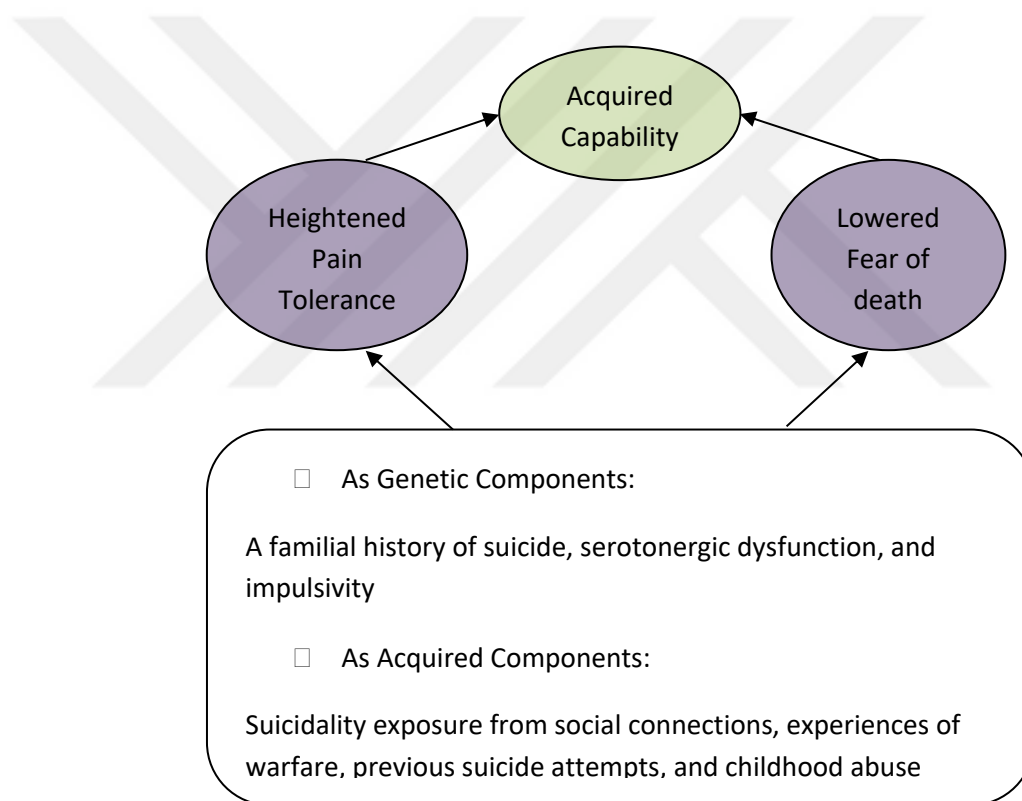


Figure 4. Acquired Capability and Two Dimensions (Van Orden et. al. 2010).

Empirical research supports this model, showing a link between past suicide attempts and higher levels of acquired capability, as well as indicating that exposure to various painful experiences can enhance this capability (Van Orden et al., 2008). Also, this study suggests that engaging more frequently in painful and risky behaviors, including shoplifting, casual sexual encounters, or deliberately harming animals, was linked with

increased scores of acquired capability (Van Orden et al., 2008). In essence, this model integrates a wide range of risk factors and experiences, offering a comprehensive framework for understanding how individuals become capable of overcoming the innate fear of death to engage in suicidal behavior (Van Orden et al., 2010). The risk factors comprehensively potentially linked with acquired capability and the two dimensions which are heightened physical pain tolerance and lowered fear of death are schematically visualized in Figure 3.

1.5.5. Research regarding IPTS and Suicide

The relationship between PB, TB, and suicidal ideation has been extensively studied, with consistent findings supporting the significant association between the constructs as proposed by IPTS (Joiner et al., 2009; Rogers & Joiner, 2019). In this regard, various studies testing the effect have supported the existence of a link between higher TB and PB levels and suicide-related factors (Van Orden, et al., 2012; Hawkins et al., 2014; Christensen et al., 2013). More specifically, according to a recent longitudinal study consisting IPTS constructs, from a dynamic systems perspective in a young adult demographic at high risk for suicide, PB, TB, and suicidal ideation were found to be relatively stable over time; it was found that PB affected suicidal ideation over time and was in a mutual interaction with PB, TB and suicidal ideation suggesting that PB and TB play significant roles in the persistence of suicidal ideation. However, TB did not have an additional impact on suicidal thoughts (Rogers & Joiner, 2019). Furthermore, a systematic review of 66 studies provided mixed evidence; the link between PB and suicidal ideation received stronger support, whereas the findings regarding TB were inconsistent. Overall, the evidence was more conclusive for PB than for TB (Espinosa-Salido et al., 2021; Ma et al., 2016). Additionally, Hill & Pettit (2014) highlighted the interactive effects of feeling like a burden and lacking a sense of belonging in predicting suicidal ideation, as proposed by IPTS (Hill & Pettit, 2014). When it comes to how this construct interacts with the other two factors of TB or ACS, the findings were found to be mixed. While this finding highlights the strength of the relationship between PB and suicidal ideation, it suggests the possibility that there may be less strong relationships related to TB parallel to the findings of the reviews mentioned above (Espinosa-Salido et al., 2021; Ma et al., 2016) (Hill & Pettit, 2014).

According to another recent longitudinal study, the combination of PB and TB was not a significant predictor of suicidal thoughts over a year. However, parallel to the other findings, the concept of PB was still crucial, as it significantly forecasted suicidal ideation at the 12-month duration (Wetherall et al., 2022). Likewise, another research involving older adults demonstrated that PB was linked to suicidal thoughts, even when accounting for factors such as age, gender, demographics and depressive symptoms (Cukrowicz et al., 2011). Furthermore, according to a recent meta-analysis, there were strong links between PB, TB, and increased suicidal ideation and attempts. However, the effect sizes were modest (Chu et al., 2017). Overall, while studies generally indicate stronger associations between PB and suicide desire than between TB and suicide desire, some findings suggest that TB's relationship with suicide desire is as strong as PB's (Christensen et al., 2013; Hawkins et al., 2014; Rogers & Joiner, 2019; Van Orden, et al., 2012). Consequently, the results concerning the TB construct can be considered mixed.

1.6. Attachment Theory

Attachment theory addresses the essence and dynamics of human connections by categorizing them as either secure, marked by feelings of safety, trust, and positive self-concept, or insecure, defined by dependence, fear of rejection, and a complex mix of longing for closeness towards the caregiver in the developmental trajectories (Hinde, 1982a; Bowlby, 1969). This evolving framework highlights the lasting influence of early attachment experiences on interpersonal relationships across the lifespan, and the essential human need to construct close bonds, underlined by the foundational works of Bowlby (1969, 1973), Ainsworth et al. (1978), and subsequent researchers (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). He states that the feeling of security is determined by the warmth, stability, and responsiveness in the relationship with the primary caregiver. The insecurity in attachment, fosters behaviors aimed at keeping the caregiver nearby, acts of clinginess, and defensiveness against an anticipated separation (Holmes, 2014). The theory posits that such insecurity triggers behaviors to preserve caregiver proximity, coupled with a stance to counter perceived potential abandonment threats.

Bowlby's foundational attachment theory asserts that early caregiver relationships critically construct an individual's long-term approach to future relationships outside the family or internal states regarding trust, security, and self-identity. Initially, Ainsworth and colleagues (1978) identified the three main attachment styles as secure, anxious, and avoidant, while Main and Solomon (1986) later expanded the theory and introduced the fourth category, disorganized attachment style, characterized by conflicted feelings towards the caregiver (Main & Solomon, 1986). According to them, this attachment style often arises when the caregiver is perceived both as a source of comfort and fear, especially in cases of violence by parents.

Later, the conceptualization of adult attachment evolved, with Bartholomew and Horowitz (1991) and Brennan, Clark, and Shaver (1998) providing a more detailed model based on anxiety and avoidance.

Attachment behavior, aimed at mitigating separation anxiety, is founded on an internal representation of self and others, influencing an individual's attachment style across the lifespan. Furthermore, at the heart of Bowlby's initial attachment theory is the proposition that the relationship established between an infant and their primary caregiver functions in the construction of *internal working models* that form the infant's perception of oneself and interactions with others and the broader environment (Bowlby, 1969). Internal working models can be classified as the *model of self* and the *model of other*. Early interactions with primary caregivers lay the groundwork for the models. Accordingly, the model of other which is shaped by the perception of caregivers' reliability and responsiveness, fundamentally influences how an individual interprets the surroundings and governs the expectations regarding trust and safety within interpersonal relationships. Consequently, it constructs the individual's image of other. The model of self, shaped by whether the attachment figure responds to needs helpfully, creates the individual's perception of whether the self is worth caring for and builds the perception of whether the individual is lovable or not, and consequently, the self-image (Bowlby, 1973, 2008).

Attachment styles can be viewed through two distinct lenses: categorical and dimensional. The categorical approach categorizes individuals into four primary styles: secure, dismissing, preoccupied, and fearful. Each style has unique relational

behaviors and attitudes. In the four-category model of attachment, individuals exhibit a spectrum of dependency, from those who have a robust sense of self that does not rely on others for affirmation to those who seek constant external validation for their self-worth. Intimacy avoidance, another key aspect of this model, reflects a person's tendency to refrain from close relationships due to fear of negative outcomes. The dismissing attachment style is marked by a strong sense of independence and a minimized need for external approval, whereas the fearful style is characterized by a reliance on others for validation, coupled with a hesitance to form close bonds due to fear of disappointment or harm. The anxious and fearful attachment styles share a dependency on others for maintaining self-worth, but they diverge in their pursuit of relationships.

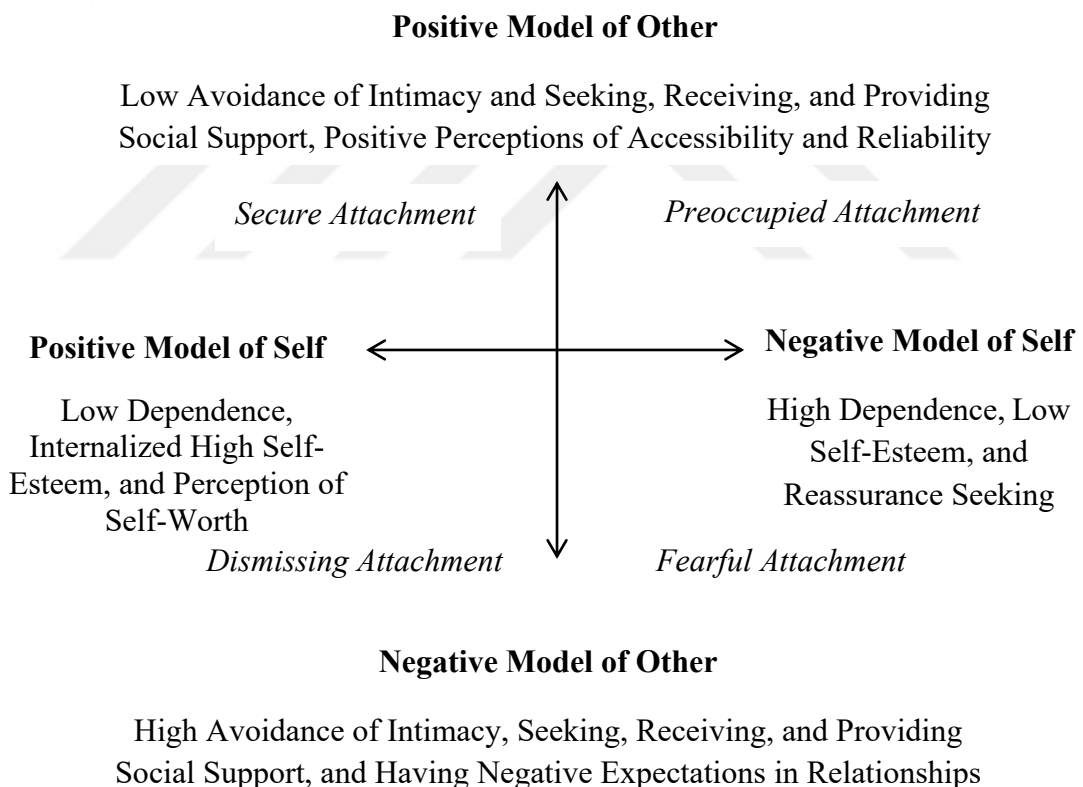


Figure 5. Categorical model of the internal working models and four-category attachment styles (Bartholomew, 1990, Bartholomew & Shaver, 1998)

Those with an anxious attachment style are proactive in seeking out relationships to satisfy their dependency needs. In contrast, those with a fearful attachment style retreat from intimacy, aiming to protect themselves from the anticipated pain of relational

frustration (Bartholomew & Horowitz, 1991). Conceptualization proposed by Bartholomew (Bartholomew, 1990; Bartholomew & Horowitz, 1991) is depicted in Figure 5.

On the other hand, *the orthogonal model* captures the dimensional approach that measures attachment along two axes: anxiety and avoidance. Instead of discrete categories, individuals receive scores reflecting their positions on these dimensions, which depict their attachment tendencies. It can be seen from Figure 5. High anxiety suggests concerns over a significant other's presence and fear of being abandoned or neglected, similar to the preoccupied style. High avoidance indicates a hesitancy to engage intimately or depend on others, resembling the dismissing style. Individuals with high scores in both anxiety and avoidance parallel the fearful style, while those with low scores in both dimensions suggest a secure attachment (Brennan et al., 1998).

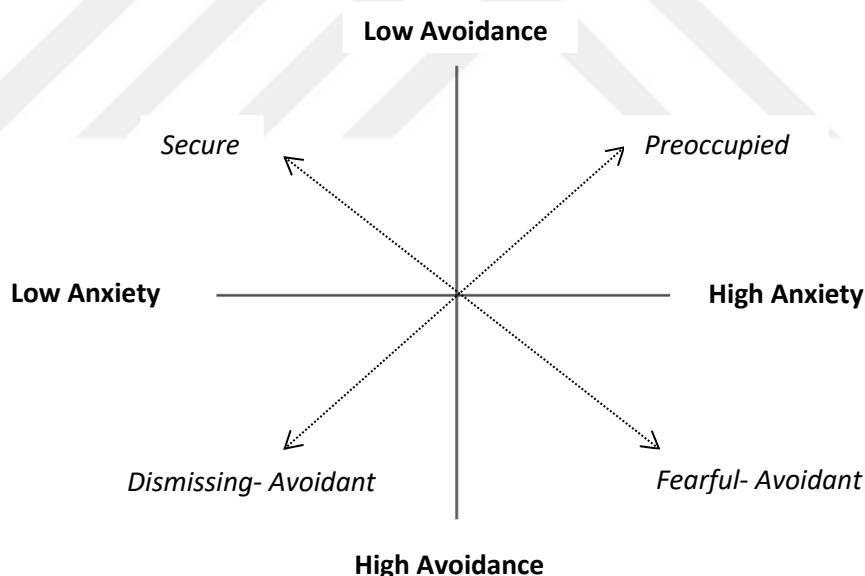


Figure 6. Two-dimensional orthogonal model of attachment (Brennan et al., 1998).

Both categorical and dimensional methods offer insights into the attachment theory. Combined, they may provide a comprehensive view of attachment and its impact.

Originally, Bowlby thought that the attachment styles were stable (Bowlby, 1969, 1973). However, the rigidity of these styles has been debated (Lewis, Feiring, &

Rosenthal, 2000), though relatively recent evidence (Fraley, Vicary, Brumbaugh, & Roisman, 2011) points to an inherent stability.

Bowlby's ethological perspective views the child-caregiver bond as an evolutionary mechanism for survival, integrating psychoanalytic insights on its importance for the child's security and trust-building capabilities (Bowlby 1988a, as cited in Holmes, 2014). In this sense, John Bowlby synthesized ethological and psychoanalytic perspectives including the object relations perspective, arguing that, like young animals, infants exhibit innate behaviors to maintain caregiver presence for protection, crucial for their environmental exploration, learning, and curiosity. This concept underscores attachment's role beyond feeding, emphasizing its evolutionary importance for safety and the developmental process, in parallel to Harry Harlow's findings that comfort, and security are paramount in attachment beyond mere feeding (Harlow, 1958).

Mary Ainsworth (1982) introduced the "*secure base*" concept, illustrating how attachment figures foster exploration and curiosity (Ainsworth, 1982). This secure base provides a platform for confident activity engagement, with assurance of support when necessary. Moreover, building upon Bowlby's foundational work, Mary Ainsworth, through her research, identified that infants' reactions to their mother's presence, absence, and return could reveal their attachment style. Her '*Strange Situation*' experiment led to classifying infants into secure, anxious-ambivalent, and anxious-avoidant categories, distinguished by their behavior during separation and reunion episodes.

Accordingly, infants with an anxious-ambivalent style displayed distress and cried excessively when their mothers left, and when they returned, they continued their protests and did not calm down. The infants in the anxious-avoidant group appeared disengaged in times of the absence and presence of their mothers. Securely attached infants exhibited exploratory behaviors and sought comfort from their mothers upon reunion (Ainsworth, 1979).

Furthermore, observations by Anderson (1972) of children's behavior towards their mothers in a park, illuminated an "*invisible radius*" of security, akin to an elastic band that strengthens with distance, ensuring safety (Anderson, 1972). This concept extends

to adult relationships, advocating for "*companionable interaction*" within a network of preferred relationships as outlined by Heard and Lake (1986), indicating the significance of secure attachments throughout life for the formation of healthy relationships (Heard & Lake, 1986). Bowlby's theory, suggesting that attachment originates from innate signals attracting caregiver attention and evolving into a deep, affectionate bond through consistent, sensitive caregiving, acknowledges the mother's pivotal early role while allowing for primary attachments with either parent (for example father) (Holmes, 2014).

In sum, attachment theory, originated by John Bowlby, offers a fundamental framework for examining how early caregiver relationships inform an individual's enduring patterns in forming relational bonds.

1.6.1. Relationship Structures in Attachment

Contrary to traditional perspectives in attachment literature, Fraley et al. (2011) proposed that attachment styles might vary across different relational contexts and introduced a measurement tool to assess this variability. In this regard, they defined four relational dimensions: Mother, Father, Romantic Partner, and Friend. They suggested that individuals could exhibit more secure attachment behaviors in some relationships while displaying more insecure behaviors in others. Historically, attachment was predominantly assessed concerning romantic partners, limiting its applicability. Fraley and colleagues highlighted potential ambiguities in self-report measures, where respondents might be unsure if they should base their responses on their current partner, a generalized other, or someone they feel particularly close to. This ambiguity, they argued, might have compromised the clarity of research findings. Additionally, other studies in the field (Collins & Read, 1994; Fraley et al., 2011; Fraley et al., 2015; Klohnen et al., 2005; Overall et al., 2003; Sibley & Overall, 2008) have also focused on the notion that individuals may hold different attachment representations depending on the relationship in question. Another recent study investigating these four attachment structures found that the majority of the variance in its findings was specific to different attachment figures, and the results were consistent with the presence of distinct attachment patterns within each relational structure (Bohn et al., 2023). Furthermore, it has been found that individuals'

attachment patterns are often interconnected and have many similarities. In this sense, a study by Klohnen et al. (2005) showed that individuals who have a secure attachment style in their relationships with their parents are also likely to display secure attachment behaviors in their romantic relationships. Various studies indicate that working models within the same relational domain—such as parental domains that include maternal and paternal attachment, or peer domains that cover attachments to romantic partners and friends—are more closely aligned with each other than with models across different domains. This suggests a stronger correlation within similar relational contexts as opposed to between distinct ones (Dugan et al., 2022; Fraley et al., 2011; Hudson et al., 2015; Klohnen et al., 2005).

1.6.2. Research Regarding Attachment and Suicide

The existing literature consistently reveals a positive relationship between high levels of attachment anxiety and avoidance and increased suicide risk (Adam, 1994; Gormley & McNeil, 2010; Green et al., 2021; Grunebaum et al., 2010; Lizardi et al., 2011; Miniati et al., 2017; Palitsky et al., 2013; Rohani & Esmaeili, 2020; Sheftall et al., 2014; Zortea et al., 2019). The literature indicates that general insecure attachment shows more consistent and stronger associations with suicide-related constructs than specific attachment patterns. Specific attachment patterns reveal more consistent findings for anxious attachment, as evidenced by various studies, however, the results for avoidant attachment are more varied, with studies reporting mixed outcomes (Lessard & Moretti, 1998; Miniati et al., 2017; Stepp et al., 2008). In this regard, several studies also highlight the relationship of avoidant attachment with suicide-related outcomes (Green et al., 2021; Grunebaum et al., 2010; Levi-Belz et al., 2013; Novak et al., 2023). Furthermore, numerous studies affirm the association between insecure attachment and both interpersonal difficulties and suicide (Adam, 1994; Adam et al., 1996; Klonsky et al., 2003; Stepp et al., 2008). These findings highlight the critical link between insecure attachment patterns and suicidal behaviors, emphasizing the role of interpersonal challenges. Thus, exploring the connection between insecure attachment and suicide risk remains a crucial area of the research.

1.7. Research Regarding Attachment Theory and IPTS

There are a few studies in the literature that focus on the relationship between the Interpersonal-Psychological Theory of Suicide (IPTS) and attachment in terms of suicide concepts. According to a recent and highly relevant study focusing on adult romantic partner attachment and IPTS interrelationship, attachment anxiety and avoidance towards a romantic partner increased perceived burdensomeness (PB) and thwarted belongingness (TB), which were linked to higher suicide risk. The study also indicated that attachment anxiety's link to suicide risk was partially mediated, while attachment avoidance's link was fully mediated (Kacmarski, 2016). Moreover, based on the findings of a more recent study that examined TB, a key component of IPTS, it was revealed that TB predicts suicidal ideation. This prediction is influenced by attachment styles and the need to belong. Additionally, anxious, and avoidant attachment styles, in combination with a strong need to belong, contribute to increased suicidal thoughts associated with TB. Anxious attachment exacerbates feelings of loneliness, while avoidant attachment leads to loneliness despite attempts to deny attachment needs. The need to belong serves to further magnify these effects (Dienst et al., 2023). According to another study focusing on maternal insecure attachment within the framework of IPTS constructs, there was a significant correlation between maternal attachment insecurity and feelings of TB, PB, depression, and suicide-related thoughts. The study also indicated that TB played a mediating role in the connection between attachment insecurity and both depression and suicide-related thoughts (Dykas & Cassidy, 2011). Furthermore, another study explored the connection between attachment styles, social rejection, and TB. The results countered initial expectations, revealing that increased avoidant attachment correlated with higher TB levels after social rejection. These findings indicate that both increased anxious and avoidant attachment were linked to higher TB levels after social rejection, with the level being higher for anxious attachment compared to avoidant attachment. However, another result of the study was that attachment insecurity styles were not significant with PC. This result, which contradicts the general literature, is explained by the fact that the number of participants in the study did not provide statistical power (Granato, 2014).

1.8. Aim and Scope of the Study

Despite the global and national prevalence of suicide and related behaviors, there has been a need of research to explore the underlying mechanisms of suicide related constructs. This study was structured to investigate factors that either strengthen or weaken life connections among young adults aged 18 to 25, during the critical phase of emerging adulthood. The study aimed to examine suicidal ideation and probability by synthesizing attachment theory with the IPTS within the comprehensive relationship structures, addressing a gap in the existing literature. This integration sought to deepen understanding of the mechanisms that potentially lead to suicide. Attachment styles, as defined by attachment theory, were investigated to assess their expression in relationship structures with mothers, fathers, friends, and romantic partners, as well as in the self and other internal working models. The study also investigated how the constructs of thwarted belongingness and perceived burdensomeness, as outlined by the IPTS, were linked to the formation of suicide ideation and the probability of suicide. These variables were assessed through the lens of proposed theoretical models. A deeper understanding of these dynamics was expected to significantly enhance the existing body of literature on suicide by formulating the underpinnings of suicidal tendencies in emerging adults. Moreover, it was anticipated that examining the attachment within the relationship structures and internal working models can offer valuable clinical insights.

When examining the literature, there are studies exploring the relationship between attachment patterns and suicide-related constructs. However, to the best of our knowledge, there has been no study that comprehensively examines attachment patterns across all four relational domains: maternal, paternal, romantic partner, and friend-focused measurements. The existing literature shows that few studies exploring maternal and paternal attachment in relation to suicide primarily focus on adolescence. Furthermore, research typically centers on a general parent category or specifically on mothers rather than distinguishing between mothers and fathers. In studies focused on adults, research predominantly examines attachment to romantic partners.

Additionally, the existing literature includes studies investigating the role of interpersonal constructs from the IPTS—such as Perceived Burdensomeness (PB), Thwarted Belongingness (TB), and Acquired Capability for Suicide (ACS)—as well

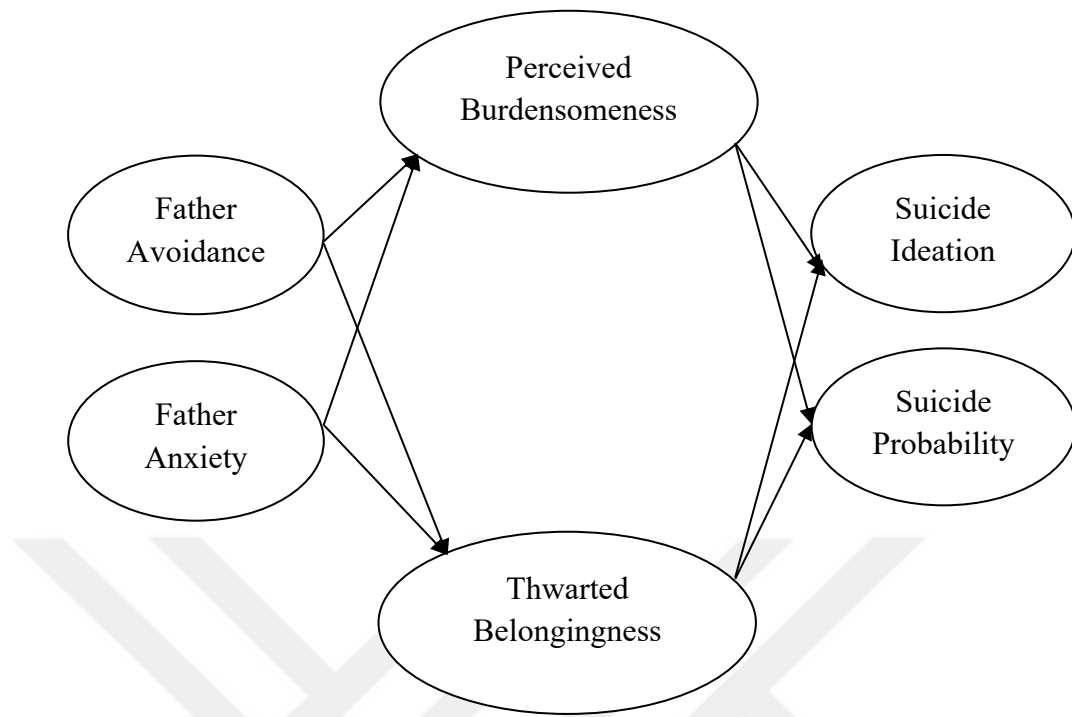


Figure 8. The Proposed Model 2. Father Avoidance = Father Attachment Avoidance, Father Anxiety = Father Attachment Anxiety.

The following hypotheses are proposed for the proposed model 2:

Hypothesis 2. *The association between maternal-focused attachment avoidance and anxiety and suicidal ideation and suicide probability would be mediated by perceived burdensomeness and thwarted belongingness.*

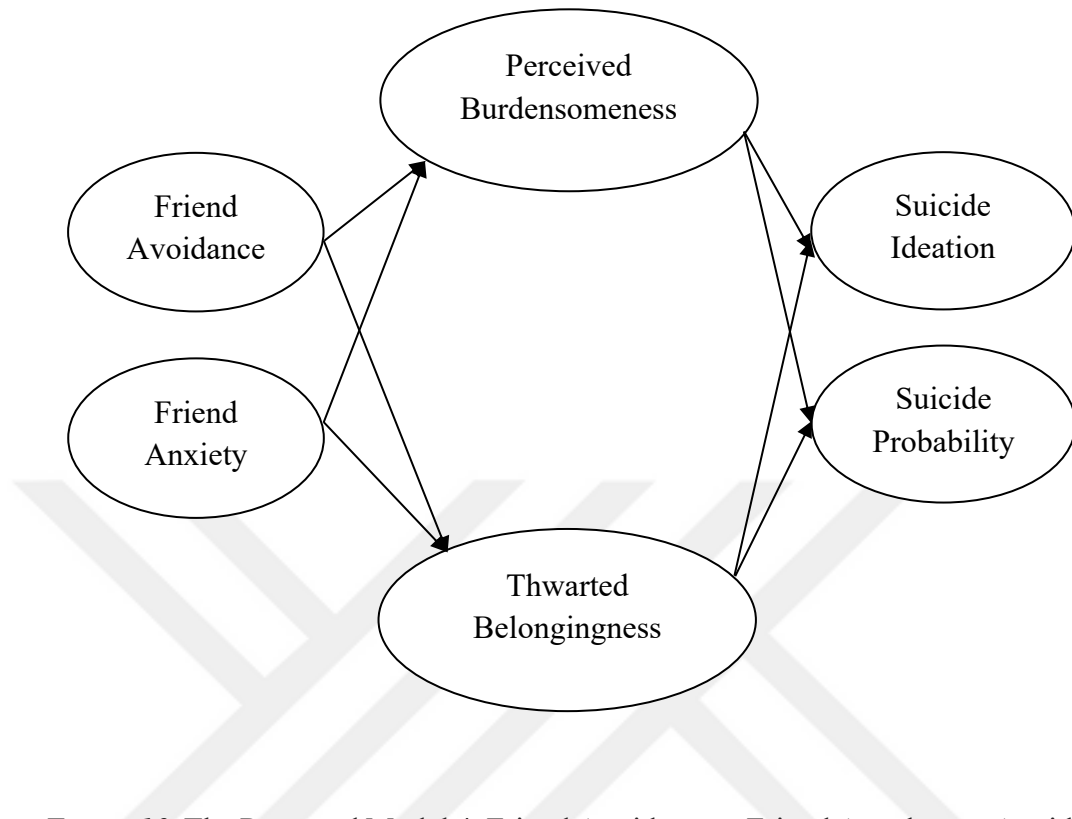


Figure 10. The Proposed Model 4. Friend Avoidance = Friend Attachment Avoidance, Friend Anxiety = Friend Attachment Anxiety.

The following hypotheses are proposed for the proposed model 4:

Hypothesis 4. *The association between friend-focused attachment avoidance and anxiety and suicidal ideation and suicide probability would be mediated by perceived burdensomeness and thwarted belongingness.*

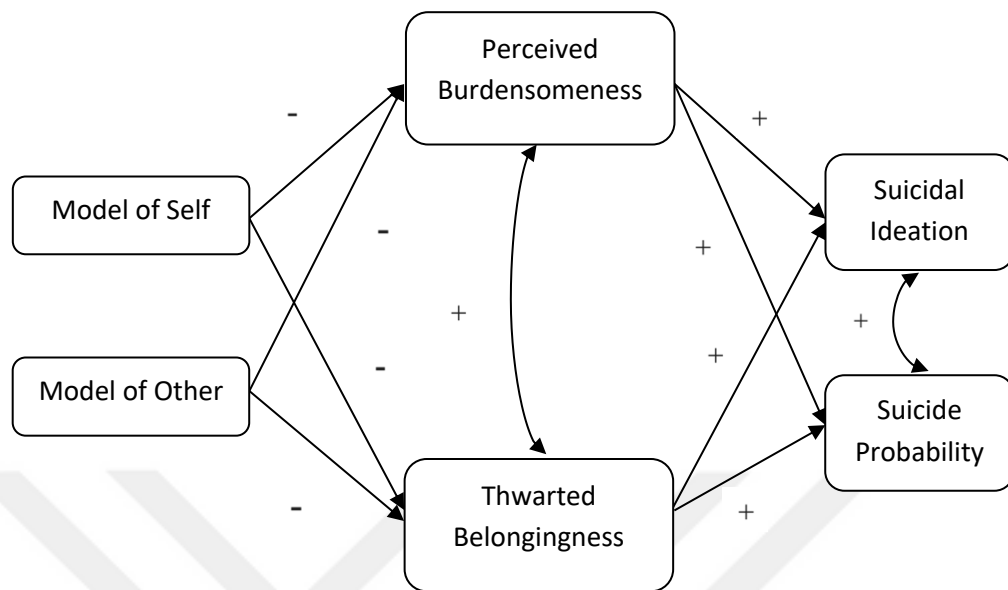


Figure 11. The Proposed Model 5.

The following hypotheses are proposed for the proposed model 5:

Hypothesis 5. *The association between model of self and other and suicidal ideation and suicide probability would be mediated by perceived burdensomeness and thwarted belongingness.*

CHAPTER 2

METHOD

2.1. Participants

The sample of the current study consisted of 412 participants aged between 18 and 25 years ($M = 22.74$, $SD = 2.06$) who provided consent to participate in the study. Demographic characteristics of the participants are presented in Table 1.

Table 1. Participant Demographic Characteristics

Variable	Frequency	Percent
Gender		
Male	138	33.49
Female	272	66.01
Non-binary	1	0.24
Transgender	1	0.24
Sexual orientation		
Heterosexual	324	78.64
Homosexual	10	2.43
Bisexual	26	6.31
Asexual	2	0.48
Do not prefer to share	50	12.13
Education level		
High school graduates	148	34.71
University graduates	211	51.21
Postgraduates	53	12.86
Marital status		
Married	34	8.25
Single	378	91.74

Romantic relationship status			
	Yes	249	60.44
	No	163	39.56
Student status			
	Yes	277	67.23
	No	135	32.77
Employment status			
	Currently employed	176	42.72
	Unemployed	236	57.28
Income level			
	Low	52	12.62
	Middle	278	67.47
	High	82	19.90
Parents living status			
	Both alive	387	93.93
	Only father deceased	22	5.33
	Only mother deceased	2	0.48
	Both deceased	1	0.24
Maternal psychiatric condition history			
	Yes	43	10.4
	No	369	89.6
Paternal psychiatric condition history			
	Yes	22	5.34
	No	390	94.66
History of psychiatric condition of participant			
	Yes	77	18.69
	No	335	81.31

Current psychiatric treatment condition			
	Yes	74	17.96
	No	338	82.04
Suicidal attempt history			
	Yes	23	5.58
	No	389	94.42

2.2. Measures

2.2.1. Suicide Probability Scale (SPS)

The Suicide Probability Scale was used in the current study, and it was initially developed in 1990 by Cull and Gill (Cull & Gill, 1988). This measure was designed to identify adolescents and adults at risk of attempting suicide and to determine the degree of likelihood, it consists of 36 items and four subscales. The items were rated by participants using a 4-point Likert scale with options in a spectrum from "never" to "always," indicating the most appropriate choice. According to the original form, the subscales measure hostility (score range: 7-28), hopelessness (score range: 12-48), suicidal ideation (score range: 8-32), and negative self-evaluation (score range: 9-36). The total score, which ranges from 36 to 144, provides information about the probability of a suicidal act. Additionally, probability values are calculated on a 100-point system after obtaining the total score. Scores obtained from the measure between 0 and 24 indicate an average or non-clinical level of suicide attempt likelihood, 25-40 a mild risk, 50-74 a moderate risk, and 75-100 a severe risk. The Turkish adaptation, reliability, and validity of SPS were conducted by Atlı et al. in 2009 (Atlı et al., 2009), demonstrating its reliability and validity. According to the test-retest reliability test, the coefficient was observed to be 0.95, with an internal consistency coefficient of 0.89. Cronbach's alpha reliability coefficients were 0.89 for the overall scale and between 0.70 and 0.89 for the subscales (Atlı et al., 2009). In 2018, a review of the reliability and validity of the scale within the Turkish population identified issues and alterations in the factor structure and the factor loadings' binding strengths for two items. Consequently, the scale was found to comprise four factors as "Social

Support/Self-Perception," "Anger/Impulsivity," "Hopelessness/Loneliness," and "Suicidal Thoughts." In addition, it was noted that 8 items (item numbers: 4, 9, 15, 16, 17, 19, 23, and 29), originally grouped under various factors, were reassigned to different factors in this study (Batıgün & Şahin, 2018). Furthermore, item 5 ("I have too many responsibilities") and item 19 ("I feel like people expect too much from me") in the original scale, which had factor loadings below the acceptable cutoff score of 0.30 (Field, 2013), were removed due to their low factor loadings. Removing these items was observed to increase the reliability coefficient of the factors they were associated with (Batıgün & Şahin, 2018). Based on the final findings of this study, the Cronbach's alpha reliability coefficients for the four factors ranged from .71 to .81 (Batıgün & Şahin, 2018). In the current study, the scale was used to identify participants' risk of suicide with the factor structures identified by Batıgün & Şahin (2018). A confirmatory factor analysis was performed by enforcing four factors to validate the scale's factor structure. Consistent with Batıgün & Şahin (2018), it was found that the factor loadings for items 5 and 19 did not meet the .30 threshold for any of the four factors. Additionally, item 7 ("I believe that suicide is not a good way to punish others.") also did not achieve a factor loading above .30 and was removed on the assumption that it was not functioning as expected. Therefore, data for this item were excluded from the analysis in this study. Consequently, factor structure in line with Batıgün & Şahin (2018) was followed in the current study. The scale containing all the questions can be accessed from Appendix E.

2.2.2. Interpersonal Needs Questionnaire (INQ)

The Interpersonal Needs Questionnaire, a 10-item self-report measure created in 2012 by Van Orden et al. (Van Orden et al. 2012), aims to measure the feelings of being a burden to others and thwarted belongingness, two factors conceptualized as predisposing individuals to suicidal behavior. Half of the items assess perceived burdensomeness, while the other half measure thwarted belongingness, using a 7-point Likert scale for responses. Higher scores indicate a higher presence of interpersonal needs, and lower scores suggest a quieter presence. The Turkish adaptation, reliability, and validity study was conducted by Eskin et al. in 2020 (Eskin et al., 2020), finding reliability coefficients of .90 for perceived burdensomeness and .72 for thwarted

belongingness, making it suitable for young adults in the Turkish sample. In the current study, the questionnaire will measure participants' perceptions of being a burden and their feelings of thwarted belongingness. The questionnaire containing all the questions can be accessed from Appendix F.

2.2.3. Suicide Ideation Scale (SIS)

Developed by Levine et al. in 1989 (Levine et al., 1989), the Suicide Ideation Scale comprises 17 items measuring the presence or absence of suicidal thoughts, using a scoring system that differentiates between "No" (absence of thought) and "Yes" (presence of thought). Scores span from 0 to 17, with higher scores indicating a higher risk of suicide. The Turkish validity and reliability study of SIS was performed by Dilbaz et al. in 1995 and results suggests Cronbach's alpha coefficient as 0.84 (Dilbaz et al., 1995). The scale containing all the questions can be accessed from Appendix G.

2.2.4. Relationships Questionnaire

The Relationships Questionnaire, initially developed by Bartholomew and Horowitz in 1991 (Bartholomew & Horowitz, 1991), includes four short paragraphs, each measuring a different attachment style (secure, fearful, preoccupied, dismissive). In this scale, participants rate on a 7-point scale how well each paragraph describes them, from "does not describe me at all" to "describes me exactly," and then select the paragraph that best represents them. The Turkish adaptation, reliability, and validity study was carried out by Sümer and Güngör in 1999 (Sümer & Güngör, 1999), indicating its applicability in Turkish society. This scale will be used in the current study to measure participants' models of self and others. The scale containing all the questions can be accessed from Appendix H. The model of self is calculated by subtracting the sum of the preoccupied and fearful items from the sum of the secure and avoiding items:

$$\text{Model of Self} = (\text{Secure (Item 1)} + \text{Dismissive (Item 2)}) - (\text{Preoccupied (Item 3)} + \text{Fearful (Item 4)})$$

The model of other is calculated by subtracting the sum of the avoiding and fearful items from the sum of the secure and preoccupied items:

Model of Other = (Secure (Item 1) + Preoccupied (Item 3)) – (Dismissive (Item 2) + Fearful (Item 4))

2.2.5. Experiences in Close Relationships-Relationship Structures (ECR-RS) Inventory

Developed by Fraley et al. 2011 (Fraley et al., 2011), this inventory measures patterns related to attachment, specifically anxiety and avoidance (indicative of attachment insecurity), across five different close relationship targets (mother, father, romantic partner, best friend, and a general category). Derived from the Experiences in Close Relationships Inventory created by Fraley and others in 2000 (Fraley et al., 2000), it consists of 9 items adapted for each relationship focus. The inventory includes two subscales for avoidance and anxiety, rated on a 7-point Likert scale. High scores on either subscale indicate high levels of avoidance or anxiety respectively. The Turkish adaptation was conducted by Deveci Şirin and Doğan in 2021, showing the scale can be recognized as a reliable and a valid measure in the Turkish population. Cronbach's Alpha values for the avoidance and anxiety subscales were reported as .80, .73, .86, .83, .87, and .83, .87, .83, .77, .85, respectively, for mother, father, romantic partner, friend, and general targets (Deveci Şirin & Doğan, 2021). In the current study, this inventory was used for measuring patterns of anxious and avoidant attachment levels across four different close relationship targets including mother, father, romantic partner, and best friend. The inventory containing all the questions can be accessed from Appendix I.

2.2.6. Demographic Information Form

This form was created for the current study. It contains questions related to sociodemographic information, such as the participant's age and gender, as well as questions related to the subject of the research, including whether participants have any psychiatric or physical illnesses and whether they have ever attempted suicide. The form containing all the questions created can be accessed from Appendix D.

2.3. Procedure

After receiving ethical approval from TEDU İAEK for the current research, the online survey version containing the scales was created using 'Qualtrics'. The data were collected in March 2023 to August 2023. The announcement text presented in Appendix A, which included information about the purpose of the research, participation conditions and method, was shared on social media and voluntary participants were recruited using the convenient sampling method (Robinson, 2014). Participants between the ages of 18-25, who read the research announcement and wanted to volunteer to participate in the study, started filling out the online surveys if they clicked on the shared link. They read and approved the informed consent form presented in Appendix B. Since all responses will be completely anonymous and participants whose responses indicate that they are struggling with suicidal thoughts cannot be traced, all participants were presented with a detailed information form, presented in Appendix C, located in a separate link. This form also contained guidance on the steps individuals could take if they were having psychological distress or suicidal thoughts, along with details on mental health centers where they could seek support. After the data was collected, the duration of the participants' completion of the surveys and their IP addresses were examined. As a result of this examination, the data of participants who were found to complete the survey in a very short time ($N = 16$) were excluded.

CHAPTER 3

RESULTS

3.1. Preliminary Analyses and Data Screening

After the completion of the data collection process, identification of the missing values and outliers and assessment of the univariate, multivariate normality, linearity, homoscedasticity, and multicollinearity assumptions was done through the SPSS 27 program. A total of 493 participants were involved in the study. It was observed that 12 participants left the SPS measurement completely blank, and the data of these participants were excluded from the dataset. No other missing values were detected in the data of the remaining participants. Additionally, 34 participants who were found to have completed the survey in an unusually short time were removed from the data set. For the identification of outliers, z scores of the total scores of the variables were calculated as per the guidelines of Mertler et al. (2021), and participants outside the range of -4 and +4 were excluded from the dataset (Mertler et al., 2021). As a result, it was determined that 7 participants in the SIS measurement, 3 participants in the ECR-RS-M-AV measurement, and 3 participants in the SPS measurement were outside the -4 and +4 range, and the data of these participants were excluded from the dataset. An analysis was conducted using the method outlined by Kline (2023) to identify any multivariate outliers. This procedure involved calculating the Mahalanobis distance for each participant based on their total scores for all variables used in the study. Later, the results were evaluated using the central chi-square statistic with degrees of freedom equal to the number of variables. Any responses with a p-value below 0.001 were flagged as potential outliers, and 22 participants were subsequently excluded from the data set using this approach (Kline, 2023).

Subsequently, for the univariate normality assumption test, both skewness and kurtosis values of the total scores of the variables and the z-scores of these values were calculated and presented in Table 2.

Table 2. Skewness and Kurtosis Statistics and Z-scores of the Variables.

	Skewness	SE of skewness	Z-score of skewness	Kurtosis	SE of Kurtosis	Z-score of Kurtosis
SIS	1.05	.12	8.75	.29	.24	1.20
SPS	.52	.12	4.3	-.09	.24	-.37
PB	1.08	.12	12	.47	.24	1.96
TB	.42	.12	3.5	-.46	.24	-1.91
MOS	-.19	.12	-1.58	-.52	.24	-2.16
MOO	-.50	.12	-4.16	.17	.24	.71
ECR-RS-M-AV	.72	.12	6	-.30	.24	-1.25
ECR-RS-M-ANX	1.66	.12	13.83	2.09	.24	8.70
ECR-RS-FT-AV	.25	.12	2.08	-1.14	.24	-4.75
ECR-RS-FT-ANX	1.61	.12	13.41	1.65	.24	6.87
ECR-RS-P-AV	1.21	.12	10.08	.87	.24	3.62
ECR-RS-P-ANX	.75	.12	6.25	-.63	.24	-2.62
ECR-RS-FR-AV	1.30	.12	10.83	1.82	.24	7.58
ECR-RS-FR-ANX	1.18	.12	9.83	.50	.24	2.08

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness. MOS = Model of Self. MOO = Model of Other. ECR-RS-M-AV = Experiences in Close Relationships – Relationship Structure – Mother Avoidance. ECR-RS-M-ANX = Experiences in Close Relationships – Relationship Structure – Mother Anxiety. ECR-RS-FT-AV = Experiences in Close Relationships – Relationship Structure – Father Avoidance. ECR-RS-M-ANX = Experiences in Close Relationships – Relationship Structure – Father Anxiety. ECR-RS-P-AV = Experiences in Close Relationships – Relationship Structure – Partner Avoidance. ECR-RS-P-ANX = Experiences in Close Relationships – Relationship Structure – Partner Anxiety. ECR-RS-FR-AV = Experiences in Close Relationships – Relationship Structure – Friend Avoidance. ECR-RS-FR-ANX = Experiences in Close Relationships – Relationship Structure – Friend Anxiety.

According to Field's (2018) guidelines, normality is assumed when skewness and kurtosis values of variables fall within the -2 to +2 range of z-scores. Upon examining the z-scores of the variables in this study, it was observed that the majority did not adhere to the normality assumption. This deviation from normality could lead to sampling bias, potentially increasing the likelihood of Type I and Type II errors.

The linearity assumption, defined by the linear relationship between the predictor and outcome variables, and the homoscedasticity assumption, defined by having an equal variance distribution among the predictor variables (Field, 2018; Hair et al., 1998; Kline, 2023), were examined using bivariate scatter plot graphs in the current study. These plot graphs, which were created separately for the models to be tested for each of the mother, father, romantic partner, and friend relationship structures, and for the path model to be explicitly tested for the model of self and model of other, can be accessed in Appendix T. No curve shape indicating a curvilinear relationship or funnel shape indicating heteroscedasticity was found in the created plot graphs. Accordingly, it was concluded that the linearity and homoscedasticity assumptions were met.

Multicollinearity refers to the extent to which a variable's impact can be predicted or explained by another variable or variables in the study (Hair et al., 1998). To understand this level, correlations between variables were examined. The correlations between the total scores of the variables are presented in Table 4. These correlations range from -.05 to .75. These correlation coefficients indicate no multicollinearity issue because these values do not exceed the critical value of .80 according to Shrestha (Shrestha, 2020). The correlations between the items of the avoidance and anxiety subscales of ECR-RS specific to mother, father, romantic partner, and friend relationship structures, between the item parcels of SIS and between the subscales of SPS can be seen in Appendix P, Appendix Q, Appendix R, Appendix S, Appendix N, and Appendix O respectively. Additionally, to obtain the variance inflation factor (VIF), thirty multiple regression analyses were performed, in which each analysis used the total scores of one variable as the criterion variable while using the scores of the other variables other than the variable determined as the criterion variable as predictors at each step (Kline, 2023). In this manner, multiple regression was performed for all combinations, where each variable was the criterion variable. According to Kline

(2023), a VIF value greater than 10.0 is considered a cut-off value. According to the analysis results, VIF values ranged from 1.20 to 3.02. As none of the values exceeded the specified cut-off, it was concluded that there was no multicollinearity between the variables.

Subsequently, Mardia's test was used to evaluate the multivariate normality assumption. The results demonstrated a statistically significant deviation from multivariate normality, indicating a non-normal distribution. As a result, the maximum likelihood mean adjusted (MLM) method was employed as the estimation technique in the study for the proposed models 1, 2, 3, and 4 which were constructed with the latent variables. According to Kline (2023), the MLM estimation option offers a robust approach for analyzing complete datasets. This method generates mean-adjusted Satorra-Bentler scaled chi-square statistics along with model fit indices, facilitating the evaluation of model fit that does not require normality assumption in data distribution (Byrne, 2001; Kline, 2023; Satorra & Bentler, 1988, 1994). Subsequently, for the proposed model 5, which was constructed with observed variables, Maximum Likelihood (ML) estimation was used for the possibility of Type I and Type II errors that could be caused by univariate nonnormality at a moderate level. However, to address this concern, 5000 resamples were subjected to analysis via the Bootstrap method for the proposed model 5. According to Field (2018), the Bootstrap method serves as a robust technique to lower this potential sampling bias in the conditions where assumptions are violated.

3.2. Item Parceling

According to Little et al. (2002; 2013), each latent variable within a Structural Equation Modeling (SEM) measurement model should have at least three indicators. In alignment with this guideline, in this study it was aimed to derive indicators for each latent variable in the first, second, third, and fourth proposed models using their respective items or subscales. Despite the Suicide Ideation Scale (SIS) comprising 17 items without any subscales, the balanced parceling method recommended by Little et al. (2002) was employed to reduce the number of indicators. Consequently, an exploratory factor analysis was conducted on the SIS scale where a single factor was enforced. From the analysis, four balanced parcel indicators were formulated by

pairing items with the highest and lowest loadings, and this pairing approach was similarly applied for items with the next highest and lowest loadings. Following, as recommended by Little (2013), when the number of items per parcel varies, the average of their total scores should be computed. Accordingly, the average of the total scores from the four parcels was calculated.

3.2. Correlations and Descriptive Statistics of the Study Variables

Table 3 presents the descriptive statistics of the total scores derived from the participant data.

Table 3. Descriptive Statistics of the Variables

	Mean	SD	Minimum	Maximum	Sample (N)
SIS	4.28	3.64	0	16	412
SPS	67.14	15.83	36	115	412
PB	11.61	6.12	5	31	412
TB	16.53	6.73	5	35	412
MOS	1.03	4.38	-10	35	412
MOO	.56	3.71	-12	12	412
ECR-RS-M-AV	16.99	9.01	6	12	412
ECR-RS-M-ANX	5.58	3.99	3	42	412
ECR-RS-FT-AV	6.26	11.12	6	21	412
ECR-RS-FT-ANX	13.40	4.84	3	42	412
ECR-RS-P-AV	8.59	7.82	6	21	412
ECR-RS-P-ANX	13.06	5.57	3	41	412
ECR-RS-FR-AV	13.05	7.20	6	42	412
ECR-RS-FR-ANX	6.81	4.53	3	21	412

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness. MOS = Model of Self. MOO = Model of Other. ECR-RS-M-AV = Experiences in Close Relationships – Relationship Structure – Mother Avoidance. ECR-RS-M-ANX = Experiences in Close Relationships – Relationship Structure – Mother Anxiety. ECR-RS-FT-AV = Experiences in Close Relationships – Relationship Structure – Father Avoidance. ECR-RS-M-ANX = Experiences in Close Relationships – Relationship Structure – Father Anxiety. ECR-RS-P-AV = Experiences in Close Relationships – Relationship Structure – Partner Avoidance. ECR-RS-P-ANX = Experiences in Close Relationships – Relationship Structure – Partner Anxiety. ECR-RS-FR-AV = Experiences in Close Relationships – Relationship Structure – Friend Avoidance. ECR-RS-FR-ANX = Experiences in Close Relationships – Relationship Structure – Friend Anxiety.

Pearson's correlation coefficients between the total scores obtained from the participant data are presented in Table 4.

3.3. Structural Equation Models

After the preliminary analysis, Structural Equation Modeling (SEM) analyses were carried out using the 'lavaan' package in R. This package facilitated the estimation of model parameters, assessment of model fit, and hypothesis testing, providing a thorough evaluation of the theoretical model on the data. SEM analyses were conducted individually for proposed models 1 through 4, each comprising latent variables, with their corresponding hypotheses and schematics introduced earlier in the study.

Analyses were conducted in accordance with the methodology that Kline suggested for SEM (Kline, 2023), which involves:

1. Defining the model.
2. Confirming its identifiability.
3. Identifying and addressing any missing or outlier values to meet SEM prerequisites.
4. Assessing fit and interpreting the estimations of the model parameters.
5. Refining the model if required.
6. Presenting the findings.

Table 4. Correlations Between Variables and Descriptive Statistics of Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. SIS	-													
2. SPS	.75**	-												
3. PB	.67**	.70**	-											
4. TB	.62**	.72**	.62**	-										
5. MOS	-.40**	-.48**	-.44**	-.48**	-									
6. MOO	-.24**	-.31**	-.20**	-.33**	.17**	-								
7. ECR-RS-M-AV	.34**	.48**	.33**	.33**	-.23**	-.12	-							
8. ECR-RS-M-ANX	.20**	.48**	.31**	.20**	-.18	-.07	.33**	-						
9. ECR-RS-FT-AV	.36**	.47**	.30**	.36**	-.23**	-.11*	.45**	.14**	-					
10. ECR-RS-FT-ANX	.20**	.30**	.29**	.18**	-.14**	-.05	.12*	.51**	.35**	-				
11. ECR-RS-P-AV	.28**	.38**	.31**	.38**	-.22*	-.20**	.20**	.19**	.26**	.17**	-			
12. ECR-RS-P-ANX	.35**	.40**	.35**	.34**	-.38**	-.11*	.21**	.36**	.28**	.35**	.41**	-		
13. ECR-RS-FR-AV	.20**	.35**	.24**	.36**	-.20**	-.11*	.19**	.20**	.16**	.20**	.37**	.14**	-	
14. ECR-RS-FR-ANX	.36**	.47**	.41**	.38**	-.31**	-.08	.20**	.44**	.23**	.44**	.27**	.55**	.43**	-

** suggests $p < .01$, * suggests $p < .05$. SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness. MOS = Model of Self. MOO = Model of Other. ECR-RS-M-AV = Experiences in Close Relationships – Relationship Structure – Mother Avoidance. ECR-RS-M-ANX = Experiences in Close Relationships – Relationship Structure – Mother Anxiety. ECR-RS-FT-AV = Experiences in Close Relationships – Relationship Structure – Father Avoidance. ECR-RS-M-ANX = Experiences in Close Relationships – Relationship Structure – Father Anxiety. ECR-RS-P-AV = Experiences in Close Relationships – Relationship Structure – Partner Avoidance. ECR-RS-P-ANX = Experiences in Close Relationships – Relationship Structure – Partner Anxiety. ECR-RS-FR-AV = Experiences in Close Relationships – Relationship Structure – Friend Avoidance. ECR-RS-FR-ANX = Experiences in Close Relationships – Relationship Structure – Friend Anxiety.

Reported results were evaluated according to the fit index ranges specified in Table 5.

Table 5. Acceptable and Perfect Ranges of Model Fit Indices

Fit Index	Acceptable Fit Range	Perfect Fit Range	Reference
χ^2/df	$0 \leq \chi^2/df \leq 3$	$3 \leq \chi^2/df \leq 5$	(Byrne, 2001; Kline, 2023)
<i>CFI</i>	$.90 \leq CFI \leq .95$	$.95 \leq CFI \leq 1.00$	(Byrne, 2001; Kline, 2023)
<i>IFI</i>	$.90 \leq IFI \leq .95$	$.95 \leq IFI \leq 1.00$	(Byrne, 2001; Kline, 2023)
<i>SRMR</i>	$.05 \leq SRMR \leq .10$	$.00 \leq SRMR \leq .05$	(Hu & Bentler, 1999; Kline, 2023)
<i>RMSEA</i>	$.05 \leq RMSEA \leq .08$	$.00 \leq RMSEA \leq .05$	(Hu & Bentler, 1999; Kline, 2023)
<i>GFI</i>	$.85 \leq GFI \leq .90$	$.90 \leq GFI \leq 1.00$	(Ingles et al., 2005)
<i>AGFI</i>	$.85 \leq AGFI \leq .90$	$.90 \leq AGFI \leq 1.00$	(Ingles et al., 2005)

3.3.1. Testing the Proposed Model 1

Initially, a measurement model test was conducted for the proposed Model 1, which was a prerequisite before examining the proposed model. This involved performing a Confirmatory Factor Analysis (CFA), encompassing the six latent variables outlined in Model 1, along with their indicators and parcels developed within the study. The six-step guideline suggested by Kline (2023) for SEM was followed. First, the model was defined, and its identifiability was ensured by confirming that each latent factor comprised a minimum of three indicators or parcels. Following the assessment of missing or outlier values and SEM assumptions, as elaborated in detail in the preceding sections, CFA was initiated, progressing to the fourth step. While performing CFA on the primary measurement model test, covariance was introduced between all latent variables defined in the proposed model. Subsequently, the fit estimates of the conducted CFA were evaluated based on the acceptable model fit ranges specified in Table 5. As previously mentioned, since a significant deviation from normality was

observed in the data, the MLM estimation method was used, and robust results were obtained without assuming normal data distribution as recommended by Kline (2023). In this way, Satorra-Bentler scaled chi-square statistics and model fit indices were computed. The outcomes of the CFA revealed a notable Satorra-Bentler scaled χ^2 statistic ($\chi^2_{s-B} (309) = 900.34, p < .001$), suggesting that the model has relationships that differ significantly from those identified in the sample. However, it is noted that such discrepancies can occur in large sample sizes exceeding 200 (Barrett, 2007). As a result of this potential sample size effect, Byrne (2010) has proposed the examination of additional fit indices. Subsequently, model fit indices were examined, revealing results near the acceptable threshold based on the value ranges provided in Table 5 ($CFI_{s-B} = 0.89$, $IFI_{s-B} = 0.89$, $SRMR = .059$, $RMSEA_{s-B} = .073$, $RMSEA = .075$ [90% CI = .070-.080], $AGFI = .80$, $GFI = .83$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). It was observed that the X^2/df value was below 5 ($\chi^2/df = 3.32, p < .001$, which is considered as the acceptable threshold and the χ^2_{s-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic ($\chi^2_{s-B}/df = 2.91, p < .001$) was below 3 which is considered as the perfect fit range (Byrne, 2001; Kline, 2023). Based on these findings, it was concluded that all indices, except for the X^2/df value, did not fall within acceptable ranges. The graphical representation of the initial CFA on the primary measurement, featuring standardized parameter estimates, is depicted in Figure 12.

Following this step, next the step was the refining the model according to the guideline of Kline (2023). To make these refinements, modification indices were examined. These modification indices suggestions were evaluated to ensure that their addition into the model would not only significantly enhance the model fit but also be theoretically justifiable.

Following the suggested modification indices, covariances were introduced between the 2nd (“I usually discuss my problems and concerns with this person.”) and 3rd (“I talk things over with this person”) items, as well as between the 5th (“I don’t feel comfortable opening up to this person.”) and 6th (“I prefer not to show this person how I feel deep down.”) items, in the measurement tool assessing avoidant attachment to the mother. Upon examining the content of these items, participants might have perceived them similarly. Additionally, a covariance was added between the error

variances of Anger/Impulsivity and Hopelessness/Loneliness subscales of the SPS measurement assessing suicide probability. This association was made considering that these two subscales are components of the same overarching scale, and participants may have interpreted the relevant items similarly. Also, given that these three error variance association pairs in items aimed at measuring the same latent variable, they were considered as theoretically justifiable associations.

After the addition of each error association, a chi-square difference test (χ^2 difference test) was conducted, indicating that these error associations enhanced model compatibility.

The outcomes of the CFA revealed a notable Satorra-Bentler scaled χ^2 statistic ($\chi^2_{S-B} (306) = 796.33, p < .001$). Also, it was observed that the χ^2/df value ($\chi^2/df = 2.60, p < .001$) and the χ^2_{S-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic was below 3 which is considered as the perfect fit range ($\chi^2_{S-B}/df = 2.29, p < .001$) (Byrne, 2001; Kline, 2023). Later, it was observed that the results of the model fit indices examined were within the acceptable value ranges specified in Table 5 ($CFI_{S-B} = 0.93$, $IFI_{S-B} = 0.92$, $SRMR = .053$, $RMSEA_{S-B} = .060$, $RMSEA = .062$ [90% CI = .057-.067], $AGFI = .84$, $GFI = .86$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). While the AGFI value is almost within the acceptable range, it falls slightly short. However, it's important to note that AGFI and GFI values are not recommended for ML estimation due to their limited performance in cases of model misspecification, their overall lack of sensitivity, and being overly dependent on sample size (Hu & Bentler, 1999). Moreover, path coefficients were analyzed to assess the findings of the CFA. The standardized path coefficients of the CFA model can be found in Figure 13. All regression weights were significant ($p < 0.001$). In accordance with Kline (2023), it is established that standardized path coefficient values can be categorized based on their magnitude to infer the effect size within a structural equation model.

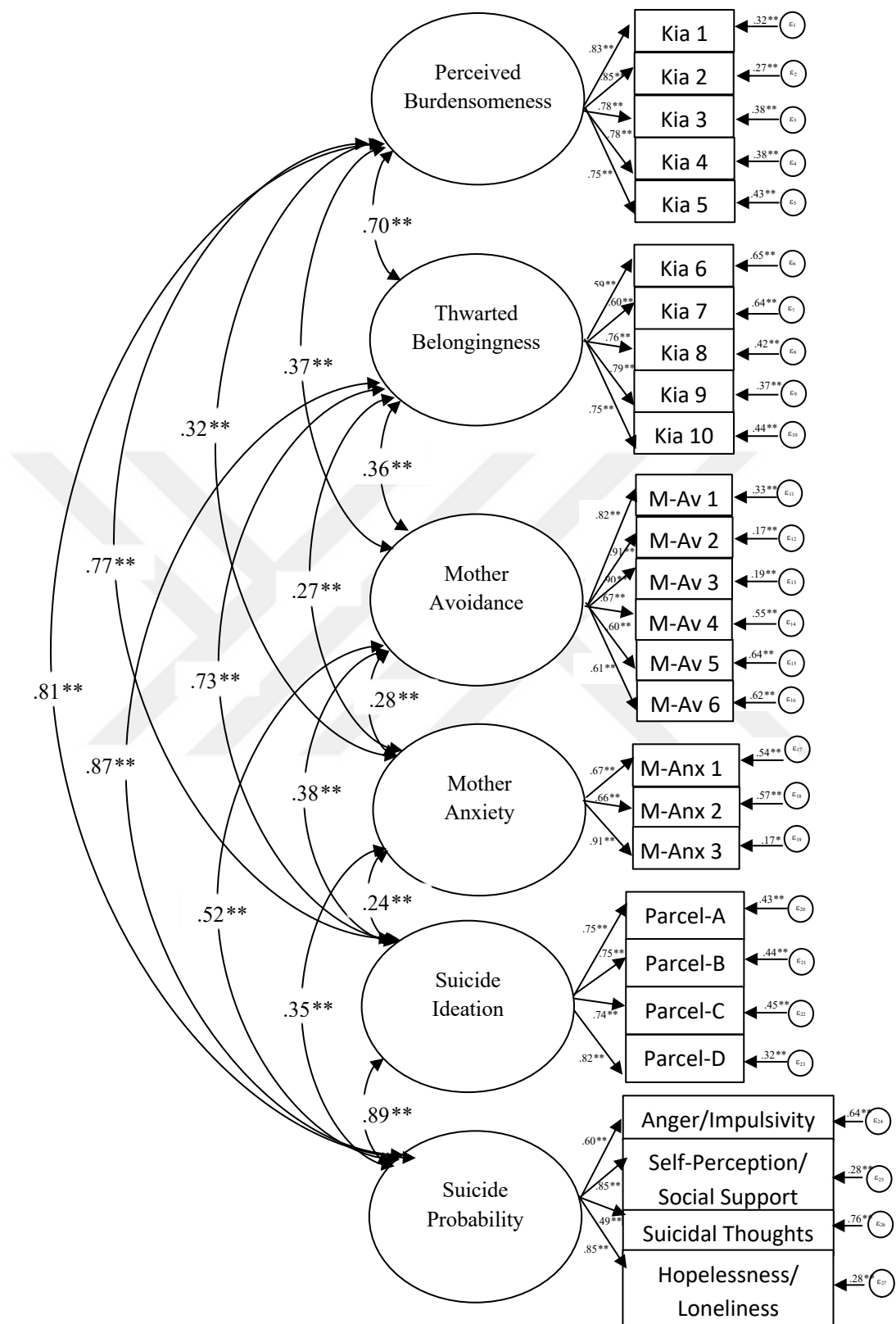


Figure 12. Primary Measurement Model 1 with standardized parameter estimates. Mother Avoidance = Mother Attachment Avoidance, Mother Anxiety = Mother Attachment Anxiety. ** suggests $p < .001$, * suggests $p < .05$, ϵ represents error term.

Specifically, coefficients with values less than .10 are suggest a small effect size, coefficients approximately equal to .30 suggest a medium effect size, and those exceeding .50 suggest a large effect size. In this study, it was observed that all the standardized regression values corresponding to the factor loadings, exhibited a spectrum ranging from .49, suggesting a medium effect to .91, suggesting a large effect.

Furthermore, latent variable correlations were assessed to evaluate the measurement model. Notably, significant associations were identified, posing a potential threat to discriminant validity, suggesting that the latent constructs within the model might not exhibit statistical distinctiveness from one another. Additionally, there may exist a potential issue of multicollinearity. In the current study, it is noted that high correlations between perceived burdensomeness and suicide probability ($r = .82, p < .001$), perceived burdensomeness and suicide ideation ($r = .77, p < .001$), thwarted belongingness and suicide probability ($r = .91, p < .001$), thwarted belongingness and suicide ideation ($r = .74, p < .001$), suicide probability and suicidal ideation ($r = .90, p < .001$), and between thwarted belongingness and perceived burdensomeness ($r = .71, p < .001$) were identified. However, the relationship between suicide probability, covering cognitive and emotional aspects of suicide, and suicidal ideation, covering desire and thought aspects, is expected as they both contain different conceptualizations of suicide but are components of suicide (McHugh et al, 2019). It is underlined that these two concepts are theoretically distinct (Klonsky et al., 2016; Klonsky et al., 2021). Similarly, perceived burdensomeness and thwarted belongingness, suicide-focused concepts within the IPTS framework, have been found to be associated with suicide ideation and risk in various studies (Chu et al., 2017; Chu et al., 2019; Davidson et al., 2009; Hoh & Ismail, 2020). Thus, it was anticipated that these constructs are highly correlated with suicide probability. Additionally, Van Orden et al. (2012) suggest that PB and TB constructs are conceptually distinct. Hence, perceived burdensomeness and suicide probability, suicide probability and suicidal ideation, and thwarted belongingness and suicide probability were considered distinct variables in this study. The correlation coefficients between latent variables can be found in Table 6. Overall, the fit indices and parameter estimates suggest that the measurement model 1 with 3 error covariances specified was well-fitted. Following

the testing of the measurement model, the study progressed to the second step of testing the proposed model.

Table 6. Correlations between latent variables in model 1

Independent Variable	Dependent Variable	β	<i>SE</i>	<i>p</i>
Mother Anxiety	SIS	.13	.04	.018
Mother Avoidance	SPS	.33	.10	.000
Mother Anxiety	SPS	.21	.14	.003
Mother Avoidance	SIS	.35	.03	.000

** suggests $p < .01$, * suggests $p < .05$. SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness. ECR-RS-M-AV = Experiences in Close Relationships – Relationship Structure – Mother Avoidance. ECR-RS-M-ANX = Experiences in Close Relationships – Relationship Structure – Mother Anxiety.

Results showed that the proposed model 1, depicted in Figure 13, yielded a significant Satorra-Bentler scaled χ^2 statistic ($\chi^2_{S-B}(310) = 831.33, p < .001$). Also, it was observed that the χ^2/df value ($\chi^2/df = 2.68, p < .001$ and the χ^2_{S-B}/df value calculated

Table 7. Indirect Effects of Independent Variables on Dependent Variables in Proposed Model 1

Variable	1	2	3	4	5	6
1. SIS	-					
2. SPS	.90**	-				
3. PB	.77**	.82**	-			
4. TB	.74**	.91**	.71**	-		
5. ECR-RS-M-AV	.37**	.44**	.40**	.44**	-	
6. ECR-RS-M-ANX	.27**	.30**	.32**	.29**	.33**	-

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale.

with Satorra-Bentler scaled χ^2 statistic was below 3 which is considered as the perfect fit range, ($\chi^2_{S-B}/df = 2.36, p < .001$) (Byrne, 2001; Kline, 2023). Later, it was observed that the results of the model fit indices examined were within the acceptable value ranges specified in Table 5 ($CFI_{S-B} = 0.93$, $IFI_{S-B} = 0.92$, $SRMR = .058$, $RMSEA_{S-B} = .061$, $RMSEA = .063$ [90% CI = .059-.069], $AGFI = .84$, $GFI = .86$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005) (see Table 8 for the fit indices). Similar to the measurement model test findings, the AGFI value nearly meets acceptable standards but falls short. Notably, AGFI and GFI are generally not

recommended for ML estimation as they lack sensitivity and are overly dependent on sample size, which can affect performance in model misspecification scenarios (Hu & Bentler, 1999).

Additionally, all regression weights were examined and found to be significant ($p < 0.05$), the levels and significance of the relationships shown in Figure 13 and the results of the parameter estimate values of the proposed primary model 1 can be found in Table 10.

However, the paths from mother anxiety to thwarted belongingness and perceived burdensomeness yielded standardized regression coefficients of .14 and .21 respectively, indicating small effect sizes (Kline, 2023).

The paths linking mother avoidance with thwarted belongingness and perceived burdensomeness demonstrated coefficients of .39 and .33, respectively; the path from thwarted belongingness to suicide ideation, and from perceived burdensomeness to suicide probability, both presented coefficients of .39 and .36 characterizing these as medium effects (Kline, 2023).

Moreover, the coefficients for the paths from thwarted belongingness to suicide probability and from perceived burdensomeness to suicide ideation were .66 and .50, respectively, suggesting large effect sizes (Kline, 2023).

In terms of covariance paths, significant medium effects were noted between mother anxiety and mother avoidance with the value of .36, Item 5 and Item 6 of ECR-RS-M with the value of .48, and between Anger/Impulsivity and Hopelessness/Loneliness with the value of .40. Additionally, the path between perceived burdensomeness and thwarted belongingness had a coefficient of .64, and the path between suicide probability and suicide ideation was .75, and between Item 2 and Item 3 of ECR-RS-M was .59, all suggesting large effects (Kline, 2023).

Indirect effects of the independent variables, mother anxiety and mother avoidance, on the dependent variables, suicide probability and suicide ideation, were significant. These effects within the proposed model 1 are detailed in Table 7. Moreover, indirect

effects of independent variables on dependent variables through mediators in the proposed model 1 are detailed in Table 9.

Table 8. The model fit indices of measurement and proposed models for the proposed model 1.

χ^2	χ^2_{S-B}	df	χ^2/df	χ^2_{S-B}/df	CFI	IFI_{S-B}	$SRMR$	$RMSEA$	$90\%CI$	$RMSEA_{S-B}$
831.33**	730.6**	310	2.68**	2.36	.93	.92	.058	.063	.059-.069	.061

** suggests $p < .001$, * suggests $p < .05$. χ^2 = Chi-squared statistic; χ^2_{S-B} = Satorra-Bentler scaled chi-squared statistic; df = Degrees of freedom; χ^2/df = Chi-square statistic divided into degrees of freedom; CFI = Comparative fit index based on χ^2_{S-B} ; IFI = Incremental fit index based on χ^2_{S-B} ; $SRMR$ = Standardized root mean square residual; $RMSEA$ = Root mean square error of approximation; $RMSEA_{S-B}$ = root mean square error of approximation based on χ^2_{S-B} .

The results of squared multiple correlations indicated that mother anxiety and mother avoidance collectively explained 20% of the variance in perceived burdensomeness ($R^2 = .198$) and 22% in thwarted belongingness ($R^2 = .217$).

Remarkably, the comprehensive model accounted for approximately 67% of the variance in suicide ideation ($R^2 = .669$) and 90% in suicide probability ($R^2 = .899$). The literature recognizes the following ranges for effect sizes of explained variance: low effect ($R^2 < 0.10$), medium effect ($0.10 \leq R^2 < 0.25$), and high effect ($R^2 \geq 0.25$) (Cohen, 2013). Accordingly, the variances explained for TB and PB were found to be at a medium level, while those for suicide ideation and probability were at a large level.

In summary, while the fit indices suggest that the proposed model 1 with 3 error covariances specified was well-fitted, it is important to note that two specific paths exhibited only small effects.

Table 9. Indirect Effects of Independent Variables on Dependent Variables through Mediators in Proposed Model 1.

Independent Variable	Mediator Variable	Dependent Variable	β	<i>SE</i>	<i>p</i>
Mother Anxiety	PB	SIS	.10	.03	.004
Mother Anxiety	TB	SIS	.05	.02	.032
Mother Avoidance	PB	SPS	.12	.04	.001
Mother Avoidance	TB	SPS	.26	.06	.000
Mother Anxiety	PB	SPS	.07	.05	.005
Mother Anxiety	TB	SPS	.10	.07	.022
Mother Avoidance	PB	SIS	.16	.03	.000
Mother Avoidance	TB	SIS	.15	.02	.000
Mother Anxiety	PB	Total Suicide Variables	.18	.07	.003
Mother Avoidance	PB	Total Suicide Variables	.28	.07	.000
Mother Anxiety	TB	Total Suicide Variables	.15	.10	.022
Mother Avoidance	TB	Total Suicide Variables	.41	.08	.000

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness

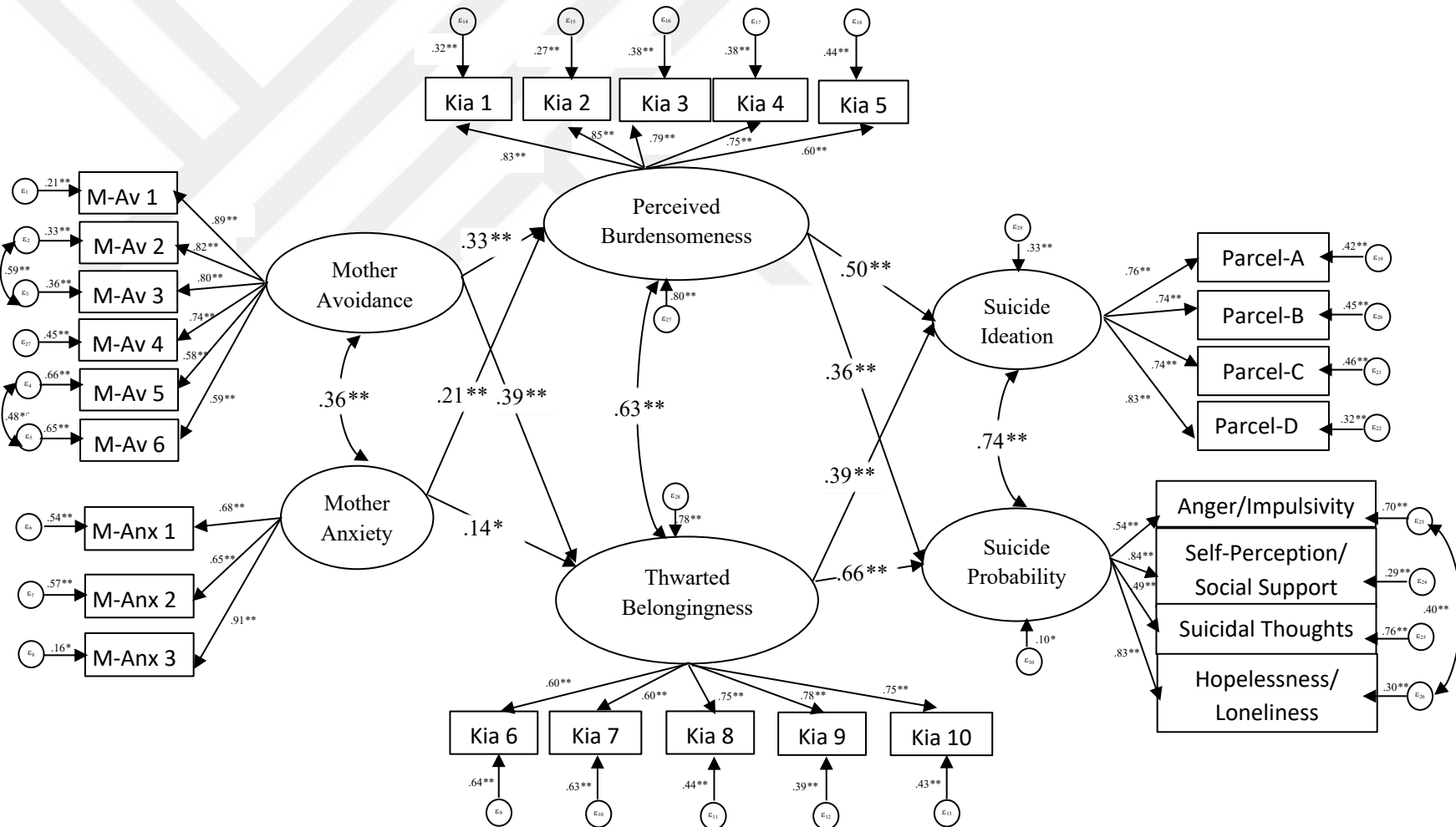


Figure 13. The Proposed Model 1 with 3 Error Covariances Specified with standardized parameter estimates. Mother Avoidance = Mother Attachment Avoidance, Mother Anxiety = Mother Attachment Anxiety. ** suggests $p < .001$, * suggests $p < .05$, ϵ represents error term.

Table 10. Results of parameter estimates values of primary proposed model 1

Parameter	Standardized			Unstandardized	
	β	<i>SE</i>	<i>p</i>	β	95% <i>CI</i>
Mother Anxiety → Thwarted Belongingness	.14	.06	.018	.14	[.02, .27]
Mother Anxiety → Perceived Burdensomeness	.21	.08	.002	.29	[.10, .42]
Mother Avoidance → Thwarted Belongingness	.39	.05	.000	.28	[.18, .38]
Mother Avoidance → Perceived Burdensomeness	.33	.06	.000	.29	[.17, .40]
Thwarted Belongingness → Suicide Probability	.66	.15	.000	1.15	[.86, 1.44]
Thwarted Belongingness → Suicide Ideation	.39	.06	.000	.34	[.20, .47]
Perceived Burdensomeness → Suicide Probability	.36	.09	.000	.50	[.33, .68]
Perceived Burdensomeness → Suicide Ideation	.50	.05	.000	.35	[.25, .46]
Mother Anxiety ↔ Mother Avoidance	.36	.13	.000	.54	[.29, .79]
Perceived Burdensomeness ↔ Thwarted Belongingness	.64	.08	.000	.68	[.52, .84]
Suicide Probability ↔ Suicide Ideation	.75	.04	.000	.23	[.02, .27]
Item 2 of ECR-RS-M ↔ Item 3 of ECR-RS-M	.59	.11	.000	.75	[.53, .98]
Item 5 of ECR-RS-M ↔ Item 6 of ECR-RS-M	.48	.22	.000	1.34	[.90, 1.77]
Anger/Impulsivity ↔ Hopelessness/Loneliness	.40	.50	.000	2.71	[1.73, 3.71]

Note. → Represents regression; ↔ represents covariance. ECR-RS-M = Experiences in Close Relationships – Relationship Structure – Mother Form.

3.3.2. Testing the Proposed Model 2

Following procedures similar to those used for Model 1, a measurement model test for the proposed Model 2 was conducted, involving a Confirmatory Factor Analysis (CFA) of six latent variables and their indicators as outlined in Model 2. The process adhered to Kline's (2023) six-step guideline for Structural Equation Modeling (SEM), which included defining the model, ensuring its identifiability by confirming each latent factor had at least three indicators, and addressing missing values and SEM assumptions. During the CFA, covariance was introduced among all latent variables, and model fit was evaluated based on criteria in Table 5. Due to significant deviations from normality in the data, again the MLM estimation method was utilized, producing robust results without assuming normal distribution. The results ($\chi^2_{s-B}(309) = 1014.78$, $p < .001$), suggesting that the model has relationships that differ significantly from those identified in the sample. However, it is underlined that such discrepancies can occur in large sample sizes (Barrett, 2007). As a result of this potential sample size effect, Byrne (2010) has proposed the examination of additional fit indices. Subsequently, model fit indices were examined, revealing results near the acceptable threshold based on the value ranges provided in Table 5 ($CFI_{s-B} = 0.89$, $IFI_{s-B} = 0.88$, $SRMR = .060$, $RMSEA_{s-B} = .078$, $RMSEA = .080$ [90% CI = .075-.085], $AGFI = .79$, $GFI = .83$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). It was observed that the X^2/df value ($\chi^2/df = 3.63$, $p < .001$), and the χ^2_{s-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic ($\chi^2_{s-B}/df = 3.28$, $p < .001$) was below 5 which is considered as the acceptable threshold (Byrne, 2001; Kline, 2023). Based on these findings, it was concluded that all indices, except for the χ^2/df value, did not fall within acceptable ranges. The graphical representation of the initial CFA on the primary measurement, featuring standardized parameter estimates, is depicted in Figure 14.

Following Kline's (2023) guidelines, the model was refined by evaluating modification indices to ensure enhancements were both significant and theoretically justifiable. Covariances were introduced between the 2nd ("I usually discuss my problems and concerns with this person.") and 3rd ("I talk things over with this person"), and between the 5th ("I don't feel comfortable opening up to this person.") and 6th ("I prefer not to show this person how I feel deep down.") items of the avoidant attachment to father measurement tool, recognizing potential similarities in participant

perceptions. Additionally, covariance was added between the error variances of the Anger/Impulsivity and Hopelessness/Loneliness subscales of the SPS measurement assessing suicide probability, considering these subscales as components of the same overarching scale. These error variance associations were deemed theoretically justifiable given their measurement of similar latent variables.

After the addition of each error association, a chi-square difference test (χ^2 difference test) was conducted, indicating that these error associations enhanced model compatibility.

The outcomes of the CFA revealed a notable Satorra-Bentler scaled χ^2 statistic ($\chi^2_{s-B} (306) = 781.12, p < .001$). Also, it was observed that the χ^2/df value ($\chi^2/df = 2.78, p < .001$) and the χ^2_{s-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic was below 3 which is considered as the perfect fit range ($\chi^2_{s-B}/df = 2.55, p < .001$) (Byrne, 2001; Kline, 2023). Later, it was observed that the results of the model fit indices examined were within the acceptable value ranges specified in Table 5 ($CFI_{s-B} = 0.93, IFI_{s-B} = 0.92, SRMR = .053, RMSEA_{s-B} = .064, RMSEA = .066$ [90% CI = .060-.071], $AGFI = .83, GFI = .86$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). While the AGFI value is almost within the acceptable range, it falls slightly short. However, it's important to note that AGFI and GFI values are not recommended for ML estimation due to their limited performance in cases of model misspecification, their overall lack of sensitivity, and being overly dependent on sample size (Hu & Bentler, 1999).

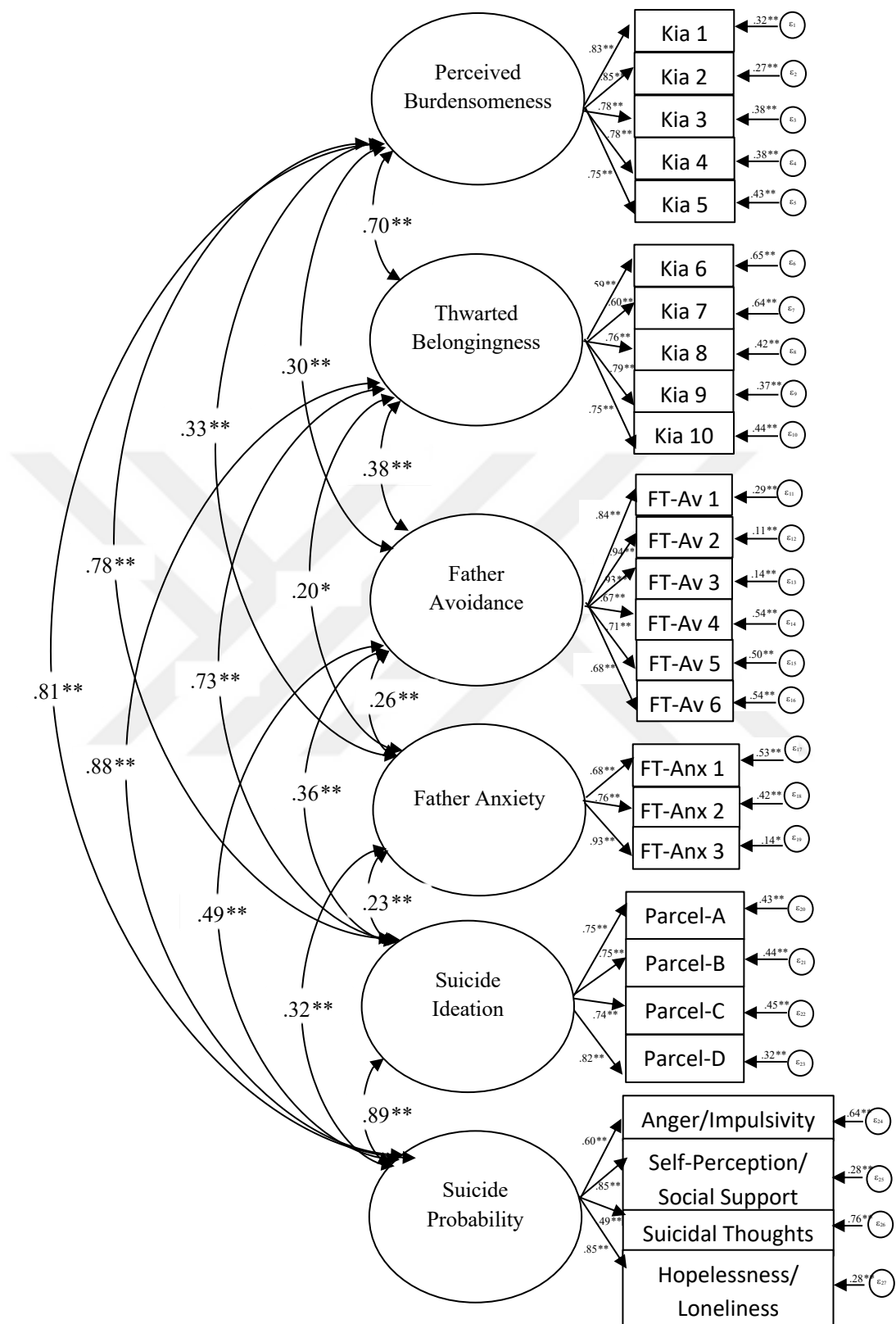


Figure 14. Primary Measurement Model 2 with standardized parameter estimates. Father Attachment Avoidance, Father Anxiety = Father Attachment Anxiety. ** suggests $p < .001$, * suggests $p < .05$, ϵ represents error term.

Moreover, path coefficients were analyzed in the CFA, where all regression weights were significant ($p < 0.001$). According to Kline (2023), standardized path coefficient values are categorized by size to determine effect sizes within a structural equation model: values below and around .10 indicate a small effect, around .30 a medium effect, and over .50 a large effect. In this study, the standardized regression values for the factor loadings ranged from .49, indicating a medium effect, to .92, indicating a large effect.

In assessing the measurement model, correlations between latent variables were evaluated. Significant correlations were found, which could threaten discriminant validity by suggesting that the latent constructs may not be statistically distinct. Additionally, these findings indicate a potential issue of multicollinearity. In the current study, it is noted that high correlations between perceived burdensomeness and suicide probability ($r = .82, p < .001$), perceived burdensomeness and suicide ideation ($r = .77, p < .001$), thwarted belongingness and suicide probability ($r = .92, p < .001$), thwarted belongingness and suicide ideation ($r = .74, p < .001$), suicide probability and suicidal ideation ($r = .90, p < .001$), and between TB and PB ($r = .71, p < .001$) were identified. The relationship between suicide probability, which covers cognitive and emotional aspects of suicide, and suicidal ideation, addressing the desire and thought aspects, is expected due to their different but related conceptualizations of suicide (McHugh et al., 2019). These constructs are noted as theoretically distinct (Klonsky et al., 2016; Klonsky et al., 2021). Similarly, PB and TB, key concepts in the Interpersonal Theory of Suicide (IPTs), are associated with suicide ideation and risk as demonstrated in various studies (Chu et al., 2017; Chu et al., 2019; Davidson et al., 2009; Hoh & Ismail, 2020), indicating a strong correlation with suicide probability. Van Orden et al. (2012) also differentiate the constructs of PB and TB as conceptually distinct. Consequently, in this study, perceived burdensomeness, suicide probability, suicidal ideation, and thwarted belongingness were treated as distinct variables. The correlation coefficients among these variables are detailed in Table 11. The fit indices and parameter estimates confirm that the measurement model 2 with 3 error covariances specified, fits well. The study then proceeded to the second step of testing the proposed model.

Table 11. Correlations between latent variables in model 2.

Variable	1	2	3	4	5	6
1. SIS	-					
2. SPS	.90**	-				
3. PB	.77**	.82**	-			
4. TB	.74**	.92**	.71**	-		
5. ECR-RS-FT-AV	.42**	.35**	.34**	.45**	-	
6. ECR-RS-FT-ANX	.26**	.30**	.33**	.22**	.32**	-

** suggests $p < .01$, * suggests $p < .05$. SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness. ECR-RS-FT-AV = Experiences in Close Relationships – Relationship Structure – Father Avoidance. ECR-RS-FT-ANX = Experiences in Close Relationships – Father Anxiety.

Results showed that the proposed model 1, depicted in Figure 15, yielded a significant Satorra-Bentler scaled χ^2 statistic ($\chi^2_{S-B}(310) = 818.96, p < .001$). Also, it was observed that the χ^2/df value ($\chi^2/df = 2.87, p < .001$) and the χ^2_{S-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic was below 3 which is considered as the perfect fit range, ($\chi^2_{S-B}/df = 2.64, p < .001$) (Byrne, 2001; Kline, 2023). Later, it was observed that the results of the model fit indices examined were within the acceptable value ranges specified in Table 5 ($CFI_{S-B} = 0.92$, $IFI_{S-B} = 0.92$, $SRMR = .057$, $RMSEA_{S-B} = .066$, $RMSEA = .067$ [90% CI = .062-.072], $AGFI = .83$, $GFI = .86$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). Similar to the measurement model 2 test findings, the AGFI value nearly meets acceptable standards but falls short. Notably, AGFI and GFI are generally not recommended for ML estimation as they lack sensitivity and are overly dependent on sample size, which can affect performance in model misspecification scenarios (Hu & Bentler, 1999).

Additionally, all regression weights except the path between father anxiety to thwarted belongingness ($\beta = .09, p = .120$) were found to be significant ($p < 0.001$), the levels and significance of the relationships shown in Figure 15 and the results of the parameter estimate values of the proposed model 2 can be found in Table 14.

Moreover, the paths from father anxiety to perceived burdensomeness yielded and father avoidance to perceived burdensomeness standardized regression coefficients of .25 and .27 respectively, indicating small effect sizes (Kline, 2023).

Table 12. Indirect Effects of Independent Variables on Dependent Variables in Proposed Model 2.

Independent Variable	Dependent Variable	β	SE	p
Father Anxiety	SIS	.08	.03	.124
Father Avoidance	SPS	.27	.07	.000
Father Anxiety	SPS	.25	.11	.000
Father Avoidance	SIS	.37	.02	.000

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale.

The paths linking father avoidance with thwarted belongingness demonstrated coefficients of .42 and, the path from thwarted belongingness to suicide ideation, from perceived burdensomeness to suicide probability, and from perceived burdensomeness to suicide ideation presented coefficients of .40, .35 and .49 respectively suggesting medium effects (Kline, 2023).

Moreover, the coefficients for the paths from thwarted belongingness to suicide probability was .67 suggesting a large effect (Kline, 2023).

In terms of covariance paths, significant medium effects were noted between father anxiety and father avoidance with the value of .31, and between Anger/Impulsivity and Hopelessness/Loneliness with the value of .40. Additionally, the path between perceived burdensomeness and thwarted belongingness had a coefficient of .66, suicide probability and suicide ideation was .74, Item 2 and Item 3 of ECR-RS-FT was .63, and Item 5 and Item 6 of ECR-RS-FT with the value of .54, all suggesting large effects (Kline, 2023).

Indirect effect of the independent variables, father anxiety on suicide ideation was not significant ($\beta = .08, p = .124$), however, on suicide probability was significant. Indirect effects of father avoidance, on the dependent variables, suicide probability and suicide ideation, were significant. These effects within the proposed model 2 are detailed in Table 12. Moreover, indirect effects of independent variables on dependent variables through mediators in the proposed model 2 are detailed in Table 13.

The results of squared multiple correlations indicated that father anxiety and father avoidance collectively explained 17% of the variance in perceived burdensomeness ($R^2 = .174$) and 21% in thwarted belongingness ($R^2 = .210$).

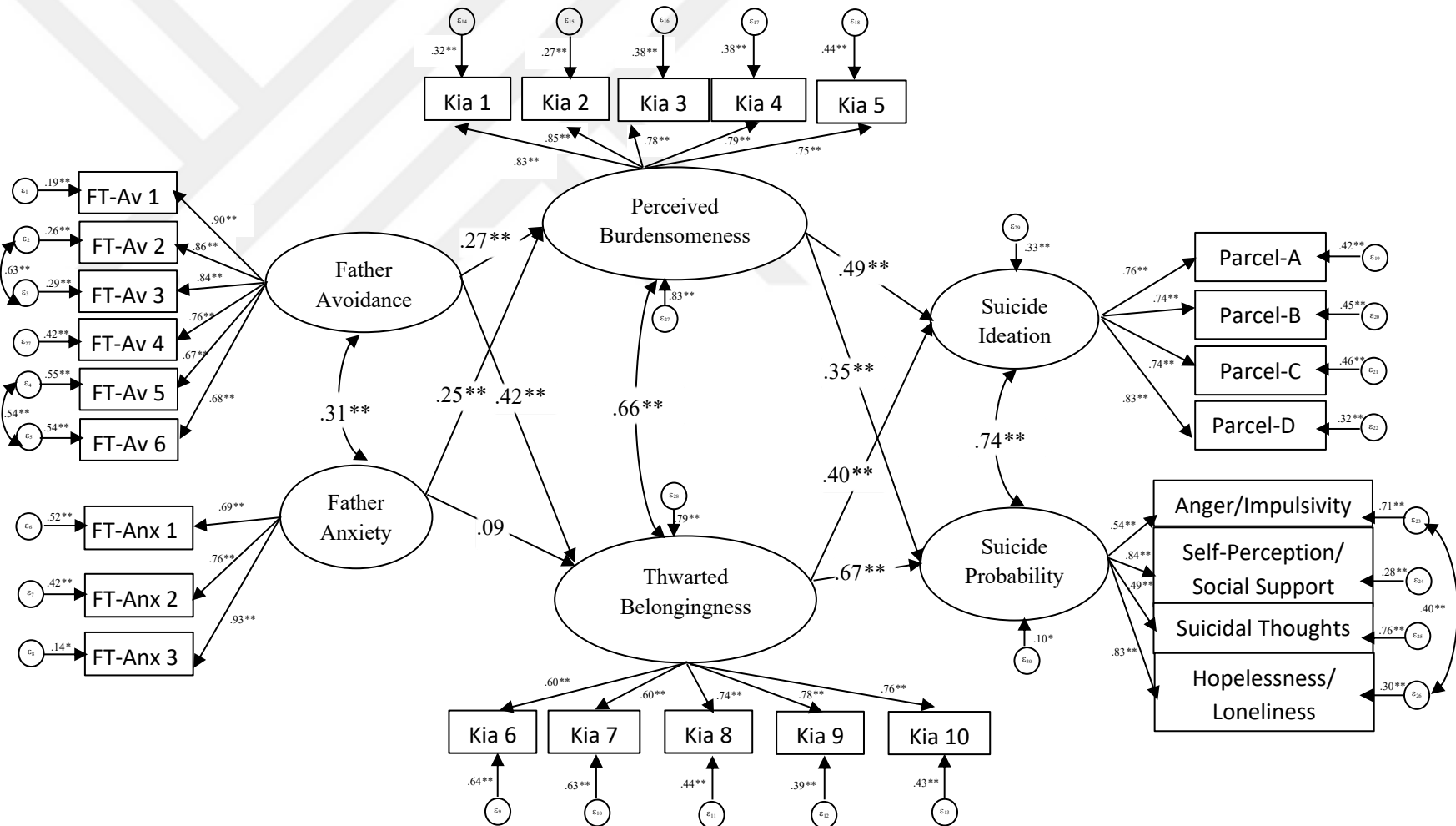


Figure 15. The Proposed Model 2 with 3 Error Covariances Specified with standardized parameter estimates. Father Avoidance = Father Attachment Avoidance, Father Anxiety = Father Attachment Anxiety. ** suggests $p < .001$, * suggests $p < .05$, ϵ represents error term.

Table 13. Indirect Effects of Independent Variables on Dependent Variables through Mediators in Proposed Model 2.

Independent Variable	Mediator Variable	Dependent Variable	β	<i>SE</i>	<i>p</i>
Father Anxiety	PB	SIS	.12	.02	.001
Father Anxiety	TB	SIS	.04	.02	.149
Father Avoidance	PB	SPS	.09	.03	.001
Father Avoidance	TB	SPS	.28	.05	.000
Father Anxiety	PB	SPS	.08	.04	.001
Father Anxiety	TB	SPS	.06	.06	.134
Father Avoidance	PB	SIS	.13	.09	.000
Father Avoidance	TB	SIS	.17	.09	.000
Father Anxiety	PB	Total Suicide Variables	.21	.06	.001
Father Avoidance	PB	Total Suicide Variables	.22	.04	.001
Father Anxiety	TB	Total Suicide Variables	.10	.07	.135
Father Avoidance	TB	Total Suicide Variables	.45	.06	.000

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness

Moreover, the comprehensive model accounted for approximately 67% of the variance in suicide ideation ($R^2 = .672$) and 90% in suicide probability ($R^2 = .904$). As in the previous model test results for model 1, the variances explained for TB and PB were found to be at a medium level, while those for suicide ideation and probability were at a large level, as Cohen (2013) stated.

In sum, while the fit indices suggest that the proposed model 2 with 3 error covariances specified was well-fitted, it is important to note that two specific paths exhibited only small effects and one path exhibited a statistically nonsignificant effect.

Table 14. Results of parameter estimates values of primary proposed model 2.

Parameter	Standardized			Unstandardized	
	β	<i>SE</i>	<i>p</i>	β	95% <i>CI</i>
Father Anxiety → Thwarted Belongingness	.09	.04	.120	.07	[-.01, .16]
Father Anxiety → Perceived Burdensomeness	.25	.06	.000	.24	[.11, .35]
Father Avoidance → Thwarted Belongingness	.42	.03	.000	.25	[.15, .29]
Father Avoidance → Perceived Burdensomeness	.27	.04	.000	.18	[.10, .25]
Thwarted Belongingness → Suicide Probability	.67	.15	.000	1.16	[.87, 1.46]
Thwarted Belongingness → Suicide Ideation	.40	.07	.000	.35	[.21, .48]
Perceived Burdensomeness → Suicide Probability	.35	.09	.000	.49	[.31, .66]
Perceived Burdensomeness → Suicide Ideation	.49	.05	.000	.35	[.24, .45]
Father Anxiety ↔ Father Avoidance	.31	.18	.000	.83	[.46, 1.18]
Perceived Burdensomeness ↔ Thwarted Belongingness	.66	.09	.000	.72	[.54, .89]
Suicide Probability ↔ Suicide Ideation	.74	.04	.000	.22	[.13, .30]
Item 2 of ECR-RS-FT ↔ Item 3 of ECR-RS-FT	.63	.12	.000	.79	[.56, 1.02]
Item 5 of ECR-RS-FT ↔ Item 6 of ECR-RS-FT	.54	.23	.000	1.57	[1.11, 2.03]
Anger/Impulsivity ↔ Hopelessness/Loneliness	.40	.50	.000	2.76	[1.77, 3.74]

Note.—→ Represents regression; ↔ represents covariance. ECR-RS-FT = Experiences in Close Relationships – Relationship Structure – Father Form.

3.3.3. Testing the Proposed Model 3

The measurement model test for proposed Model 3 followed the same procedure as for Model 1 and Model 2, including a Confirmatory Factor Analysis (CFA) of six latent variables with their respective indicators, as outlined in Model 3. The procedure adhered to Kline's (2023) six-step guideline for Structural Equation Modeling (SEM). Initially, the model was defined to ensure its identifiability, with each latent factor containing at least three indicators. After assessing missing or outlier values and reviewing SEM assumptions, CFA was initiated. During the CFA, covariance was introduced among all latent variables specified in the model. Following this, the fit estimates from the CFA were assessed against criteria outlined in Table 5. Due to significant deviation from normality, the MLM estimation method was utilized to ensure robust results without assuming normal distribution, following Kline's recommendations (2023). Consequently, Satorra-Bentler scaled chi-square statistics and other model fit indices were computed. The outcomes of the CFA revealed a significant Satorra-Bentler scaled χ^2 statistic ($\chi^2_{S-B} (309) = 870.09, p < .001$), suggesting that the model has relationships that differ significantly from those identified in the sample. However, it is underlined that such discrepancies can occur in large sample sizes (Barrett, 2007). As a result of this potential sample size effect, Byrne (2010) has proposed the examination of additional fit indices. Subsequently, model fit indices were examined, revealing results near the acceptable threshold based on the value ranges provided in Table 5 ($CFI_{S-B} = 0.90, IFI_{S-B} = 0.89, SRMR = .065, RMSEA_{S-B} = .072, RMSEA = .074$ [90% CI = .069-.079], $AGFI = .80, GFI = .84$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). It was observed that the X^2/df value ($\chi^2/df = 3.28, p < .001$) was below 5 suggesting an acceptable fit range, and the χ^2_{S-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic ($\chi^2_{S-B}/df = 2.81, p < .001$) was below 3 which is considered as the perfect fit threshold (Byrne, 2001; Kline, 2023). Based on these findings, it was concluded that all indices, except for the χ^2/df value, did not fall within acceptable ranges. The graphical representation of the initial CFA on the primary measurement, featuring standardized parameter estimates, is depicted in Figure 16.

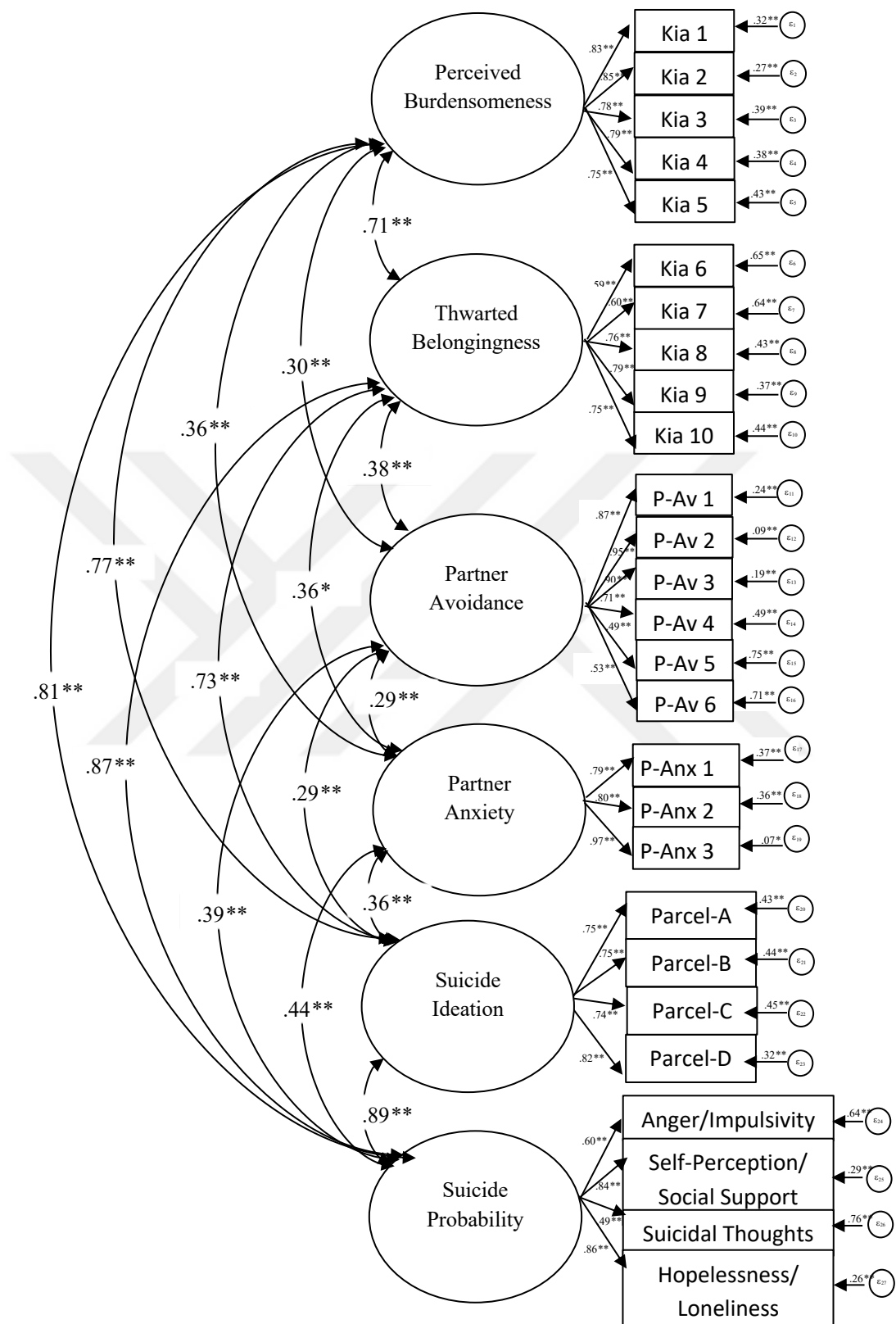


Figure 16. Primary Measurement Model 3 with standardized parameter estimates. Partner Avoidance = Romantic Partner Attachment Avoidance, Partner Anxiety = Romantic Partner Attachment Anxiety. ** suggests $p < .001$, * suggests $p < .05$, ϵ represents error term.

Following the guidelines of Kline (2023), the model was refined by examining modification indices to ensure that their integration would not only enhance model fit significantly but also be theoretically justifiable. After evaluating the modification indices, covariances were introduced between the 5th ("I don't feel comfortable opening up to this person.") and 6th ("I prefer not to show this person how I feel deep down.") items of the measurement tool assessing avoidant attachment to the partner. This was done based on the similarity in the content of these items as perceived by participants. Additionally, a covariance was added between the error variances of the Anger/Impulsivity and Hopelessness/Loneliness subscales of the SPS measurement assessing suicide probability. This adjustment was made considering these two subscales are part of the same overarching scale, and it is likely that participants interpreted the related items in a similar manner. Given that these pairs of error variances measure the same latent variable, their associations were considered theoretically reasonable.

After the addition of each error association, a chi-square difference test (χ^2 difference test) was conducted, indicating that these error associations enhanced model compatibility.

The outcomes of the CFA revealed a notable Satorra-Bentler scaled χ^2 statistic (χ^2_{S-B} (307) = 737.64, $p < .001$). Also, it was observed that the χ^2/df value ($\chi^2/df = 2.79$, $p < .001$) and the χ^2_{S-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic was below 3 which is considered as the perfect fit range ($\chi^2_{S-B}/df = 2.40$, $p < .001$) (Byrne, 2001; Kline, 2023). Later, it was observed that the results of the model fit indices examined were within the acceptable value ranges specified in Table 5 ($CFI_{S-B} = 0.93$, $IFI_{S-B} = 0.92$, $SRMR = .063$, $RMSEA_{S-B} = .063$, $RMSEA = .066$ [90% CI = .060-.071], $AGFI = .83$, $GFI = .86$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). While the AGFI value is nearly within the acceptable range, it falls slightly short. It's crucial to recognize that AGFI and GFI values are not recommended for ML estimation due to their limited performance in cases of model misspecification, their general lack of sensitivity, and dependence on sample size (Hu & Bentler, 1999). Additionally, path coefficients were analyzed to evaluate the findings of the CFA, with standardized path coefficients. All regression weights were significant ($p < 0.001$). Following Kline (2023), standardized path coefficient values are categorized based on

their magnitude to infer effect size within a structural equation model. Coefficients less than .10 suggest a small effect, around .30 a medium effect, and over .50 a large effect. In this study, standardized regression values for the factor loadings ranged from .48, indicating a medium effect, to .96, indicating a large effect.

In the evaluation of the measurement model, significant correlations were observed between latent variables, raising concerns about discriminant validity and suggesting that the constructs may not be statistically distinct. Notably, high correlations were found between perceived burdensomeness and suicide probability ($r = .82, p < .001$), perceived burdensomeness and suicide ideation ($r = .77, p < .001$), thwarted belongingness and suicide probability ($r = .91, p < .001$), thwarted belongingness and suicide ideation ($r = .74, p < .001$), between suicide probability and suicidal ideation ($r = .90, p < .001$), and between thwarted belongingness and perceived burdensomeness ($r = .71, p < .001$) consistent with previous models. These relationships are expected due to the differing yet related conceptualizations of suicide (McHugh et al., 2019). The constructs are also recognized as theoretically distinct (Klonsky et al., 2016; Klonsky et al., 2021). In the IPTS, perceived burdensomeness and thwarted belongingness are associated with suicide ideation and risk, showing strong correlation with suicide probability as supported by various studies (Chu et al., 2017; Chu et al., 2019; Davidson et al., 2009; Hoh & Ismail, 2020). Van Orden et al. (2012) distinguish PB and TB as conceptually distinct. Thus, in this analysis, perceived burdensomeness, suicide probability, suicidal ideation, and thwarted belongingness were treated as distinct variables. Correlation coefficients among these variables are detailed in Table 15. The fit indices and parameter estimates confirm that measurement model 3, with two error covariances specified, is well-fitted. The study then advanced to the second phase of testing the proposed model.

Table 15. Correlations between latent variables in model 3.

Variable	1	2	3	4	5	6
1. SIS	-					
2. SPS	.90**	-				
3. PB	.77**	.82**	-			
4. TB	.74**	.91**	.71**	-		
5. ECR-RS-P-AV	.31**	.37**	.31**	.40**	-	
6. ECR-RS-P-ANX	.34**	.39**	.38**	.39**	.29**	-

** suggests $p < .01$, * suggests $p < .05$. SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness. ECR-RS-M-AV = Experiences in Close Relationships – Relationship Structure – Romantic Partner Avoidance. ECR-RS-M-ANX = Experiences in Close Relationships – Relationship Structure – Romantic Partner Anxiety.

Results showed that the proposed model 1, depicted in Figure 17, yielded a significant Satorra-Bentler scaled χ^2 statistic ($\chi^2_{S-B}(311) = 746.36, p < .001$). Also, it was observed that the χ^2/df value ($\chi^2/df = 2.83, p < .001$ and the χ^2_{S-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic was below 3 which is considered as the perfect fit range, ($\chi^2_{S-B}/df = 2.60, p < .001$) (Byrne, 2001; Kline, 2023). Later, it was observed that the results of the model fit indices examined were within the acceptable value ranges specified in Table 5 ($CFI_{S-B} = 0.93$, $IFI_{S-B} = 0.92$, $SRMR = .064$, $RMSEA_{S-B} = .063$, $RMSEA = .067$ [90% CI = .053-.063], $AGFI = .83$, $GFI = .86$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). The results of the model fit indices can be found at Table 18. Similar to the measurement model 1 and model 2 test findings, the AGFI value nearly meets acceptable standards but falls short. Notably, AGFI and GFI are generally not recommended for ML estimation as they lack sensitivity and are overly dependent on sample size, which can affect performance in model misspecification scenarios (Hu & Bentler, 1999).

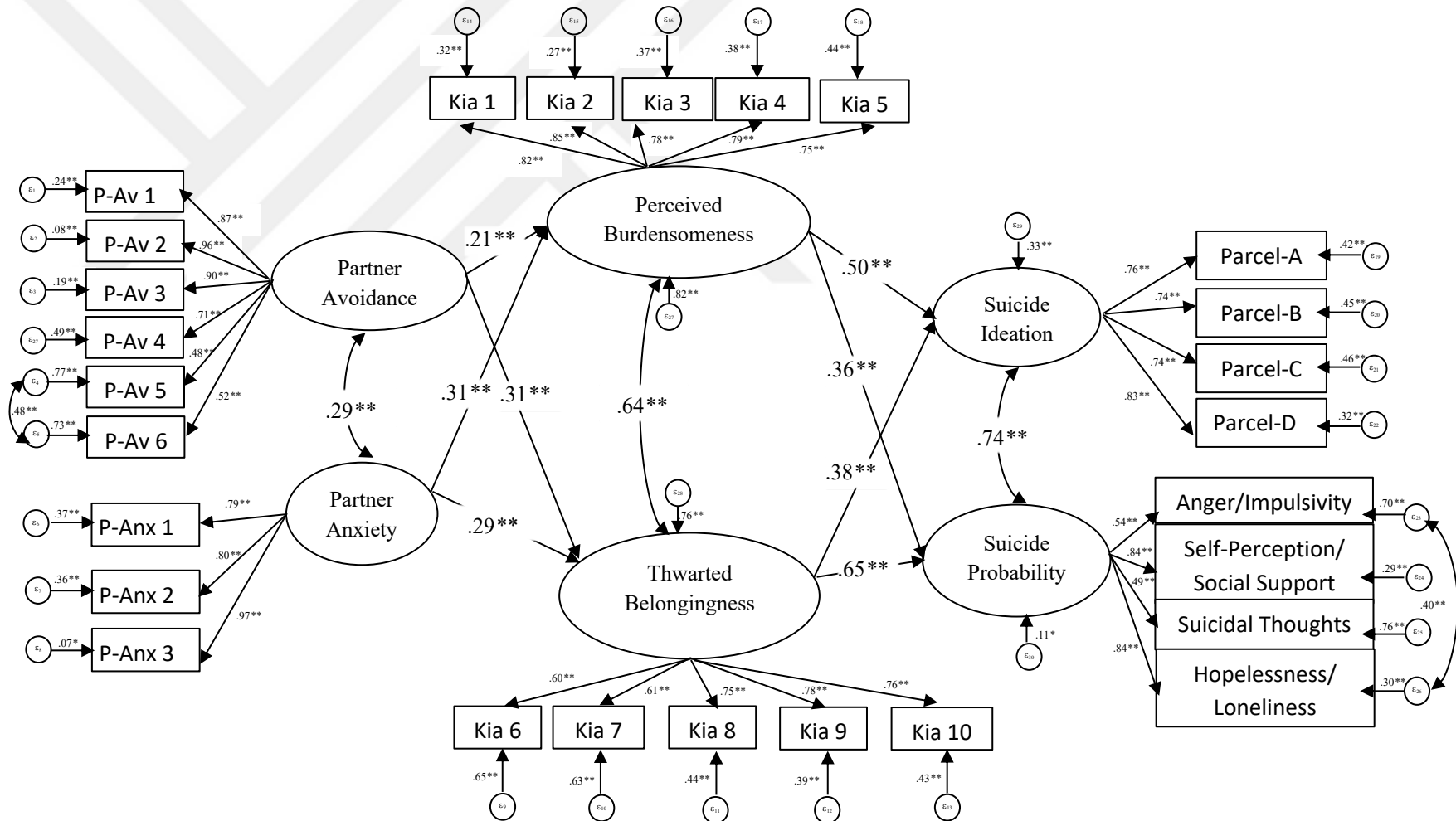


Figure 17. The Proposed Model 3 with 2 Error Covariances Specified with standardized parameter estimates. Partner Avoidance = Romantic Partner Attachment Avoidance, Partner Anxiety = Romantic Partner Attachment Anxiety. ** suggests $p < .001$, * suggests $p < .05$, ε represents error term.

Table 16. Indirect Effects of Independent Variables on Dependent Variables in Proposed Model 3.

Independent Variable	Dependent Variable	β	SE	p
Partner Anxiety	SIS	.26	.03	.000
Partner Avoidance	SPS	.22	.10	.001
Partner Anxiety	SPS	.31	.10	.000
Partner Avoidance	SIS	.27	.04	.000

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale.

Additionally, all regression weights were found to be significant ($p < 0.001$), the levels and significance of the relationships shown in Figure 20 and the results of the parameter estimate values of the proposed model 3 can be found in Table 17.

Moreover, the paths from partner anxiety to thwarted belongingness yielded and partner avoidance to perceived burdensomeness standardized regression coefficients of .29 and .21 respectively, indicating small effect sizes (Kline, 2023).

The paths linking partner avoidance with thwarted belongingness and the path between partner avoidance and perceived burdensomeness both demonstrated coefficients of .31 and the path from thwarted belongingness to suicide ideation, from perceived burdensomeness to suicide probability both presented coefficients of .36, respectively suggesting medium effects (Kline, 2023).

Moreover, the coefficients for the paths from perceived burdensomeness to suicide ideation and from thwarted belongingness to suicide probability was .50 and .67 respectively, suggesting a large effect (Kline, 2023).

In terms of covariance paths, significant medium effects were noted between partner anxiety and partner avoidance with the value of .28 suggesting a small effect, and between Anger/Impulsivity and Hopelessness/Loneliness with the value of .40, and Item 5 and Item 6 of ECR-RS-P with the value of .48, suggesting a medium effect. Additionally, the path between perceived burdensomeness and thwarted belongingness had a coefficient of .66, suicide probability and suicide ideation was .74 both suggesting large effects (Kline, 2023).

Table 17. Results of parameter estimates values of primary proposed model 3.

Parameter	Standardized			Unstandardized	
	β	<i>SE</i>	<i>p</i>	β	95% <i>CI</i>
Partner Anxiety → Thwarted Belongingness	.29	.04	.000	.20	[.12, .29]
Partner Anxiety → Perceived Burdensomeness	.31	.05	.000	.27	[.16, .37]
Partner Avoidance → Thwarted Belongingness	.31	.05	.000	.25	[.15, .35]
Partner Avoidance → Perceived Burdensomeness	.21	.06	.005	.21	[.09, .33]
Thwarted Belongingness → Suicide Probability	.65	.15	.000	1.14	[.85, 1.43]
Thwarted Belongingness → Suicide Ideation	.36	.08	.000	.33	[.20, .47]
Perceived Burdensomeness → Suicide Probability	.36	.09	.000	.51	[.34, .68]
Perceived Burdensomeness → Suicide Ideation	.50	.05	.000	.36	[.25, .46]
Partner Anxiety ↔ Partner Avoidance	.28	.13	.000	.56	[.31, .81]
Perceived Burdensomeness ↔ Thwarted Belongingness	.64	.08	.000	.68	[.51, .84]
Suicide Probability ↔ Suicide Ideation	.74	.04	.000	.23	[.14, .32]
Item 5 of ECR-RS-P ↔ Item 6 of ECR-RS-P	.48	.17	.000	1.00	[.65, 1.33]
Anger/Impulsivity ↔ Hopelessness/Loneliness	.40	.51	.000	2.72	[1.72, 3.72]

Note. → Represents regression; ↔ represents covariance. ECR-RS-P = Experiences in Close Relationships – Relationship Structure – Romantic Partner Form.

Indirect effect of the independent variables, partner anxiety and partner avoidance on suicide ideation and suicide probability was significant. These effects within the proposed model 3 are detailed in Table 16. Moreover, indirect effects of independent variables on dependent variables through mediators in the proposed model 3 are detailed in Table 19.

The results of squared multiple correlations indicated that partner anxiety and partner avoidance collectively explained 18% of the variance in perceived burdensomeness ($R^2 = .179$) and 23% in thwarted belongingness ($R^2 = .235$). Moreover, the comprehensive model accounted for approximately 67% of the variance in suicide ideation ($R^2 = .668$) and 89% in suicide probability ($R^2 = .893$). As Cohen (2013) stated, as in the previous model test results for model 1 and 2, the variances explained for TB and PB were found to be at a medium level, while those for suicide ideation and probability were at a large level, as Cohen (2013) stated.

In sum, while the fit indices suggest that the proposed model 3 with 2 error covariances specified was well-fitted, it is important to note that two specific paths exhibited only small effects.

Table 18. The model fit indices of measurement and proposed models for the proposed model 3.

χ^2	χ^2_{S-B}	df	χ^2/df	χ^2_{S-B}/df	CFI	IFI_{S-B}	$SRMR$	$RMSEA$	$90\%CI$	$RMSEA_{S-B}$
868.20**	746.36	311	2.83**	2.60**	.93	.92	.064	.067	.053-	.063
	**								.063	

** suggests $p < .001$, * suggests $p < .05$. χ^2 = Chi-squared statistic; χ^2_{S-B} = Satorra-Bentler scaled chi-squared statistic; df = Degrees of freedom; χ^2/df = Chi-square statistic divided into degrees of freedom; CFI = Comparative fit index based on χ^2_{S-B} ; IFI = Incremental fit index based on χ^2_{S-B} ; $SRMR$ = Standardized root mean square residual; $RMSEA$ = Root mean square error of approximation; $RMSEA_{S-B}$ = root mean square error of approximation based on χ^2_{S-B} .

Table 19. Indirect Effects of Independent Variables on Dependent Variables through Mediators in Proposed Model 3.

Independent Variable	Mediator Variable	Dependent Variable	β	<i>SE</i>	<i>p</i>
Partner Anxiety	PB	SIS	.15	.02	.000
Partner Anxiety	TB	SIS	.11	.02	.000
Partner Avoidance	PB	SPS	.08	.03	.002
Partner Avoidance	TB	SPS	.20	.06	.000
Partner Anxiety	PB	SPS	.11	.04	.000
Partner Anxiety	TB	SPS	.20	.05	.000
Partner Avoidance	PB	SIS	.15	.02	.000
Partner Avoidance	TB	SIS	.11	.02	.000
Partner Anxiety	PB	Total Suicide Variables	.27	.06	.000
Partner Avoidance	PB	Total Suicide Variables	.18	.06	.002
Partner Anxiety	TB	Total Suicide Variables	.30	.07	.000
Partner Avoidance	TB	Total Suicide Variables	.32	.08	.000

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness

3.3.4. Testing the Proposed Model 4

The measurement model test for proposed Model 3 followed the same procedure as for Model 1, Model 2, and Model 3 including a Confirmatory Factor Analysis (CFA) of six latent variables with their respective indicators, as outlined in Model 4. The procedure adhered to Kline's (2023) six-step guideline for Structural Equation Modeling (SEM). Initially, the model was defined to ensure its identifiability, with each latent factor containing at least three indicators. After assessing missing or outlier values and reviewing SEM assumptions, CFA was initiated. During the CFA, covariance was introduced among all latent variables specified in the model. Following this, the fit estimates from the CFA were assessed against criteria outlined in Table 5. Due to significant deviation from normality, the MLM estimation method was utilized to ensure robust results without assuming normal distribution, following Kline's recommendations (2023). Consequently, Satorra-Bentler scaled chi-square statistics and other model fit indices. The outcomes of the CFA revealed a significant Satorra-Bentler scaled χ^2 statistic ($\chi^2_{s-B}(309) = 897.16, p < .001$), suggesting that the model has relationships that differ significantly from those identified in the sample. However, it is underlined that such discrepancies can occur in large sample sizes (Barrett, 2007). As a result of this potential sample size effect, Byrne (2010) has proposed the examination of additional fit indices. Subsequently, model fit indices were examined, revealing results near the acceptable threshold based on the value ranges provided in Table 5 ($CFI_{s-B} = 0.90$, $IFI_{s-B} = 0.89$, $SRMR = .065$, $RMSEA_{s-B} = .074$, $RMSEA = .077$ [90% CI = .072-.082], $AGFI = .79$, $GFI = .83$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). It was observed that the X^2/df value ($\chi^2/df = 3.47, p < .001$) was below 5 suggesting an acceptable fit range, and the χ^2_{s-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic ($\chi^2_{s-B}/df = 2.80, p < .001$) was below 3 which is considered as the perfect fit threshold (Byrne, 2001; Kline, 2023). Based on these findings, it was concluded that all indices, except for the χ^2/df value, did not fall within acceptable ranges. The graphical representation of the initial CFA on the primary measurement, featuring standardized parameter estimates, is depicted in Figure 18.

Following the guidelines of Kline (2023), the model was refined by examining modification indices to ensure that their integration would not only enhance model fit

significantly but also be theoretically appropriate. After evaluating the modification indices, covariances were introduced between the 5th ("I don't feel comfortable opening up to this person.") and 6th ("I prefer not to show this person how I feel deep down.") items of the measurement tool assessing avoidant attachment to the friend. This was done based on the similarity in the content of these items as perceived by participants. Additionally, a covariance was added between the error variances of the Anger/Impulsivity and Hopelessness/Loneliness subscales of the SPS measurement assessing suicide probability. This adjustment was made considering these two subscales are part of the same overarching scale, and it is likely that participants interpreted the related items in a similar manner. Given that these pairs of error variances measure the same latent variable, their associations were considered theoretically appropriate.

After the addition of each error association, a chi-square difference test (χ^2 difference test) was conducted, indicating that these error associations enhanced model compatibility.

The outcomes of the CFA revealed a notable Satorra-Bentler scaled χ^2 statistic (χ^2_{S-B} (307) = 757.78, $p < .001$). Also, it was observed that the χ^2/df value ($\chi^2/df = 2.90$, $p < .001$) and the χ^2_{S-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic was below 3 which is considered as the perfect fit range ($\chi^2_{S-B}/df = 2.47$, $p < .001$) (Byrne, 2001; Kline, 2023). Later, it was observed that the results of the model fit indices examined were within the acceptable value ranges specified in Table 5 ($CFI_{S-B} = 0.92$, $IFI_{S-B} = 0.91$, $SRMR = .065$, $RMSEA_{S-B} = .065$, $RMSEA = .068$ [90% CI = .063-.073], $AGFI = .82$, $GFI = .85$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). The model fit indices can be found in Table 23. While the AGFI value is nearly within the acceptable range, it falls slightly short. It's crucial to recognize that AGFI and GFI values are not recommended for ML estimation due to their limited performance in cases of model misspecification, their general lack of sensitivity, and dependence on sample size (Hu & Bentler, 1999). Additionally, path coefficients were analyzed to evaluate the findings of the CFA, with standardized path coefficients were found.

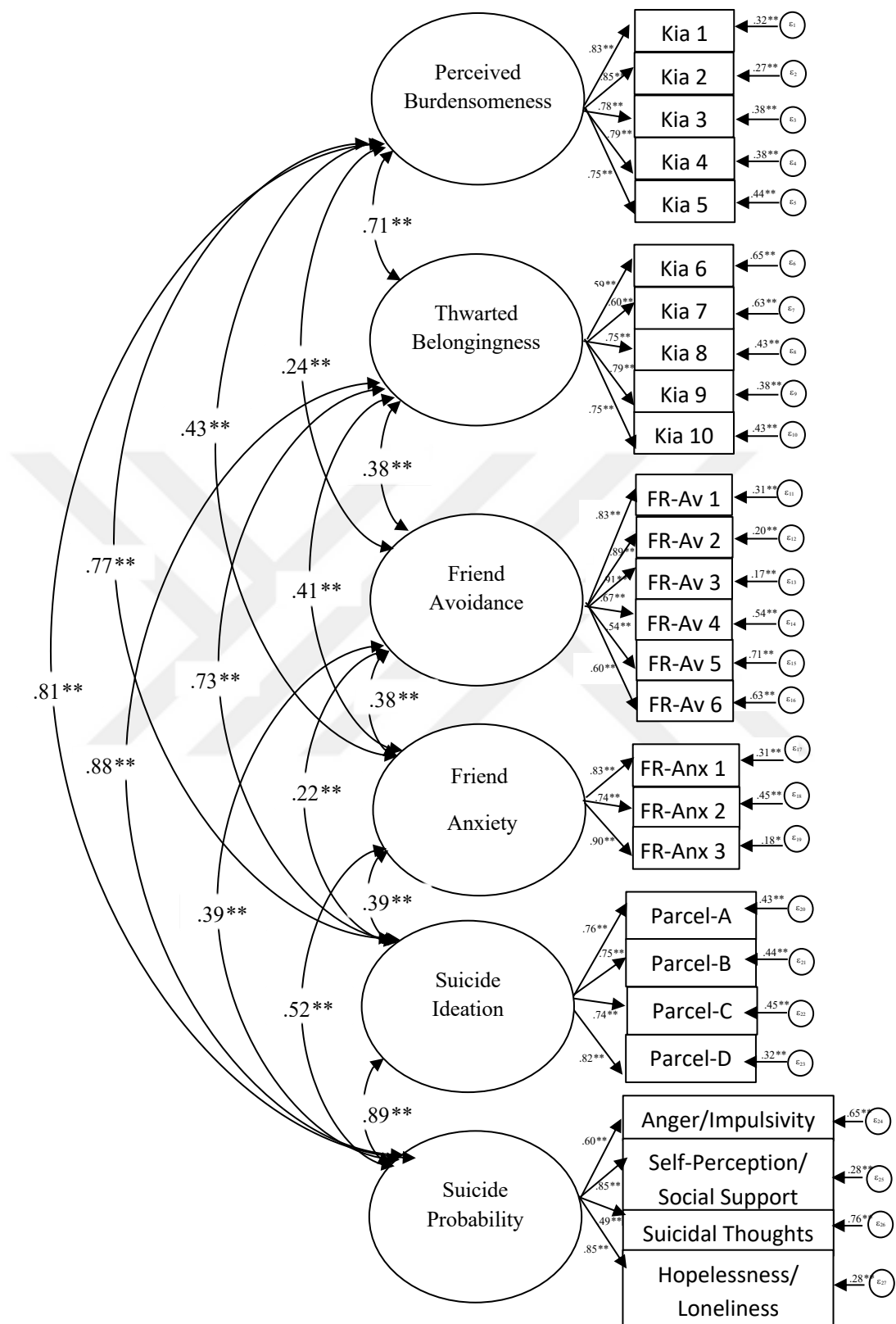


Figure 18. Primary Measurement Model 4 with standardized parameter estimates. Friend Attachment Avoidance, Friend Anxiety = Friend Attachment Anxiety. ** suggests $p < .001$, * suggests $p < .05$, ε represents error term.

for the factor loadings ranged from .49, indicating a medium effect, to .91, indicating a large effect.

In evaluating the measurement model, significant correlations between latent variables were noted, raising concerns about discriminant validity and suggesting these constructs may not be statistically distinct. High correlations were observed between perceived burdensomeness and suicide probability ($r = .82, p < .001$), perceived burdensomeness and suicide ideation ($r = .77, p < .001$), thwarted belongingness and suicide probability ($r = .91, p < .001$), thwarted belongingness and suicide ideation ($r = .74, p < .001$), and between suicide probability and suicidal ideation ($r = .90, p < .001$), as well as between thwarted belongingness and perceived burdensomeness ($r = .71, p < .001$). These relationships are expected due to their different but related conceptualizations of suicide (McHugh et al., 2019) and are recognized as theoretically distinct (Klonsky et al., 2016; Klonsky et al., 2021). In the Interpersonal Theory of Suicide (IPTs), perceived burdensomeness and thwarted belongingness are linked to suicide ideation and risk, showing a strong correlation with suicide probability, supported by various studies (Chu et al., 2017; Chu et al., 2019; Davidson et al., 2009; Hoh & Ismail, 2020). Van Orden et al. (2012) categorize PB and TB as conceptually distinct. In this analysis, these variables were treated as distinct. Correlation coefficients among these variables are detailed in Table 20. The fit indices and parameter estimates confirm that measurement model 4, with two error covariances specified, fits well. The study then proceeded to the second phase of testing the proposed model. Results showed that the proposed model 1, depicted in Figure 19, yielded a significant Satorra-Bentler scaled χ^2 statistic ($\chi^2_{s-B} (311) = 777.80, p < .001$). Also, it was observed that the χ^2/df value ($\chi^2/df = 2.96, p < .001$) and the χ^2_{s-B}/df value calculated with Satorra-Bentler scaled χ^2 statistic was below 3 which is considered as the perfect fit range, ($\chi^2_{s-B}/df = 2.50, p < .001$) (Byrne, 2001; Kline, 2023). Later, it was observed that the results of the model fit indices examined were within the acceptable value ranges specified in Table 5 ($CFI_{s-B} = 0.92, IFI_{s-B} = 0.91, SRMR = .064, RMSEA_{s-B} = .066, RMSEA = .069$ [90% CI = .063-.074], $AGFI = .82, GFI = .85$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). Similar to the measurement Model 1, Model 2, and Model 3 test outcomes, the AGFI value nearly meets acceptable standards but falls short. Remarkably, AGFI and GFI are generally

not recommended for ML estimation as they lack sensitivity and are overly dependent on sample size, which can affect performance in model misspecification scenarios (Hu & Bentler, 1999).

Table 20. Correlations between latent variables in model 4.

Variable	1	2	3	4	5	6
1. SIS	-					
2. SPS	.90**	-				
3. PB	.77**	.82**	-			
4. TB	.74**	.91**	.71**	-		
5. ECR-RS-FR-AV	.27**	.35**	.24**	.40**	-	
6. ECR-RS-FR-ANX	.40**	.46**	.45**	.46**	.38**	-

** suggests $p < .01$, * suggests $p < .05$. SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness. ECR-RS-M-AV = Experiences in Close Relationships – Relationship Structure – Friend Avoidance. ECR-RS-M-ANX = Experiences in Close Relationships – Relationship Structure Friend Anxiety.

Additionally, all regression weights except the path between friend anxiety to thwarted belongingness ($\beta = .08$, $p = .160$) were found to be significant ($p < 0.001$), the levels and significance of the relationships shown in Figure 19 and the results of the parameter estimate values of the proposed model 4 can be found in Table 21.

Moreover, the paths from friend avoidance to thwarted belongingness yielded standardized regression coefficients of .27, suggesting small effect sizes (Kline, 2023).

The paths linking friend anxiety with thwarted belongingness and the path between partner anxiety and perceived burdensomeness demonstrated coefficients of .35 and .41 respectively, and the path from thwarted belongingness to suicide ideation, from perceived burdensomeness to suicide probability presented coefficients of .37, and .35 respectively, suggesting medium effects (Kline, 2023).

Moreover, the coefficients for the paths from perceived burdensomeness to suicide ideation and from thwarted belongingness to suicide probability was .51 and .66 respectively, suggesting a large effect (Kline, 2023).

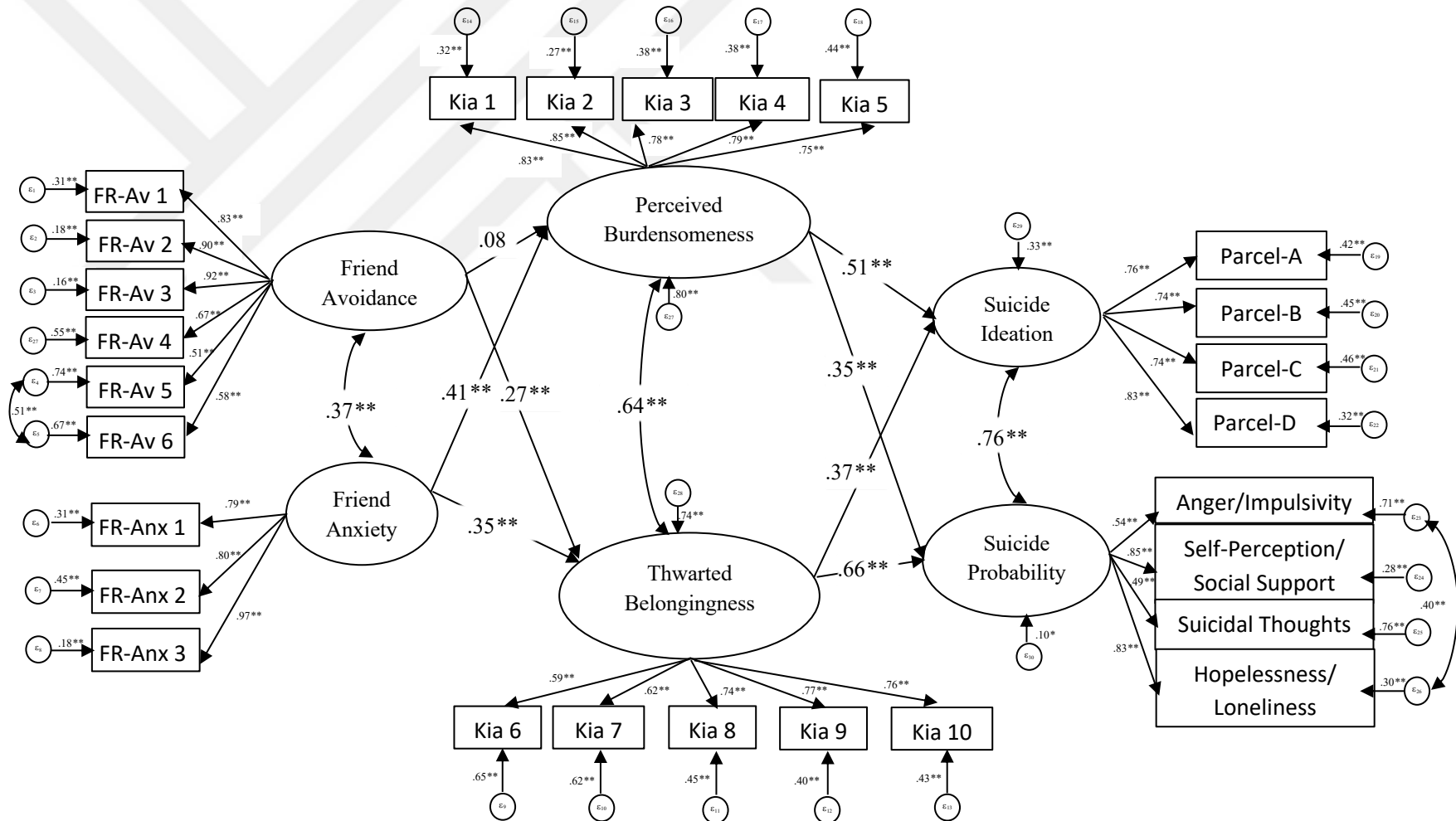


Figure 19. The Proposed Model 4 with 2 Error Covariances Specified with standardized parameter estimates. Friend Avoidance = Friend Attachment Avoidance, Friend Anxiety = Friend Attachment Anxiety. ** suggests $p < .001$, * suggests $p < .05$, ϵ represents error term.

Table 21. Results of parameter estimates values of primary proposed model 4.

Parameter	Standardized			Unstandardized	
	β	SE	p	β	95% CI
Friend Anxiety → Thwarted Belongingness	.35	.05	.000	.27	[.17, .38]
Friend Anxiety → Perceived Burdensomeness	.41	.07	.000	.40	[.26, .54]
Friend Avoidance → Thwarted Belongingness	.27	.05	.000	.25	[.14, .36]
Friend Avoidance → Perceived Burdensomeness	.08	.07	.160	.09	[-.04, .23]
Thwarted Belongingness → Suicide Probability	.66	.15	.000	1.16	[.86, 1.44]
Thwarted Belongingness → Suicide Ideation	.37	.07	.000	.33	[.19, .46]
Perceived Burdensomeness → Suicide Probability	.35	.09	.000	.50	[.32, .67]
Perceived Burdensomeness → Suicide Ideation	.51	.05	.000	.36	[.25, .47]
Friend Anxiety ↔ Friend Avoidance	.37	.12	.000	.54	[.30, .79]
Perceived Burdensomeness ↔ Thwarted Belongingness	.64	.09	.000	.66	[.48, .83]
Suicide Probability ↔ Suicide Ideation	.76	.04	.000	.23	[.14, .32]
Item 5 of ECR-RS-FR ↔ Item 6 of ECR-RS-FR	.51	.15	.000	.82	[.52, 1.12]
Anger/Impulsivity ↔ Hopelessness/Loneliness	.40	.51	.000	2.76	[1.77, 3.76]

Note. → Represents regression; ↔ represents covariance. ECR-RS-FR = Experiences in Close Relationships – Relationship Structure – Friend Form.

Table 22. Indirect Effects of Independent Variables on Dependent Variables in Proposed Model 4.

Independent Variable	Dependent Variable	β	<i>SE</i>	<i>p</i>
Friend Anxiety	SIS	.31	.04	.000
Friend Avoidance	SPS	.08	.11	.160
Friend Anxiety	SPS	.42	.14	.000
Friend Avoidance	SIS	.24	.04	.000

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale.

In terms of covariance paths, significant medium effects were noted between friend anxiety and friend avoidance with the value of .37, and between Anger/Impulsivity and Hopelessness/Loneliness with the value of .40 suggesting a medium effect. Additionally, the path between perceived burdensomeness and thwarted belongingness had a coefficient of .64, suicide probability and suicide ideation was .76, and Item 5 and Item 6 of ECR-RS-FR with the value of .51, both suggesting large effects (Kline, 2023).

Indirect effect of the independent variables, friend avoidance on suicide probability was not significant ($\beta = .08$, $p = .160$), however, on suicide ideation was significant. Indirect effects of friend avoidance, on the dependent variables, suicide probability and suicide ideation, were significant. These effects within the proposed model 4 are detailed in Table 22. Moreover, indirect effects of independent variables on dependent variables through mediators in the proposed model 4 are detailed in Table 24.

The results of squared multiple correlations indicated that friend anxiety and friend avoidance collectively explained 20% of the variance in perceived burdensomeness ($R^2 = .201$) and 26% in thwarted belongingness ($R^2 = .264$).

Moreover, the comprehensive model accounted for approximately 67% of the variance in suicide ideation ($R^2 = .666$) and 90% in suicide probability ($R^2 = .899$). As in the previous model test results for model 1,2 and 3, the variances explained for PB was found to be at a medium level, while those for TB, suicide ideation and probability were at a large level, as Cohen (2013) stated.

In sum, while the fit indices suggest that the proposed model 4 with 2 error covariances specified was well-fitted, it is important to note that one path exhibited only small effect and one path did not exhibited a statistically significant effect.

Table 23. The model fit indices of measurement and proposed models for the proposed model 4.

χ^2	χ^2_{S-B}	df	χ^2/df	χ^2_{S-B}/df	CFI	IFI_{S-B}	$SRMR$	$RMSEA$	$90\%CI$	$RMSEA_{S-B}$
921.58	777.80	311	2.96	2.50	.92	.91	.064	.069	.063-	.066
**	**		**	**					.074	

** suggests $p < .001$, * suggests $p < .05$. χ^2 = Chi-squared statistic; χ^2_{S-B} = Satorra-Bentler scaled chi-squared statistic; df = Degrees of freedom; χ^2/df = Chi-square statistic divided into degrees of freedom; CFI = Comparative fit index based on χ^2_{S-B} ; IFI = Incremental fit index based on χ^2_{S-B} ; $SRMR$ = Standardized root mean square residual; $RMSEA$ = Root mean square error of approximation; $RMSEA_{S-B}$ = root mean square error of approximation based on χ^2_{S-B} .

Table 24. Indirect Effects of Independent Variables on Dependent Variables through Mediators in Proposed Model 4.

Independent Variable	Mediator Variable	Dependent Variable	β	<i>SE</i>	<i>p</i>
Friend Anxiety	PB	SIS	.21	.04	.000
Friend Anxiety	TB	SIS	.13	.02	.000
Friend Avoidance	PB	SPS	.03	.03	.167
Friend Avoidance	TB	SPS	.18	.07	.000
Friend Anxiety	PB	SPS	.14	.06	.000
Friend Anxiety	TB	SPS	.23	.07	.000
Friend Avoidance	PB	SIS	.04	.02	.168
Friend Avoidance	TB	SIS	.10	.02	.000
Friend Anxiety	PB	Total Suicide Variables	.35	.09	.000
Friend Avoidance	PB	Total Suicide Variables	.07	.06	.165
Friend Anxiety	TB	Total Suicide Variables	.36	.09	.000
Friend Avoidance	TB	Total Suicide Variables	.28	.09	.000

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness

3.4. Path Model

Descriptive statistics, correlations, and assumption test results for the variables in the proposed model 5 have been extensively detailed in the preceding sections of the Results section. Proposed model 5, constructed with observed variables and which conceptual framework and hypothesis were outlined in the introduction, was examined through path analysis using the 'lavaan' package in R. This package facilitated the estimation of model parameters, assessment of model fit, and hypothesis testing, providing a thorough evaluation of the theoretical model on the data. Maximum likelihood estimation was used.

In Table 2, the skewness and kurtosis values for the variables in proposed model 5 were calculated and reported earlier in the Results section. These values indicated that the normality assumption was not met. To address potential sampling bias resulting from this violation, the analysis of proposed model 5 was conducted with 5000 resamplings using the Bootstrap method. As Field (2018) recommends, this method is effective in reducing sampling bias when the normality assumption is not satisfied (Field, 2018).

In the analysis, "Model of Self" (Model of Self score) and "Model of Other" (Model of Other score) were designated as predictor variables. "Suicidal Ideation" (SIS score) and "Suicidal Probability" (SPS score) were defined as the outcome variables. Additionally, "Perceived Burdensomeness" (PB score) and "Thwarted Belongingness" (TB score) were defined as mediator variables. The study aimed to explore whether the scores for PB and TB mediate the relationships between the predictor variables (model of self and model of other) and the outcome variables (suicidal ideation and probability).

The analysis revealed significant direct effects from the "Model of Self" scores and "Model of Other" scores on PB and TB. Specifically, Model of Self scores had a direct effect of $-.42$ ($SE = .04$, BCa 95% CI $[-.50, -.36]$, $p = .000$) on PB, and a direct effect of $-.43$ ($SE = .04$, BCa 95% CI $[-.50, -.33]$, $p = .000$) on TB, both suggesting medium effects according to Kline (2023). Model of Other scores showed a direct effect of $-.13$ ($SE = .06$, BCa 95% CI $[-.22, -.03]$, $p = .009$) on PB and a more substantial effect of $-.26$ ($SE = .05$, BCa 95% CI $[-.35, -.16]$, $p = .000$) on TB, both suggesting small effects.

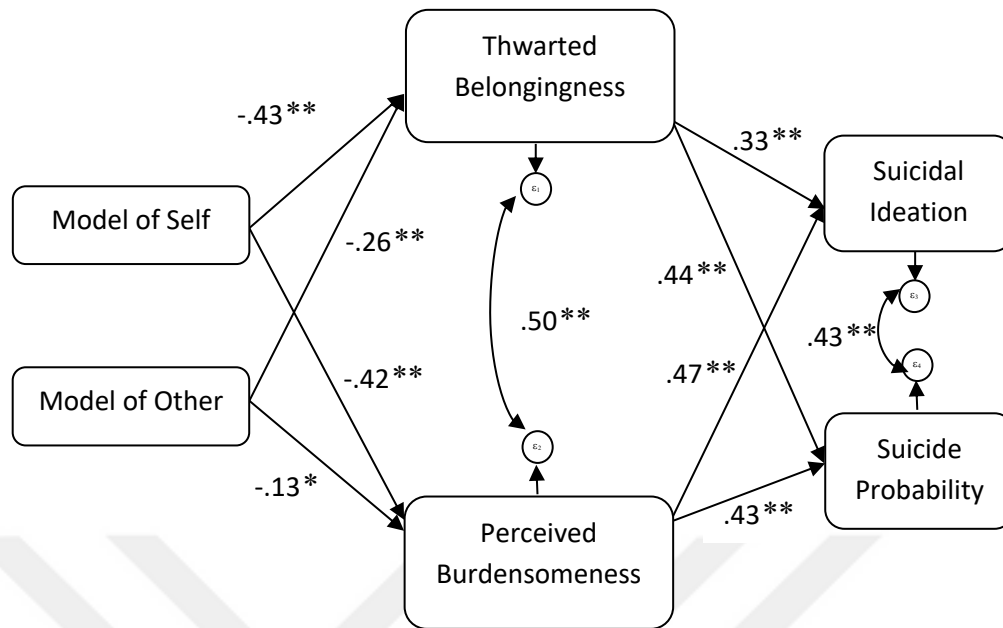


Figure 20. The Proposed Model 5 with standardized parameter estimates. ** suggests $p < .001$, * suggests $p < .05$, ε represents error term.

Furthermore, the direct effects of PB and TB on Suicidal Ideation and Suicide Probability were also significant. PB scores demonstrated a direct effect of .47 (SE = .05, BCa 95% CI [.36, .57], $p = .000$) on Suicidal Ideation scores and .43 (SE = .04, BCa 95% CI [.35, .51], $p = .000$) on Suicide Probability scores both suggesting medium effects. TB scores had a direct effect of .33 (SE = .05, BCa 95% CI [.23, .42], $p = .000$) on Suicidal Ideation scores and .44 (SE = .04, BCa 95% CI [.36, .52], $p = .000$) on Suicide Probability scores both suggesting medium effects. These results underscore the significant mediation role played by PB and TB in the relationships between self and other models and suicide-related outcomes.

In the analysis of covariance paths, significant effects were observed. The relationship between PB and TB showed a covariance value of .50, indicating a large effect. Similarly, the covariance between Suicide Probability and Suicidal Ideation was recorded at .43, suggesting a medium effect (Kline, 2023). All paths representing these direct effects are illustrated in Figure 20, with more detailed information provided in Table 27. Indirect effect of the independent variable, model of self on suicide probability ($\beta = -.37$, $p = .000$), and on suicide ideation ($\beta = -.35$, $p = .000$), were significant. Indirect effects of model of other, on the dependent variables, suicide

probability ($\beta = -.11$, $p = .004$), and suicide ideation ($\beta = -.21$, $p = .000$) were significant. These effects within the proposed model 5 are detailed in Table 25. Moreover, indirect effects of independent variables on dependent variables through mediators in the proposed model 5 are detailed in Table 28.

It was observed that the χ^2/df value ($\chi^2/df = 3.55$, $p = .007$) was below 5 which is considered as the acceptable fit range (Byrne, 2001; Kline, 2023). Moreover, it was observed that the results of the model fit indices examined were within the perfect value ranges specified in Table 5 ($CFI = 0.99$, $IFI = 0.99$, $SRMR = .002$, $RMSEA =$

Table 25. Indirect Effects of Independent Variables on Dependent Variables in Proposed Model 5.

Independent Variable	Dependent Variable	β	<i>SE</i>	<i>p</i>
Model of Self	SIS	-.35	.03	.000
Model of Other	SPS	-.11	.15	.004
Model of Self	SPS	-.37	.14	.000
Model of Other	SIS	-.21	.04	.000

Note. SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale.

.007 [90% CI = .004-.012], $AGFI = .90$, $GFI = .98$) (Byrne, 2001; Kline, 2023; Hu & Bentler, 1999; Ingles et al., 2005). The fit indices belong to proposed model 5 provided in Table 26.

Table 26. Model fit indices for the proposed model 5.

<i>Model</i>	X^2	<i>df</i>	X^2/df	<i>CFI</i>	<i>IFI</i>	<i>SRMR</i>	<i>RMSEA</i>	<i>GFI</i>	<i>AGFI</i>
13	14.22*	4	3.55	.99	.99	0.02	0.07	.98	.92

* suggests $p < .05$. 13 = Proposed Model 5. X^2 = Chi-squared statistic; df = Degrees of freedom; X^2/df = Chi-square statistic divided into degrees of freedom; CFI = Comparative fit index; IFI = Incremental fit index; $SRMR$ = Standardized root mean square residual; $RMSEA$ = Root mean square error of approximation, GFI = Goodness of fit indices; $AGFI$ = Adjustment goodness of fit indices.

Table 27. Results of parameter estimates values of primary proposed model 5.

Parameter	β	<i>SE</i>	<i>p</i>	BCa 95%
Model of Self → Thwarted Belongingness	-.43	.04	.000	[-.50,-.33]
Model of Self → Perceived Burdensomeness	-.42	.04	.000	[-.50,-.36]
Model of Other → Thwarted Belongingness	-.26	.05	.000	[-.35,-.16]
Model of Other → Perceived Burdensomeness	-.13	.05	.009	[-.22,-.03]
Thwarted Belongingness → Suicide Probability	.44	.04	.000	[.36, .52]
Thwarted Belongingness → Suicide Ideation	.33	.05	.000	[.23, .42]
Perceived Burdensomeness → Suicide Probability	.43	.04	.000	[.35, .51]
Perceived Burdensomeness → Suicide Ideation	.47	.05	.000	[.36, .57]
Perceived Burdensomeness ↔ Thwarted Belongingness	.50	.03	.000	[.43, .57]
Suicide Probability ↔ Suicide Ideation	.43	.04	.000	[.34, .50]

Note. β : Standardized Beta Values, *SE*: Standard Error, BCa: Bias Corrected Accelerated Confidence Intervals of the Bootstrap, *p*: P value indicating Type I probability. → Represents regression; ↔ represents covariance.

Table 28. Indirect Effects of Independent Variables on Dependent Variables through Mediators in Proposed Model 5.

Independent Variable	Mediator Variable	Dependent Variable	β	<i>SE</i>	<i>p</i>
Model of Self	PB	SIS	-.20	.02	.000
Model of Self	TB	SIS	-.15	.02	.000
Model of Other	PB	SPS	-.06	.08	.006
Model of Other	TB	SPS	-.12	.08	.000
Model of Self	PB	SPS	-.18	.09	.000
Model of Self	TB	SPS	-.19	.09	.000
Model of Other	PB	SIS	-.06	.02	.006
Model of Other	TB	SIS	-.09	.02	.000
Model of Self	PB	Total Suicide Variables	-.38	.10	.000
Model of Other	PB	Total Suicide Variables	-.12	.10	.005
Model of self	TB	Total Suicide Variables	-.34	.10	.000
Model of Other	TB	Total Suicide Variables	-.20	.10	.000

SIS = Suicidal Ideation Scale. SPS = Suicidal Probability Scale. PB = Perceived Burdensomeness. TB = Thwarted Belongingness

In sum, while the fit indices suggest that the proposed model 5 was well-fitted, it is important to note that two paths exhibited small effect.

Moreover, the results of squared multiple correlations indicated that model of self and model of other collectively explained 21% of the variance in perceived burdensomeness ($R^2 = .211$) and 29% in thwarted belongingness ($R^2 = .292$).

Moreover, the comprehensive model accounted for approximately 52% of the variance in suicide ideation ($R^2 = .522$) and 62% in suicide probability ($R^2 = .622$). According to the guideline of Cohen (2013), while the variance explained on PB was at a medium level, the variances explained on TB, suicide ideation and probability were found to be at a large level.

CHAPTER 4

DISCUSSION

Suicide is a major public health issue affecting approximately 703,000 individuals globally across various age groups and genders and is noted to be the fourth leading cause of death before the age of 50 according to the official reports of World Health Organization (WHO, 2021). Its prevalence is notably high both globally and within Turkey (WHO, 2021; TÜİK, 2019; Karkın & Eskin, 2023), underscoring the urgency of addressing this public health issue. Despite numerous identified risk factors, the imperative to explore underlying mechanisms remains critical, with ongoing research efforts aimed at uncovering these dynamics. Moreover, there persists a gap in translating these findings into clinical practice.

This study responded to this gap by focusing on the life connections of emerging adults, aged 18-25, exploring their relationships with mothers, fathers, friends, and romantic partners, and internal working models through the lens of attachment theory and the IPTS. It sought to understand how elements of these theories influenced the development of suicidal thoughts and possibilities. By examining attachment across various relational contexts and internal working models, this research aimed to enrich the literature and contribute insights regarding therapeutic interventions and prevention efforts. To achieve these goals, integrative theoretical models were developed and assessed using SEM.

4.1. General Discussion

4.1.1. Latent Models

The findings from models testing whether maternal, paternal, romantic partner, and friend-focused anxious and avoidant attachment predict suicidal ideation and probability through perceived burdensomeness (PB) and thwarted belongingness (TB) confirm the hypotheses 1, 3 and 5. However, hypotheses 2 and 4 was partially

confirmed. According to these findings, Proposed Models 1, 2, 3, and 4 showed good overall fit indicating that the proposed models were validated.

The results demonstrate statistically significant effects of TB and PB on suicidal ideation and probability, as suggested by the Interpersonal Psychological Theory of Suicide (IPTs; Van Orden et al., 2010). These effects are meaningful across all four focused relational contexts examined. Specifically, the influence of PB on suicidal ideation and the moderate effects between PB and suicide probability were found to be significant in all models. Given these components, strong associations with factors such as self-hate and the perception of being a burden to others as components of PB (Van Orden et al., 2010), and factors of suicide probability, such as self-perception/social support (Batıgün & Şahin, 2018), seem to be conceptually relatable.

Regarding TB, the effects on suicide ideation were found to be moderate, while the influences on suicide probability were significant and large across all models. These substantial effects, reaching as high as .67, are understandably associated with a lack of mutually satisfying relationships and loneliness as components of TB (Van Orden et al., 2010), may likely particularly linked to strong relationships with self-perception/social support and hopelessness/loneliness (Batıgün & Şahin, 2018).

These outcomes, particularly the significant impacts of TB on suicide probability and PB on suicidal ideation, highlight the critical roles these pathways played in suicidal ideation and probability.

The findings across four different relational focuses indicate that significant associations exist between anxious and avoidant attachment styles with mostly moderate impacts (the effect of romantic partner approaching the .30 threshold with .29). Moreover, substantial effects were identified between PB and TB, as well as between these constructs and both suicide probability and ideation. Despite TB and PB being defined as distinct constructs (Van Orden et al., 2010), a very recent and related qualitative research has shown that feelings of being misunderstood, rejected, or isolated can also contribute to perceptions of burdensomeness, implying that a lack of belonging can itself be perceived as a burden (Velez-Grau et al., 2023). These findings suggest interconnectedness between TB and PB. Furthermore, the strong

association between these variables, with effects exceeding .70, hints at underlying connections that might not have been fully captured by the current study's measures or might indicate other causal relationships not adequately detected. Additionally, both variables are dominated by cognitive elements and are associated with suicide-related constructs, and one of the sub-scales of the suicide probability measurement is "suicidal thoughts," which may offer various plausible explanations.

4.1.1.1 Maternal-Focused Attachment

In the maternal-focused attachment model, all proposed paths were found to be statistically significant. However, the effects between anxious attachment to the mother and both TB and PB were small, suggesting that these paths have a limited contribution to explaining the likelihood and thoughts of suicide. Conversely, the effects of avoidant attachment to the mother on TB and PB were moderate, indicating that avoidant attachment has a greater impact on these constructs compared to anxious attachment.

The results from the maternal-focused model revealed that both anxious and avoidant attachment styles indirectly predict suicidal ideation and likelihood through statistically significant effects. However, avoidant attachment to the mother was found to have greater effects on suicidal probability and ideation compared to anxious attachment, indicating a more critical role in explaining the potential for suicide. Moreover, indirect effects of both maternal-focused anxiety and avoidance through PB and TB on suicide ideation and probability also was found to be significant consistently showing greater effects for avoidance over anxiety. Furthermore, these results show that for anxious attachment in the maternal-focused attachment pattern, PB could be playing a more critical role in explaining suicide ideation and probability than TB whereas for avoidant attachment in the maternal-focused attachment pattern, TB could be playing a more critical role in explaining suicide ideation and probability than PB.

In parallel, a study that examined insecure maternal attachment without differentiating between its dimensions, found that insecure attachment predicts suicidal ideation through TB. However, contrary to the current study, insecure attachment was not

found to be related to PB in the mentioned study (Venta et al., 2014). This situation was explained by the limited sample size, which led to insufficient statistical power. Additionally, it was speculated that individuals with insecure attachment patterns might experience interpersonal concepts such as familial enmeshment or dependency, making them feel significant to their significant others and not perceiving themselves as a burden (Venta et al., 2014). However, this finding is incompatible with the current study. Different sample characteristics may be the source of the divergence.

4.1.1.2 Paternal-Focused Attachment

In the paternal-focused attachment model, the paths between paternal-focused avoidance and IPTS constructs, and anxiety with PB, were statistically significant. However, there was no significant effect between paternal-focused anxious attachment and TB, indicating that this pathway does not statistically contribute to explaining suicidal likelihood and ideation through TB. Among these effects, the relationship between paternal-focused avoidant attachment and TB was found to be moderate and notably strong, while other effects were smaller. Paternal-focused avoidant attachment was found to statistically predict suicidal ideation and likelihood through significant indirect effects. Conversely, while the indirect effects of paternal-focused anxious attachment on suicidal likelihood were significant, its indirect effects on suicidal ideation were statistically insignificant. Moreover, indirect effects of paternal-focused avoidance through PB and TB on suicide ideation and probability also was found to be significant. For anxiety, the indirect effect of paternal-focused anxiety on suicidal ideation and probability through PB was significant. However, indirect effects of paternal-focused anxiety on suicidal ideation and probability through TB was not significant. Furthermore, these results show that for anxious attachment in the paternal-focused attachment pattern, PB could be playing a more critical role in explaining suicide ideation and probability than TB whereas for both avoidant attachment in the paternal-focused attachment pattern, TB could be playing a more critical role in explaining suicide ideation and probability than PB.

The findings indicate that avoidant attachment has a more substantial impact on suicidal likelihood and ideation than anxious attachment. This suggests that paternal-focused avoidant attachment plays a more critical role in explaining suicidal likelihood and ideation than anxious attachment. Parallel to this, a study conducted in Slovenia with adolescents and highly suicidal inpatient patients, focusing on both maternal and paternal attachment, found a significant relationship between paternal avoidant attachment and suicidality, whereas this relationship was not found for paternal anxious attachment (Novak et al., 2023).

4.1.1.3 Maternal and Paternal-Focused Attachment

The dominance of the avoidant attachment in the two models in the current study resembles to the maternal-focused attachment model. The shared result indicating the dominance of avoidant attachment in both maternal and paternal focused models suggests that, among parental insecure attachment patterns, avoidant attachment is more decisive than anxious attachment in the interpersonal structures of suicide. Relatedly, a recent study with adolescents found that maternal and paternal focused anxious attachment is associated with PB, and PB is related to suicidal ideation. However, unlike the current study, it was found that only paternal focused anxious attachment had indirect effects on suicidal ideation (Hunt et al., 2022). In the current study, while maternal focused anxious attachment predicted suicidal ideation, this effect was statistically insignificant for fathers. This discrepancy may stem from differences in sample age, measurement methods, or the constructs included in the current model. Another finding from Novak et al.'s (2023) study, which was previously mentioned, indicated strong relationships between avoidant attachment and suicidality in both relational contexts, with this relationship being stronger for paternal focused attachment than for maternal focused attachment (Novak, 2023). This result parallels the more dominant effects of avoidant attachment found in the current study. However, contrary to the mentioned study, the current study found that the effect sizes for maternal-focused avoidant attachment were larger than those for paternal-focused avoidant attachment. This difference may arise from varying age groups, cultural differences, or measurement tools. This finding, differing specifically in mother and

father attachments, was explained by various limitations specific to the study; notably, the non-homogeneous sample in terms of their treatment progress and whether they lived with their families or not, which may have contributed to these differences. Therefore, these differences might also be a source of the discrepancies found between mothers and fathers. Another study with high school students examining maternal and paternal attachment patterns found that secure attachment to both parental figures is associated with high levels of self-esteem, a component of PB (Van Orden et al., 2010) (Arbona & Power, 2003). This is consistent with Adam's (1994) developmental model, which suggests that unmet needs for caregiver availability and responsiveness can lead to emotional instability and increased risk of suicidal ideation through low self-esteem (Adam, 1994).

According to a recent meta-analysis, suicidal thoughts are associated with different attachment patterns (Yang et al., 2023). However, this relationship is mainly characterized by feelings stemming from parental alienation, such as anger, isolation, or unwanted detachment (Armsden & Greenberg, 1987 as cited in Yang et al., 2023). In this regard, the relationship between avoidant attachment and the alienation component of TB (Guarnieri et al., 2010) appears significant. These associations are consistent with the current study's findings on the effect of parental avoidant attachment on TB. Another study examining attachment among young adults with and without a history of suicide and those who are only depressed found that individuals with a suicide history reported being less securely attached and perceived their significant others as less emotionally available during childhood. Although this finding was also valid for peer attachment patterns, it was more dominant for parental attachments (de Jong, 1992). This result aligns with the current study and de Jong's speculation that emotional unavailability and the lack of a secure base when needed are linked to insecure attachment relationships. Similarly, another study highlights that one of the most significant damages to early childhood attachment is the psychological unavailability of parents (Egeland & Sroufe, 1981a).

Another speculation is that dependency, which is closely related to anxious attachment patterns (Brennan et al., 1998; Green et al., 2021; Zuroff et al., 1995), serves as a mechanism for obtaining emotional support and maintaining bonds during distress.

This suggests that the desire to end one's life associated with avoidant attachment follows a different path than anxious attachment (Blatt & Blass, 1996; Falgares et al., 2017; Green et al., 2021). Specifically, anxious attachment may function as a defense mechanism against the fear of losing significant others and being rejected. Instead of leading to suicidal behavior, it drives individuals to seek support and emotional bonds from their maternal and paternal figures. This could explain why individuals with anxious attachment engage in less lethal suicide attempts (Fazaa & Page, 2003). These attempts may act more as cries for help rather than a serious desires for death (Falgares et al., 2017; Novak et al., 2023). However, this interpretation is mostly relevant to parental attachment in relation to the results of the current study.

Moreover, while no significant indirect relationships were found between anxious attachment to the father and suicidal ideation, there was a significant relationship with suicide probability. Additionally, maternal anxiety, but with small effects, positively predicted both suicide probability and ideation indirectly, as well as directly predicting the IPTS constructs of PB and TB. This underscores that parental anxious attachment remains a risk factor for suicide.

4.1.1.4. Romantic Partner-Focused Attachment

In the model focusing on romantic partner attachment, all proposed paths were found to be statistically significant. Specifically, avoidant attachment had a moderate effect on TB, and anxious attachment had a moderate effect on PB. Conversely, the effects of anxious attachment on TB and avoidant attachment on PB were small. Both anxious and avoidant attachments indirectly predicted suicidal ideation and probability, with anxious attachment showing larger effects than avoidant attachment. This may suggest that anxious attachment to a romantic partner may play a more critical role in explaining suicidal ideation and probability compared to avoidant attachment. However, it should be considered that the level of difference is quite small. This finding highlights that romantic partner-focused attachment patterns differ from parental-focused attachment patterns in terms of which type of insecure attachment is more influential in indirectly predicting suicidal ideation and probability. Moreover,

indirect effects of both romantic partner-focused anxiety and avoidance through PB and TB on suicide ideation and probability also was found to be significant showing greater effects for anxiety over avoidance. Furthermore, these results show that for both avoidant and anxious attachment in the romantic partner-focused attachment pattern, TB could be playing a more critical role in explaining suicide ideation and probability than PB.

Another key finding is that anxious attachment to a romantic partner has a slightly larger effect on PB and TB compared to avoidant attachment when both IPTS constructs were evaluated cumulatively. This result differentiates with the maternal and paternal focused models in the current study where avoidant attachment is more dominant than anxious attachment. These differences suggest the existence of distinct pathways, recalling Durkheim's (1897) notion of different suicide subtypes. Although there is a growing body of literature (Hart et al., 2017; Martin et al., 2020; O'Connor et al., 1999; Spangenberg et al., 2023), consistent classifications have yet to be established.

The relationships between anxious and avoidant romantic partner-focused attachment patterns and PB and TB are consistent with another study, which found that both attachment types were significantly related to PB and TB. Specifically, anxious attachment was partially mediated by IPTS constructs, while avoidant attachment was fully mediated (Kacmarski, 2016). Another study found that individuals with avoidant attachment to romantic partners reported lower belongingness and higher depressive symptoms (Øverup, et al., 2017). Moreover, Dienst et al. (2023) showed that high levels of avoidant and anxious attachment were significantly related to suicidal ideation through TB, with the need to belong moderating this relationship for both attachment styles (Dienst et al., 2023). This suggests that even those with avoidant attachment, who minimize close relationships, still have critical needs for belonging. Mikulincer and Shaver (2016) similarly found a relationship between anxious attachment to romantic partners and depression (Mikulincer & Shaver, 2016). Wei et al. (2005) also highlighted that the need for autonomy, competence, and relatedness in emerging adulthood influenced the relationship between anxious and avoidant attachment and feelings of shame, depression, and loneliness in romantic contexts

(Wei et al., 2005). These results align with the current study, demonstrating that both attachment styles are related to TB and PB through feelings of loneliness and perceived burdensomeness. Another study found that both avoidant and anxious attachment patterns were associated with higher feelings of loneliness (Pereira et al., 2014), further supporting these findings.

4.1.1.5. Friend-Focused Attachment

In the friend-focused attachment model, significant paths were found between anxious friend-focused attachment and IPTS constructs, as well as between avoidant attachment and only TB. Notably, moderate and strong relationships were observed between anxious attachment and both PB and TB, while the effect of avoidant attachment on TB was small. There was no significant effect between avoidant attachment and PB, indicating that this path does not statistically contribute to explaining suicide probability and ideation. Anxious friend-focused attachment was found to statistically and significantly predict suicide ideation and probability through indirect effects, whereas the indirect effects of avoidant friend-focused attachment on suicide probability were not significant. Moreover, indirect effects of friend-focused anxiety through PB and TB on suicide ideation and probability also was found to be significant. For avoidance, the indirect effect of friend-focused avoidance on suicidal ideation and probability through PB was not significant whereas the indirect effect of friend-focused avoidance on suicidal ideation and probability through TB was significant. Also, the results showed that for the friend-focused attachment anxiety the effects were greater than the avoidance suggesting that anxious attachment plays a more critical role in explaining suicide ideation and probability than avoidant attachment in friend-focused attachment pattern. Furthermore, these results show that for both avoidant and anxious attachment in the friend-focused attachment pattern, TB could be playing a more critical role in explaining suicide ideation and probability than PB.

There are few studies on friend-focused attachment in the literature. One study focusing on adults found that anxious attachment to friends was related to anxiety

symptoms and interpersonal distress, while avoidant attachment was significantly associated with depression and interpersonal distress (Cronin et al., 2018). These findings suggest that both insecure attachment patterns, especially anxious attachment, are significantly related to unmet interpersonal psychological needs. Another study on adolescents found that anxious attachment to parents and close friends was related to internalizing symptoms, with low self-esteem, a component of PB, playing a mediating role (Van Orden et al., 2010; Lee & Hankin, 2009). These findings are consistent with the present study's results on friend-focused attachment.

4.1.1.6 Romantic Partner and Friend-Focused Attachment

Similar to the romantic partner-focused attachment model (when both IPTS constructs were considered cumulatively), anxious friend-focused attachment had a greater effect on PB and TB than avoidant attachment. This finding diverges from the maternal and paternal-focused models, where avoidant attachment was more dominant in predicting suicide ideation and probability. However, this difference was found to be much more evident in friend-focused attachment patterns than in romantic partner-focused attachment patterns. The relative similarity between romantic partner and friend-focused models suggests that within the peer domain, anxious attachment is more influential on suicide ideation and probability than avoidant attachment. However, in the case of romantic partner-focused attachment, it is also important not to ignore the effects of anxious attachment and avoidant attachment on suicide ideation, with almost the same and small indirect effects. When it was considered cumulatively for the both romantic partner and friend models, this highlights a difference in how insecure attachment types predict suicidal ideation and probability across different relational domains. The consistency of these findings with the literature (Dugan et al., 2022; Fraley et al., 2011; Hudson et al., 2015; Klohnen et al., 2005) underscores the alignment of working models within similar relational contexts.

4.1.1.7. Avoidant Attachment in Relation to IPTS and Suicide

As for the general interpretation for the avoidant attachment pattern, the avoidance of forming close relationships, discomfort in intimate connections and feelings of loneliness, lack of reciprocal caregiving experiences, or perceiving oneself as a burden to others and harboring self-hatred might seem inconsistent with the typical behaviors of individuals with avoidant attachment patterns. However, the formation characteristics of avoidant attachment indicate that emotional distancing in relationships functions as a defensive position, likely due to the individual's insecurity about their needs being met (Main & Weston, 1982, as cited in Bartholomew, 1990). Thus, minimizing needs, denying the need for close relationships, and ultimately avoiding close relationships can protect the individual from frustration resulting from unmet needs (Ainsworth et al., 1978; Bartholomew, 1990; Holmes, 1993).

When considering the association between avoidant attachment and TB, the findings suggest that although the need for close relationships is often denied by individuals with avoidant attachment patterns, their lack of reciprocal, fulfilling relationships (Bartholomew, 1990) and their feelings of loneliness (Ledgerwood, 1999) are logically connected. This interpretation aligns with recent studies (Dienst et al., 2023; Øverup, et al., 2017). Additionally, individuals with avoidant attachment who isolate themselves emotionally and withdraw may reduce their likelihood of seeking social support when needed (Stellrecht et al., 2006; Venta et al., 2014). This could contribute to the perception of loneliness, a component of TB (Van Orden et al., 2010). Consistent with the present study's results, experimental findings indicate that participants with avoidant attachment report increased TB following social rejection (Granato, 2014). Furthermore, the relationship between avoidant attachment and thwarted belongingness, as shown by Levi-Belz et al. (2013), suggests that the connection between avoidant attachment and suicidality can be mediated by a lack of self-disclosure, reflecting unsatisfactory and non-reciprocal social relationships (Levi-Belz et al., 2013).

When examining the association between avoidant attachment patterns and perceived burdensomeness (PB), it is important to note that individuals with avoidant attachment often have positive self-perceptions (low dependence, positive self-worth) but

negative perceptions of others (Bartholomew, 1990, 1998). This negative view of others includes distrust, reluctance to seek or offer social support, and generally low expectations in relationships. Therefore, the sense of being a burden for avoidant individuals might stem not from their own self-view but from their belief that others see them as a burden. In other words, their insecurity about having their needs met in close emotional relationships leads them to believe that others perceive them as a liability. However, this hypothesis requires detailed qualitative research to explore these perceptions' nature and direction. This interpretation aligns with the concept of the "*expendable child*", which is influential in the formation of PB (Joiner, 2005; Van Orden et al., 2010; Sabbath, 1969), where avoidant attachment patterns are linked to experiences with caregivers who are emotionally absent, unwilling to meet the child's needs, insensitive, unresponsive, or rejecting (Gould, 1965 as cited in Sabbath, 1969; Luther, 2018; Van Orden et al., 2010; Wagner, 1997; Woznica & Shapiro, 1990). Similarly, another study found a relationship between avoidant attachment and the feeling of not mattering to others (Raque-Bogdan et al., 2011). This finding suggests that in maternal, paternal, and romantic partner-focused relationships, avoidant attachment patterns are associated with the individual's perception of not mattering to these figures, leading to a sense of being a burden.

In addition, individuals with avoidant attachment are characterized by a negative model of others (Bartholomew, 1990, 1998), making it more likely for them to turn to themselves rather than others to meet their psychological needs (Wei et al., 2005). Despite these needs being inherently interpersonal and requiring fulfillment by others, avoidant individuals, even with a positive self-model, may feel like a burden in others' perceptions. Another study found that avoidant attachment influences the fulfillment of psychological needs for autonomy, competence, and relatedness (Ryan & Deci, 2000), which in turn mediates feelings of shame, depression, and loneliness (Wei et al., 2005). This finding indicates that avoidant individuals also have interpersonal needs and may experience TB-related loneliness and PB-related shame when these needs are unmet.

Moreover, not belonging to a social group hinders productivity (Baumeister & Leary, 1995), which can draw parallels between avoidant attachment and PB, characterized

by feelings of ineffectiveness and being a liability. Teismann et al. (2023) provided an important review of PB's dual conceptualizations: *self-burdensomeness* and *other-burdensomeness*. Their findings suggest that both perceptions—feeling like a burden to others and viewing oneself as a burden—are related to suicidal ideation. Thus, avoidant attachment's perception of burdensomeness may likely develop through *other-burdensomeness*, whereas anxious attachment's burdensomeness perception might stem from *self-burdensomeness* (Teismann et al., 2023). However, since the current study did not differentiate PB in this way, future research is necessary to confirm these distinctions.

4.1.1.8 Anxious Attachment in Relation to IPTS and Suicide

As for the general interpretation for the anxious attachment pattern, when considering the behavioral characteristics of general anxious attachment patterns, it becomes evident that these individuals have a more intense perception of insecurity regarding their needs being met by others compared to those with avoidant attachment (Bartholomew & Horowitz, 1991). Anxious attachment develops due to the inconsistency of the attachment figure in meeting the individual's needs, leading to anxiety and fear of separation. This constant anxiety functions to keep the other close to prevent separation both when it has not yet occurred and during a separation. Therefore, anxious attachment is characterized by a defensive function against potential anxiety, fear, and frustration related to separation, serving to keep the other person close as a protest against any separation (Holmes, 1993).

Moreover, the relationship between TB and anxious attachment seems quite important. Considering the findings of the current study, it is likely that individuals with anxious attachment, who already perceive their needs as unmet and fear abandonment, feel insecure and isolated in social interactions lacking mutual caregiving (Ledgerwood, 1999). Through the lens of internal working models, anxious attachment is characterized by a negative model of self, perceiving themselves as "unlovable and worthless" (Bartholomew, 1990). Consequently, individuals with anxious attachment

may constantly experience separation anxiety, preventing them from feeling a sense of belonging.

On the other hand, the relationship between PB and anxious attachment also seems quite important. Anxious attachment is characterized by behaviors such as constantly seeking closeness with others, excessive dependence on relationships, and clinginess, which reflect a continuous need for approval and reassurance (Bartholomew, 1990). These behaviors may lead individuals to perceive themselves as a liability, believing they negatively impact others' lives. Additionally, the perception that one's needs will not be met by others aligns with a self-view of being worthless and unlovable. This perspective is associated with the "*expendable child*" concept (Sabbath, 1969) similar to the avoidant attachment patterns. However, unlike avoidant attachment, which involves a negative view of others, anxious attachment involves a negative self-model, perceiving oneself as unlovable. However, detailed future studies are needed to confirm these speculations. Relatedly, the new conceptualization of *self-burdensomeness*, previously discussed (Teismann et al., 2023), is also relevant. The perception of being a burden in anxious attachment may likely develop through *self-burdensomeness*. As previously noted, this study did not distinguish PB in this manner, indicating a need for future research to understand this differentiation.

Furthermore, a study conducted with a psychiatric sample found that anxious attachment is related to interpersonal sensitivity, the lack of interpersonal aggression with the definition of the inability to assert one's needs, and suicide-related behaviors (Stepp et al., 2008). Considering the findings of this study, the relationships between anxious attachment, suicide ideation, and probability in the present study suggest that individuals with anxious attachment may be more sensitive to interpersonal problems, which aligns with fears of abandonment or rejection. This makes them more likely to be related to interpersonal problems such as PB and TB. Additionally, a study on adult patients with chronic pain focused on the commonly observed self-perceived burden in these individuals. It was found that anxious attachment and depressive symptoms predicted the perception of being a burden (Kowal et al., 2012).

Additionally, in a study investigating the relationship between TB and insecure attachment patterns towards a romantic partner, it was found that the need to belong

moderated the relationship between TB and suicidal ideation for both types of insecure attachment. In other words, the higher the need to belong, the stronger the relationship between thwarted belongingness and suicidal ideation. However, this finding was stronger for anxious attachment compared to avoidant attachment (Dienst et al., 2023). In the present study, avoidant attachment was found to be a more significant predictor of thwarted belongingness compared to anxious attachment for maternal and paternal-focused attachment patterns. Moreover, within romantic partner attachment patterns in the current study, both attachment types had similar relationships with TB ($r = .31$ for avoidant and $r = .29$ for anxious). For friend-focused attachment, anxious attachment showed a stronger relationship with TB compared to avoidant attachment. This difference might be due to the specific relationship structures. Another study with adolescents found that insecure attachment to parents and peers was associated with non-suicidal self-injuries, with emotion identification acting as a mediator (Cerutti et al., 2018). When evaluated in the context of the present study, a connection can be drawn between the suppression of emotions characteristic of avoidant attachment and the sense of isolation, a component of TB (Van Orden et al., 2010). Additionally, a qualitative study conducted with a culturally minority group found that individuals emphasized the necessity of being in a safe environment where they felt accepted and not judged to feel a sense of belonging. Another theme that emerged was that the sense of belonging was not only related to people but also to places, objects, ideologies, or activities, which can function as a secure base (Holmes, 1993). However, as these aspects were not measured within the framework of the current study, this observation remains speculative. In this sense, there may be a need to expand the concept of belonging within the content of TB in IPTS.

Moreover, in the present study, the variance explained by avoidant and anxious attachment in PB and TB was found to be moderate for maternal-focused, paternal-focused, and romantic partner-focused relationship structures. However, for friend-focused relationship structures, while PB also had a moderate level of variance explained, TB had a high level, differing from the other relationship structures. All four models explained a large proportion of the variance in suicidal thoughts and probability, indicating that the models are strong and explanatory. These results show that different adult relationships have varying impacts on individuals' internal

evaluations related to suicidal thoughts and probabilities. In other words, individuals' perceptions of themselves as a burden or their levels of loneliness are affected differently by the attachment styles within the relationship structures they are involved in.

However, the different situation regarding TB in friend-focused insecure attachment indicates that reciprocal care and emotional connections in friendships are more critically important. That is, in relationships with friends, individuals might be more sensitive to feelings of loneliness or social exclusion. This increased sensitivity could, indirectly, make them more vulnerable to suicidal thoughts and likelihood.

To conclude, the proposed models reveal significant pathways and factors to consider in the evaluation of suicidal probability and ideation within the framework of insecure attachment styles across various relationship structures. These findings support the theoretical knowledge in these areas and can be considered in clinical applications and future research. Another important outcome of the present study is that avoidant attachment patterns in relation to maternal and paternal attachment, and anxious attachment patterns in relation to romantic partners and friends, may be significant factors influencing suicidal thoughts and probability through the perceptions of burdensomeness and feelings of thwarted belongingness.

4.1.2. Path Model

Apart from the previously general discussion, the findings of the model testing whether the proposed model 5 predicts suicidal ideation and probability through perceived burdensomeness and thwarted belongingness based on the model of self and model of other confirm the proposed hypotheses. The fit indices for proposed model 5 indicate that the model is well-fitted. The results show that, as suggested by the IPTS (Van Orden et al., 2010), TB and PB have statistically significant effects on suicidal ideation and probability, playing critical roles in these outcomes. All paths proposed in the model were found to be statistically significant; however, the model of other had a very small effect on predicting perceived burdensomeness.

According to attachment theory, individuals develop internal working models of self and others based on their early childhood experiences with caregivers, which later influence their perceptions of objects and subjects in relationships (Ainsworth & Bowlby, 1991). The findings of this study indicate that the more positive an individual's models of self and others are, the less they feel burdensome and more belonging, reducing suicidal thoughts and probability. In other words, perceiving oneself as valuable and lovable and having positive perceptions of forming intimate and close relationships, seeking or providing social support when needed, can reduce feelings of being a burden and loneliness, thereby decreasing suicidal thoughts and probability.

Additionally, the model of self was found to be more dominant than the model of other in predicting both TB and PB. The model of self and the model of other were found to have statistically significant indirect effects on suicidal ideation and probability, with the model of self having a larger effect. This result indicates that the model of self plays a more critical role in explaining suicidal ideation and probability compared to the model of other. The variance explained by the model of self and the model of other for PB was moderate, while it was large for TB. The comprehensive model explained a large portion of the variance in suicidal ideation and probability, demonstrating the strength and explanatory power of the models. Overall, these results suggest that individuals' internal perceptions of themselves and others significantly, though differently, influence their evaluations of suicidal thoughts and probability through perceived burdensomeness and thwarted belongingness. However, this association seems more decisive for the self-perceptions than perceptions of others.

In the literature, there are not many studies focusing on internal working models and suicidality. The results obtained from the present study are consistent with the few existing studies (Fino et al., 2014; Bernardon et al., 2011). In the study conducted by Fino et al., the internal working models, personality styles, and suicidal ideation of adults were investigated. The results, in line with the present study, indicate that negative self and other models are associated with higher suicide ideation, higher depressive symptoms, and hopelessness, which are highly related to suicidality (Fino et al., 2014). Another study found that insecure attachment patterns and negative

models of self and other are related to perceptions of loneliness in familial, social, and romantic domains (DiTommaso et al., 2003; Bernardon et al., 2011).

Additionally, a phenomenological study suggests that early disruptions in parent-child attachments can create negative self and other models, becoming a risk factor. The vulnerability created by these negative internal working models has been associated with perceptions of TB and PB (Zortea et al., 2019). These findings are consistent with the results of the present study. Furthermore, as attachment theory suggests (Ainsworth & Bowlby, 1991), these early attachment disruptions, characterized by the absence of a secure base, have lasting effects. The participants in the mentioned study reported that the disrupted attachment relationships from their past still affect their current relationships, illustrating the ongoing impact of these early experiences (Zortea et al., 2019).

4.2. Limitations and Directions for Future Studies

Besides the study's strengths, there are some noticeable weaknesses that need to be addressed. This section will highlight the constraints of the current study and make recommendations for future research based on these limitations. First, the study's cross-sectional nature without an experimental setup makes it challenging to establish causality. Undoubtedly, this remains the most significant limitation of the study. While experimental studies would be ideal, the study's focus may make it impractical to adopt an experimental design. Nevertheless, comparisons based on sample characteristics, such as a history of suicide, which is known as one of the major predictors of suicide, are still feasible. In this context, studies with extensive sample sizes that enable the comparison of various sample characteristics would offer valuable contributions both clinically and in the existing literature.

The sample's demographic structure consists of individuals aged 18-25, most of whom are students from middle socioeconomic status (SES) backgrounds. This could potentially limit the generalizability of the study's results. Considering the unique dynamics of emerging adulthood and the specific relational contexts in which attachment was examined, it's plausible that different relationships may have varying

influences on individuals' connections to life at different developmental stages. However, this is speculative as the current study only focused on a specific age group. To overcome this limitation, future research should strive to include diverse samples that encompass a range of age groups, SES backgrounds, ethnicities, cultures, and genders. Given Turkey's collectivist cultural framework (Göregenli, 1995) and the predominance of studies from more individualistic cultures in the existing literature, there is a clear need for cross-cultural research in the field of suicide. Additionally, longitudinal studies could offer valuable insights into how different attachment patterns in diverse relationships impact individuals at different developmental stages.

The study's findings may have limited generalizability due to the possible sampling bias threat introduced by using a convenience sampling method. Additionally, relying exclusively on quantitative data is a limitation. Including qualitative data could offer a more comprehensive understanding of individuals' thoughts, feelings, and relational experiences, providing deeper insights into the nuances of their real-life experiences.

The reliance on self-report measures may have influenced participants to provide socially desirable responses. To obtain a more comprehensive understanding of the participants' relational dynamics, it would have been beneficial to gather data from significant others such as friends, romantic partners, or parents. Moreover, incorporating more objective measures, such as various biological and behavioral observations, projective tests, archival record examinations, and technology-based assessments (e.g., daily mobile phone or computer usage), could yield more valid and reliable data (Kazdin, 2021).

Furthermore, exploring transgenerational transmission could offer valuable insights into the developmental origins of the attachment dynamics discussed. Future research efforts should consider intergenerational transfer to obtain a deeper understanding of these dynamics. In addition, while this study centered on the levels and effects of anxious and avoidant attachment patterns across diverse relationship structures, investigating the levels and effects of internal working models within these different relationship structures could provide a more holistic viewpoint.

All these suggested directions for future studies are expected to serve the understanding of both nomothetic and idiographic developmental aspects of factors that could pose a risk for suicidal ideation and probability. These directions can also help comprehend how processes evolve regarding equifinality and multifinality.

4.3. Clinical Implications

Given the prevalence and lethality of suicide, the findings of the present study hold clinical significance. Specifically, the study highlights that in emerging adulthood, avoidant attachment patterns with parents, both anxious and avoidant attachment with romantic partners, and anxious attachment patterns with peers are critically related to suicidal ideation and probability. These relationships are significantly influenced by individuals' perceptions of being burdensome and their feelings of thwarted belongingness. Additionally, the way individuals perceive others, mainly themselves, plays a crucial role in their suicidal ideation and probability through feelings of burdensomeness and lack of belonging.

In this context, a crucial implication is the significance of therapeutic processes where the individual feels safe, curious, and eager to explore their own mind, effectively allowing the therapist to serve as a "secure base." Such therapeutic environments are vital for individuals to repair their connections with life. This therapeutic journey can progress by revisiting and reorganizing previously suppressed needs and narratives, often ignored or feared by individuals with insecure attachments who have likely suppressed their emotions and needs. This process can facilitate confronting and integrating the distressing and anxiety-provoking material that has been left untouched for years.

In this regard, considering the contributions of the current study to the literature, family-focused, interpersonal, and narrative-based therapeutic interventions could be significant milestones. These therapeutic approaches could involve a detailed understanding of the content related to burdensomeness and belongingness, identifying appropriate ways to meet interpersonal needs, and better organizing interpersonal distress. Incorporating a specialized focus on suicide assessment and

interventions into clinicians' training appears to be an essential step. Additionally, understanding the sources of interpersonal support, such as family, friends, and romantic partners, that can assist the individual is crucial.

Relatedly, according to Fonagy, a prominent researcher in attachment theory, Bowlby underscored the crucial significance of early childhood separations and losses and the emotional responses individuals have to these traumas. He highlighted how attachment trauma, stemming from these early experiences and emotional reactions, significantly impacts future psychological problems and personality development. Indeed, the inability to communicate about these events is linked to insecure attachment. According to Fonagy et al., attachment trauma can result in defensive withdrawal and avoidance of mentalization, the ability to attribute meaning to something or to view oneself from an external perspective (Fonagy et al., 2007). Therefore, a parent's response to a child's separation reactions is crucial (Fonagy & Target, 2007). This perspective underscores the importance of employing mentalization in therapeutic processes. In this sense, mentalization-based therapy seeks to assist individuals in examining their own mental processes and establishing the coherence they may not have received from parental figures in early childhood within their own minds and past experiences (Fonagy & Target, 2006) can be beneficial. Furthermore, preventive or intervention studies focusing on parental approaches and psychoeducation emphasizing secure attachment can also be essential.

Moreover, as Levi-Belz and Gamliel (2016) suggested, incorporating comprehensive interviews that explore individuals' attachment patterns, perceived burdensomeness, and thwarted belongingness levels into current suicide risk assessments could be significantly beneficial (Levi-Belz & Gamliel, 2016). Standardized and inclusive psychometric tools that facilitate such assessments would substantially enhance the understanding and intervention capabilities.

Furthermore, the finding that individuals' perceptions in different relational contexts are more decisive in predicting suicidal thoughts and likelihood is particularly noteworthy. This conclusion underscores the importance of tailored assessments and interventions that consider the nuances of various interpersonal relationships.

4.4. Conclusion

To conclude, individuals' attachment to their parental figures with an avoidant attachment pattern, characterized by minimizing needs and denying the need for close relationships to protect themselves from the frustration of unmet interpersonal needs, may be associated with their perception of themselves as a burden and their inability to feel belonging, as well as an increase in suicidal thoughts and likelihood.

Conversely, attachment to friends and romantic partner figures, particularly in the case of friends, with an anxious attachment pattern that aims to prevent separation by keeping others close due to anxiety and fear of separation, could be associated with the perception of burdensomeness and lack of belonging, thereby contributing to heightened suicidal thoughts and likelihood.

Individuals with a diminished model of self, characterized by the lack of internalized positive self-worth and the belief that others will respond supportively in relationships, may perceive themselves as burdensome and struggle with a sense of belonging, potentially have associations with the increased suicidal thoughts and likelihood.

Similarly, a low model of other, which influences whether individuals perceive others in relationships as supportive and whether they avoid forming close connections, may be linked to feelings of burdensomeness and lack of belonging, thereby heightening the risk of suicidal thoughts and behaviors.

REFERENCES

- Adam, K. S. (1994). Suicidal behavior and attachment: A developmental model.
- Adam, K. S., Sheldon-Keller, A. E., & West, M. (1996). Attachment organization and history of suicidal behavior in clinical adolescents. *Journal of consulting and clinical psychology*, 64(2), 264.
- Ainsworth, M. D. S. (1982). The development of infant-mother attachment. In *In The beginning: Readings on Infancy* (pp. 133-143). Columbia University Press.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). A psychological study of the strange situation. *Patterns of attachment*.
- Ainsworth, M. S. (1979). Infant-mother attachment. *American psychologist*, 34(10), 932.
- Ainsworth, M. S., & Bowlby, J. (1991). An ethological approach to personality development. *American psychologist*, 46(4), 333.
- Amagasa T, Nakayama T, Takahashi Y (2005). Karojisatsu in Japan: characteristics of 22 cases of work- related suicide. *Journal of Occupational Health*, 4, 157–64.
- Anderson, J. W. (1972). Attachment behaviour out of doors. *Ethological studies of child behavior*, 199-215.
- Arbona, C., & Power, T. G. (2003). Parental attachment, self-esteem, and antisocial behaviors among African American, European American, and Mexican American adolescents. *Journal of counseling psychology*, 50(1), 40.
- Armsden, G. C., & Greenberg, M. T. (1987). The Inventory of Parent and Peer Attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence*, 16(5), 427–454
- Atlı, Z., Eskin, M., & Dereboy, Ç. (2009). İntihar Olasılığı Ölçeğinin (İÖÖ) klinik örnekleme de geçerlik ve güvenirliği. *Klinik Psikiyatri Dergisi*, 12(3), 111-124.
- Barnhart, J. E. (1972). Freud's pleasure principle and the death urge. *The southwestern journal of philosophy*, 3(1), 113–120.
- Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal relationships*, 7(2), 147-178.

- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: a test of a four-category model. *Journal of personality and social psychology*, 61(2), 226.
- Bartholomew, K., & Shaver, P. R. (1998). Methods of assessing adult attachment. *Attachment theory and close relationships*, 1998, 25-45.
- Barzilay, S. & Apter, A. (2014). Psychological models of suicide. *Archives of suicide research*, 18(4), 295-312.
- Batıgün, A. D., & Şahin, N. H. (2018). İntihar Olasılığı Ölçeği: Gözden geçirme, geçerlik ve güvenirlik çalışması. *Klinik Psikoloji Dergisi*, 2(2), 52-64.
- Baumeister, R. F. (1990). *Suicide as escape from self*. *Psychological Review*, 97, 90–113.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497–529.
- Beck, A. T. (1996). Beyond belief: A theory of modes, personality, and psychopathology. *Frontiers of cognitive therapy* (pp. 1–25). New York, NY: Guilford.
- Beck, A. T., Brown, G., Berchick, R. J., Stewart, B. L., & Steer, R. A. (1990). Relationship between hopelessness and ultimate suicide: A replication with psychiatric outpatients. *The American Journal of Psychiatry*, 147, 190–195.
- Belik, S. L., Cox, B. J., Stein, M. B., Asmundson, G. J., & Sareen, J. (2007). Traumatic events and suicidal behavior: Results from a national mental health survey. *The Journal of nervous and mental disease*, 195(4), 342-349.
- Bernardon, S., Babb, K. A., Hakim-Larson, J., & Gragg, M. (2011). Loneliness, attachment, and the perception and use of social support in university students. *Canadian Journal of Behavioural Science/Revue canadienne des sciences du comportement*, 43(1), 40.

- Bertolote, J., Wasserman, D., & Wasserman, C. (2009). Development of definitions of suicidal behaviours. *Oxford textbook of suicidology and suicide prevention, 1*, 87-90.
- Blatt, S. J., & Blass, R. B. (2013). Relatedness and self-definition: A dialectic model of personality development. In *Development and vulnerability in close relationships* (pp. 329-358). Psychology Press.
- Bohn, J., Holtmann, J., Luhmann, M., Koch, T., & Eid, M. (2023). Consistency and specificity of attachments to parents, friends, and romantic Partners in Emerging Adulthood. *Emerging Adulthood, 11*(1), 58-73.
- Bowlby, E. J. M. (2008). *Loss-Sadness and Depression: Attachment and Loss Volume 3* (Vol. 3). Random House.
- Bowlby, J. (1969). *Attachment and loss* (No. 79). Random House.
- Bowlby, J. (1973). Attachment and loss. Volume II. Separation, anxiety and anger. In *Attachment and loss. volume II. Separation, anxiety and anger* (pp. 429-p).
- Bowlby, J. (1988a). *Clinical applications of attachment theory*. Routledge Classics.
- Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. *Attachment theory and close relationships, 46*, 76.
- Broerman, R. (2020). Diathesis-stress model. *Encyclopedia of personality and individual differences, 1107-1109*.
- Burrell, L. V., Mehlum, L., & Qin, P. (2018). Sudden parental death from external causes and risk of suicide in the bereaved offspring: A national study. *Journal of psychiatric research, 96*, 49-56.
- Byrne, B. M. (2001). Structural equation modeling with AMOS, EQS, and LISREL: Comparative approaches to testing for the factorial validity of a measuring instrument. *International journal of testing, 1*(1), 55-86.

- Byrne, B.M. (2010). *Structural equation modeling with AMOS: Basic concepts, applications, and programming (2nd ed.)*. New York, NY: Routledge/Taylor & Francis.
- C. O'Connor Noel, P. Sheehy, Daryl B. O'Connor, R. (1999). The classification of completed suicide into subtypes. *Journal of Mental Health*, 8(6), 629-637.
- Canetto SS and Lester D (2002). Love and achievement motives in women's and men's suicide notes. *Journal of Psychology*, 136, 573– 6.
- Cerutti, R., Zuffianò, A., & Spensieri, V. (2018). The role of difficulty in identifying and describing feelings in non-suicidal self-injury behavior (NSSI): associations with perceived attachment quality, stressful life events, and suicidal ideation. *Frontiers in psychology*, 9, 332991.
- Choi, S. H., Lee, S. E., Lee, C. W., Maeng, S., Son, J., Kim, W. H., ... & Kim, H. (2020). Association between perceived parenting style and adolescents' attitudes toward suicide. *Journal of the Korean Academy of Child and Adolescent Psychiatry*, 31(4), 193.
- Christensen, H., Batterham, P. J., Soubelet, A., & Mackinnon, A. J. (2013). A test of the interpersonal theory of suicide in a large community-based cohort. *Journal of affective disorders*, 144(3), 225-234.
- Chu, C., Buchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., ... & Joiner Jr, T. E. (2017). The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research. *Psychological bulletin*, 143(12), 1313.
- Chu, J., Robinett, E. N., Ma, J. K., Shadish, K. Y., Goldblum, P., & Bongar, B. (2019). Cultural versus classic risk and protective factors for suicide. *Death Studies*, 43(1), 56-61.
- Clark DA and Beck AT (1999). *Scientific Foundations of Cognitive Theory and Therapy of Depression*. John Wiley and Sons, New York.
- Cohen, J. (2013). *Statistical power analysis for the behavioral sciences*. Routledge.
- Coleman D, Lawrence R, Parekh A, et al. (2017). Narcissistic Personality Disorder and suicidal behavior in mood disorders. *Journal of Psychiatric Research*, 85, 24– 8.

- Collins, N. L., & Read, S. J. (1994). Cognitive representations of attachment: The structure and function of working models. In K. Bartholomew & D. Perlman (Eds.), *Advances in personal relationships* (Vol. 5, pp. 53-90). London: Jessica Kingsley.
- Cronin, T. J., Pepping, C. A., & O'donovan, A. (2018). Attachment to friends and psychosocial well-being: The role of emotion regulation. *Clinical Psychologist*, 22(2), 158-167.
- Cukrowicz, K. C., Cheavens, J. S., Van Orden, K. A., Ragain, R. M., & Cook, R. L. (2011). Perceived burdensomeness and suicide ideation in older adults. *Psychology and aging*, 26(2), 331.
- Cull, J. G., & Gill, W. S. (1988). Suicide probability scale. *Journal of Consulting and Clinical Psychology*.
- Davidson, C. L., Wingate, L. R., Rasmussen, K. A., & Slish, M. L. (2009). Hope as a predictor of interpersonal suicide risk. *Suicide and Life-Threatening Behavior*, 39(5), 499-507.
- De Jong, M. L. (1992). Attachment, individuation, and risk of suicide in late adolescence. *Journal of Youth and adolescence*, 21(3), 357-373.
- De Leo, D., Bertolote, J., & Lester, D. (2002). Self-directed violence. In E. G. Krug et al. (Eds.), *World report on violence and health*. Geneva: World Health Organization.
- DeCatanzaro, D. (1980). Human suicide: A biological perspective. *Behavioral and Brain Sciences*, 3(2), 265-272.
- Deveci Şirin, H., & Şen Doğan, R. (2021). Psychometric Properties of the Turkish Version of the Experiences in Close Relationships–Relationship Structures Questionnaire (ECR-RS). *SAGE Open*, 11(1), 21582440211006056.
- Dienst, F., Forkmann, T., Schreiber, D., & Höller, I. (2023). Attachment and need to belong as moderators of the relationship between thwarted belongingness and suicidal ideation. *BMC psychology*, 11(1), 50.

- Dilbaz N, Holat H, Bayam G, Tüzer T. İntihar düşüncesi ölçeğinin geçerlilik ve güvenirliği. *Ulusal Psikiyatri Bilimler Kongresi Bilimsel Çalışma Kitabı*. 1995; 31:40–41.
- DiTommaso, E., Brannen-McNulty, C., Ross, L., & Burgess, M. (2003). Attachment styles, social skills and loneliness in young adults. *Personality and Individual Differences*, 35, 303–312.
- Donath, C., Graessel, E., Baier, D., Bleich, S., & Hillemacher, T. (2014). Is parenting style a predictor of suicide attempts in a representative sample of adolescents?. *BMC pediatrics*, 14, 1-13.
- Dugan, K. A., Fraley, R. C., Gillath, O., & Deboeck, P. R. (2022). Changes in global and relationship-specific attachment working models. *Journal of social and Personal Relationships*, 39(10), 3015-3043.
- Durkheim, E. (1897). *Le Suicide: Etude de Socologie*. Alcan, Paris.
- Dutheil, F., Mondillon, L., & Navel, V. (2021). PTSD as the second tsunami of the SARS-Cov-2 pandemic. *Psychological medicine*, 51(10), 1773-1774.
- Dykas, M. J., & Cassidy, J. (2011). Attachment and the processing of social information across the life span: Theory and evidence. *Psychological Bulletin*, 137, 19–46.
- Egeland, B., & Sroufe, L. A. (1981). Attachment and early maltreatment. *Child development*, 44-52.
- Eskander, N., Limbana, T., & Khan, F. (2020). Psychiatric comorbidities and the risk of suicide in obsessive-compulsive and body dysmorphic disorder. *Cureus*, 12(8).
- ESKİN, M. (2007). İntiharda Bilişsel Davranışçı Sağaltım Yaklaşımları. *Kriz Dergisi*, 15(2), 15-35.
- Eskin, M. (2012). İntihar. *Ankara: Hekimler Yayın Birliği*.
- Eskin, M., Arslantaş, H., Öztürk, C. Ş., & Eskin, B. (2020). Kişilerarası ihtiyaçlar anketi ve edinilmiş intihar yeterliliği-ölüm korkusuzluğu ölçeğinin psikometrik özelliklerinin araştırılması. *Klinik Psikiyatri Dergisi*, 23(2), 161-169.

- Eskin, M., Tran, U. S., Carta, M. G., Poyrazli, S., Flood, C., Mechri, A., ... & Voracek, M. (2020). Is individualism suicidogenic? Findings from a multinational study of young adults from 12 countries. *Frontiers in psychiatry*, 11, 259.
- Espinosa-Salido, P., Nieto, M. A. P., Baca-García, E., & Ortega, M. P. (2021). Systematic review of the indirect relationships of thwarted belongingness and perceived burdensomeness in suicide. *Clínica y Salud*, 32(1), 29-36.
- Falgares, G., Marchetti, D., De Santis, S., Carrozzino, D., Kopala-Sibley, D. C., Fulcheri, M., & Verrocchio, M. C. (2017). Attachment styles and suicide-related behaviors in adolescence: the mediating role of self-criticism and dependency. *Frontiers in psychiatry*, 8, 254334.
- Fazaa, N., & Page, S. (2003). Dependency and self-criticism as predictors of suicidal behavior. *Suicide and Life-Threatening Behavior*, 33(2), 172-185.
- Field, A. (2018). *Discovering Statistics Using IBM SPSS Statistics 5th ed.* SAGE Publications.
- Fino, E., Iliceto, P., Sabatello, U., Petrucci, F., & Candilera, G. (2014). Self/other perception mediates between personality and suicidal ideation in young adults. *The European Journal of Psychiatry*, 28(2), 104-113.
- Fonagy, P., & Target, M. (2006). The mentalization-focused approach to self pathology. *Journal of personality disorders*, 20(6), 544-576.
- Fonagy, P., & Target, M. (2007). The rooting of the mind in the body: New links between attachment theory and psychoanalytic thought. *Journal of the American Psychoanalytic Association*, 55(2), 411-456.
- Fonagy, P., Gergely, G., & Target, M. (2007). The parent–infant dyad and the construction of the subjective self. *Journal of child psychology and psychiatry*, 48(3-4), 288-328.
- Fraley R. C., Vicary A. M., Brumbaugh C. C., Roisman G. I. (2011). Patterns of stability in adult attachment: An empirical test of two models of continuity and change. *Journal of Personality and Social Psychology*, 101(5), 974–992.
- Fraley, R. C., Hudson, N. W., Heffernan, M. E., & Segal, N. (2015). Are adult attachment styles categorical or dimensional? A taxometric analysis of general

- and relationship-specific attachment orientations. *Journal of personality and social psychology*, 109(2), 354.
- Fraley, R. C., Vicary, A. M., Brumbaugh, C. C., & Roisman, G. I. (2011). Patterns of stability in adult attachment: an empirical test of two models of continuity and change. *Journal of personality and social psychology*, 101(5), 974.
- Freud, S. (1917). *Mourning and melancholia*. In: J Strachey (ed. And trans.), The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol. 10. Hogarth Press, London.
- Freud, S. (1920). *Beyond the pleasure principle*. Leipzig, Vienna, Zurich: International Psychoanalytic Publisher.
- Freud, S. (1923). *The ego and the id*. In: J Strachey (ed. and trans.), The Standard Edition of the Complete Psychological Works of Sigmund Freud, Vol. 19. Hogarth Press, London.
- Freud, S. (1989a). *Civilization and its discontents*. J. Strachey Ed. W. W. Norton & Company, Inc. (Original Work Published 1930).
- Freud, S. (1989b). *The ego and the id*. J. Strachey, Ed. (J. Riviere, Trans.). W. W. Norton & Company, Inc. (Original Work Published 1923).
- Geçtan, E. (1998). *Psikanaliz ve sonrası*. Remzi Kitabevi.
- Geulayov, G., Gunnell, D., Holmen, T. L., & Metcalfe, C. (2012). The association of parental fatal and non-fatal suicidal behaviour with offspring suicidal behaviour and depression: a systematic review and meta-analysis. *Psychological medicine*, 42(8), 1567-1580.
- Gmelin, J. O. H., De Vries, Y. A., Baams, L., Aguilar-Gaxiola, S., Alonso, J., Borges, G., ... & de Jonge, P. (2022). Increased risks for mental disorders among LGB individuals: cross-national evidence from the World Mental Health Surveys. *Social psychiatry and psychiatric epidemiology*, 57(11), 2319-2332.

- Göregenli, M. (1995). Kültürümüz açısından bireycilik-toplulukçuluk eğilimleri: Bir başlangıç çalışması Individualism-collectivism orientations in the Turkish culture: A preliminary study. *Türk Psikoloji Dergisi*, 10(35), 1–14.
- Gormley, B., & McNiel, D. E. (2010). Adult attachment orientations, depressive symptoms, anger, and self-directed aggression by psychiatric patients. *Cognitive therapy and research*, 34, 272-281.
- Gould, R. E. (1965). Suicide problems in children and adolescents. *American Journal of Psychotherapy*, 19, 228-246.
- Granato, S. L. (2014). *Attachment style as it relates to the development of thwarted belongingness*. University of South Alabama.
- Green, J., Berry, K., Danquah, A., & Pratt, D. (2021). Attachment security and suicide ideation and behaviour: The mediating role of reflective functioning. *International journal of environmental research and public health*, 18(6), 3090.
- Grunebaum, M. F., Galfalvy, H. C., Mortenson, L. Y., Burke, A. K., Oquendo, M. A., & Mann, J. J. (2010). Attachment and social adjustment: Relationships to suicide attempt and major depressive episode in a prospective study. *Journal of affective disorders*, 123(1-3), 123-130.
- Guarnieri, S., Ponti, L., & Tani, F. (2010). The inventory of parent and peer attachment (IPPA): A study on the validity of styles of adolescent attachment to parents and peers in an Italian sample. *Testing, Psychometrics, Methodology in Applied Psychology*, 17(3), 103–130.
- Gureje, O., Oladeji, B., Hwang, I., Chiu, W. T., Kessler, R. C., Sampson, N. A., ... & Nock, M. K. (2011). Parental psychopathology and the risk of suicidal behavior in their offspring: results from the World Mental Health surveys. *Molecular psychiatry*, 16(12), 1221-1233.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., ... & Clayton, P. J. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of homosexuality*, 58(1), 10-51.

- Haase, E., Schönfelder, A., Nesterko, Y., & Glaesmer, H. (2022). Prevalence of suicidal ideation and suicide attempts among refugees: a meta-analysis. *BMC public health*, 22(1), 1-12.
- Hagan CR, Podlogar MC, Chu C, Joiner TE. Testing the interpersonal theory of suicide: The moderating role of hopelessness. *International Journal of Cognitive Therapy*. 2015; 8(2):99–113.
- Hair, J. F., Anderson, R. E., Tatham, R. L., & William, C. (1998). Black (1998), Multivariate data analysis.
- Harlow, H. (1958) 'The nature of love', *American Psychologist*, 13: 673– 85.
- Hart, S. R., Van Eck, K., Ballard, E. D., Musci, R. J., Newcomer, A., & Wilcox, H. C. (2017). Subtypes of suicide attempters based on longitudinal childhood profiles of co-occurring depressive, anxious and aggressive behavior symptoms. *Psychiatry research*, 257, 150-155.
- Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. J. (2016). Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and psychiatric sciences*, 25(2), 129-141.
- Hatchel, T., Polanin, J. R., & Espelage, D. L. (2021). Suicidal thoughts and behaviors among LGBTQ youth: Meta-analyses and a systematic review. *Archives of suicide research*, 25(1), 1-37.
- Hawkins, K. A., Hames, J. L., Ribeiro, J. D., Silva, C., Joiner, T. E., & Cogle, J. R. (2014). An examination of the relationship between anger and suicide risk through the lens of the interpersonal theory of suicide. *Journal of Psychiatric Research*, 50, 59-65.
- Hawton, K. (2009). van HK. Suicide. *Lancet*, 373(9672), 1372-81.
- Heard, D. and Lake, B. (1986) 'The attachment dynamic in adult life', *British Journal of Psychiatry*, 149: 430–8.
- Hill, R. M., & Pettit, J. W. (2014). Perceived burdensomeness and suicide-related behaviors in clinical samples: Current evidence and future directions. *Journal of clinical psychology*, 70(7), 631-643.

- Hinde, R. (1982a) 'Attachment: some conceptual and biological issues', in *The Place of Attachment in Human Behaviour*, C. M. Parkes and J. Stevenson-Hinde (eds), London: Tavistock.
- Hoh, E. L., & Ismail, A. (2020). Depression, Thwarted Belongingness, Perceived Burdensomeness, and Suicidal Behavior among Undergraduate Students: A Quantitative Study in Malaysia. *International Journal of Academic Research in Business & Social Sciences*, 10(12), 416-431.
- Holmes, J. (1993). Attachment theory: a biological basis for psychotherapy?. *The British Journal of Psychiatry*, 163(4), 430-438.
- Holmes, J. (2014). *John Bowlby and attachment theory*. Routledge.
- Hu, L. & Bentler, P. M. (1999). Cut off criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling*, 6, 1-55.
- Hudson, N. W., Fraley, R. C., Chopik, W. J., & Heffernan, M. E. (2015). Not all attachment relationships develop alike: Normative cross-sectional age trajectories in attachment to romantic partners, best friends, and parents. *Journal of Research in Personality*, 59, 44-55.
- Hunt, Q. A., Krauthamer Ewing, E. S., Weiler, L. M., Ogbaselase, F. A., Mendenhall, T., McGuire, J. K., ... & Diamond, G. S. (2022). Family relationships and the interpersonal theory of suicide in a clinically suicidal sample of adolescents. *Journal of marital and family therapy*, 48(3), 798-811.
- Ingles, C. J., Hidalgo, M. D. & Mendez, F. X. (2005). Interpersonal difficulties in adolescence: A new self-report measure. *European Journal of Psychological Assessment*, 21(1), 11-22.
- Joiner Jr, T. E., Van Orden, K. A., Witte, T. K., Selby, E. A., Ribeiro, J. D., Lewis, R., & Rudd, M. D. (2009). Main predictions of the interpersonal–psychological theory of suicidal behavior: Empirical tests in two samples of young adults. *Journal of abnormal psychology*, 118(3), 634.
- Joiner TE, Van Orden KA, Witte TK, Rudd MD (2009). *The Interpersonal Theory of Suicide: Guidance for Working with Suicidal Patients*. American Psychological Association, Washington, DC.

- Joiner, T. E. (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press.
- Kacmarski, J. A. (2016). *Attachment styles and the interpersonal-psychological theory of suicide: An examination of interrelationships*. University of Northern Colorado.
- Karkın, A. N., & Eskin, M. (2023). Prevalence, Correlates, and Risk Factors of Suicidal Ideation and Attempts in Turkey. *Neuropsychiatric Investigation*, 61(1).
- Kaslow, N. J., Reviere, S. L., Chance, S. E., Rogers, J. H., Hatcher, C. A., Wasserman, F., ... & Kaslow, N. J. (1998). An empirical study of the psychodynamics of suicide. *Journal of the American Psychoanalytic Association*, 46(3), 777-796.
- Kazdin, A. E. (2021). *Research design in clinical psychology*. Cambridge University Press.
- Kernberg, O. F. (1995). *Aggression in personality disorders and perversions*. Yale University Press.
- Kernberg, O.F. (1975). *Borderline Conditions and Pathological Narcissism*. New York: Aronson.
- Klein, M. (1935). *A contribution to the pathogenesis of manicdepressive states*. In: *M Klein, Love Guilt, and Reparation*, pp. 262– 305. Virago Press Ltd, London.
- Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psychoanalysis*, 27, 99– 110.
- Klein, M. (1957). *Envy and Gratitude*. Basic Books, New York.
- Kline, R. B. (2023). *Principles and practice of structural equation modeling*. Guilford publications.
- Klohn, E. C., Weller, J. A., Luo, S., & Choe, M. (2005). Organization and predictive power of general and relationship-specific attachment models: One for all, and all for one?. *Personality and Social Psychology Bulletin*, 31(12), 1665-1682.

- Klonsky, E. D., May, A. M., & Saffer, B. Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual review of clinical psychology*, 12, 307-330.
- Klonsky, E. D., Oltmanns, T. F., & Turkheimer, E. (2003). Deliberate self-harm in a nonclinical population: Prevalence and psychological correlates. *American journal of Psychiatry*, 160(8), 1501-1508.
- Klonsky, E. D., Pachkowski, M. C., Shahnaz, A., & May, A. M. (2021). The three-step theory of suicide: Description, evidence, and some useful points of clarification. *Preventive medicine*, 152, 106549.
- Kohut, H. (1971). *The Analysis of the Self*. International Universities Press, New York.
- Kohut, H. (1972). *Thoughts on narcissism and narcissistic rage*. The Psychoanalytic Study of the Child, 27, 360– 400.
- Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.
- Kowal, J., Wilson, K. G., McWilliams, L. A., Péloquin, K., & Duong, D. (2012). Self-perceived burden in chronic pain: relevance, prevalence, and predictors. *PAIN®*, 153(8), 1735-1741.
- Kposowa AJ, Ezzat DA, Beault K (2019). New findings on gender: the effects of employment status on suicide. *International Journal of Women's Health*, 11, 569– 75.
- Lapsley, D. K. & Stey, P. C. (2011). *Id, ego, and superego*. Encyclopedia of human behavior, 1-9.
- Leben Novak, L., Gomboc, V., Poštuvan, V., De Leo, D., Rosenstein, Ž., & Drobnič Radobuljac, M. (2023). The influence of insecure attachment to parents on adolescents' suicidality. *International journal of environmental research and public health*, 20(4), 2827.
- Leben Novak, L., Gomboc, V., Poštuvan, V., De Leo, D., Rosenstein, Ž., & Drobnič Radobuljac, M. (2023). The influence of insecure attachment to parents on adolescents' suicidality. *International journal of environmental research and public health*, 20(4), 2827.

- Ledgerwood, D. M. (1999). Suicide and attachment: Fear of abandonment and isolation from a developmental perspective. *Journal of Contemporary Psychotherapy*, 29(1), 65-73.
- Lee HJ (2014). Fearless love, death for dignity: female suicide and gendered subjectivity in rural North China. *The China Journal*, 71, 25– 42.
- Lee, A., & Hankin, B. L. (2009). Insecure attachment, dysfunctional attitudes, and low self-esteem predicting prospective symptoms of depression and anxiety during adolescence. *Journal of clinical child & Adolescent Psychology*, 38(2), 219-231.
- Lessard, J. C., & Moretti, M. M. (1998). Suicidal ideation in an adolescent clinical sample: Attachment patterns and clinical implications. *Journal of Adolescence*, 21(4), 383-395.
- Lester, D. (1998). Suicide and homicide after the fall of communist regimes. *European psychiatry*, 13(2), 98-100.
- Levi-Belz, Y., & Gamliel, E. (2016). The effect of perceived burdensomeness and thwarted belongingness on therapists' assessment of patients' suicide risk. *Psychotherapy research*, 26(4), 436-445.
- Levi-Belz, Y., Gvion, Y., Horesh, N., & Apter, A. (2013). Attachment patterns in medically serious suicide attempts: The mediating role of self-disclosure and loneliness. *Suicide and Life-Threatening Behavior*, 43(5), 511-522.
- Levine, S., Ancill, R. U., & Roberts, A. P. (1989). Assessment of suicide risk by computer-delivered self-rating questionnaire: preliminary findings. *Acta Psychiatrica Scandinavica*, 80(3), 216-220.
- Lewin, B.,D. (1950). *The Psychoanalysis of Elation*. W.W. Norton and Co, New York.
- Lewis, M., Feiring, C., & Rosenthal, S. (2000). Attachment over time. *Child development*, 71(3), 707-720.
- Little, T. D., Cunningham, W. A., Shahar, G., & Widaman, K. F. (2002). To parcel or not to parcel: Exploring the question, weighing the merits. *Structural Equation Modeling*, 9, 151–173.

- Little, T. D., Rhemtulla, M., Gibson, K., & Schoemann, A. M. (2013). Why the items versus parcels controversy needn't be one. *Multivariate Behavioral Research*, 18, 285–300.
- Liu, A., Wang, W., & Wu, X. (2020). Understanding the relation between self-compassion and suicide risk among adolescents in a post-disaster context: Mediating roles of gratitude and posttraumatic stress disorder. *Frontiers in psychology*, 11, 533791.
- Lizardi, D., Grunebaum, M. F., Burke, A., Stanley, B., Mann, J. J., Harkavy-Friedman, J., & Oquendo, M. (2011). The effect of social adjustment and attachment style on suicidal behaviour. *Acta Psychiatr Scand*, 124(4), 295–300.
- Ma, J., Batterham, P. J., CEAR, A. L., & Han, J. (2016). A systematic review of the predictions of the Interpersonal–Psychological Theory of Suicidal Behavior. *Clinical psychology review*, 46, 34-45.
- Main, M., & Solomon, J. (1986). Discovery of a new, insecure-disorganized/disoriented attachment pattern. In M. Yogman & T. B. Brazelton (Eds.), *Affective development in infancy* (pp. 95–124). Norwood, NJ: Ablex.
- Main, M., & Weston, D. R. (1982). Avoidance of the attachment figure in infancy: Descriptions and interpretations. *The place of attachment in human behavior*, 8(1), 203-217.
- Maltsberger, J.T. (2004). *The descent into suicide*. *International Journal of Psychoanalysis*, 85, 653– 68.
- Maltsberger, J.T., Buie, D.H. (1980) The devices of suicide: revenge, riddance and rebirth. *International Review of Psycho-Analysis*, 7: 61–72.
- Mann, J. J., & Arango, V. (1992). Integration of neurobiology and psychopathology in a unified model of suicidal behavior. *Journal of clinical psychopharmacology*, 12(2), 8S.

- Martin, J., LaCroix, J. M., Novak, L. A., & Ghahramanlou-Holloway, M. (2020). Typologies of suicide: a critical literature review. *Archives of suicide research*, 24(sup1), 25-40.
- McHugh, C. M., Corderoy, A., Ryan, C. J., Hickie, I. B., & Large, M. M. (2019). Association between suicidal ideation and suicide: meta-analyses of odds ratios, sensitivity, specificity and positive predictive value. *BJPsych open*, 5(2), e18
- Melhem NM, Brent DA, Ziegler M, et al. (2007). Familial pathways to early- onset suicidal behaviour: familial and individual antecedents of suicidal behaviour. *The American Journal of Psychiatry*, 164, 1364– 70.
- Mertler, C. A., Vannatta, R. A., & LaVenja, K. N. (2021). *Advanced and multivariate statistical methods: Practical application and interpretation*. Routledge.
- Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change (2nd edition)*. New York: Guilford Press.
- Miniati, M., Callari, A., & Pini, S. (2017). Adult attachment style and suicidality. *Psychiatria Danubina*, 29(3), 250-259.
- Minois G (1995). *Histoire du Suicide. La Société Occidentale Face à la Mort Volontaire*. Fayard, Paris.
- Mittendorfer-Rutz, E., Rasmussen, F., & Lange, T. (2012). A life-course study on effects of parental markers of morbidity and mortality on offspring's suicide attempt. *PloS one*, 7(12), e51585.
- Muehlenkamp, J. J., Engel, S. G., Wadeson, A., Crosby, R. D., Wonderlich, S. A., Simonich, H., & Mitchell, J. E. (2009). Emotional states preceding and following acts of non-suicidal self-injury in bulimia nervosa patients. *Behaviour research and therapy*, 47(1), 83-87.
- Nielsen, M. B., Nielsen, G. H., Notelaers, G., & Einarsen, S. (2015). Workplace bullying and suicidal ideation: A 3-wave longitudinal Norwegian study. *American journal of public health*, 105(11), e23-e28.
- Nock MK, Borges G, Bromet EJ, et al. (2008). Cross- national prevalence and risk factors for suicidal ideation, plans and attempts. *British Journal of Psychiatry*, 192, 98– 105.

- Nock, M.K., et al. (2008). Review of Suicide and Suicidal Behaviors. *Public Health Reviews*, 30(1), 133-154.
- Orbach, I., Mikulincer, M., King, R., Cohen, D., & Stein, D. (1997). Thresholds and tolerance of physical pain in suicidal and nonsuicidal adolescents. *Journal of Consulting and Clinical psychology*, 65(4), 646.
- Overall, N. C., Fletcher, G. J., & Friesen, M. D. (2003). Mapping the intimate relationship mind: Comparisons between three models of attachment representations. *Personality and Social Psychology Bulletin*, 29(12), 1479-1493.
- Øverup, C. S., McLean, E. A., Brunson, J. A., & Coffman, A. D. (2017). Belonging, burdensomeness, and self-compassion as mediators of the association between attachment and depression. *Journal of Social and Clinical Psychology*, 36(8), 675-703.
- Palitsky, D., Mota, N., Afifi, T. O., Downs, A. C., & Sareen, J. (2013). The association between adult attachment style, mental disorders, and suicidality: findings from a population-based study. *The Journal of nervous and mental disease*, 201(7), 579-586.
- Parra- Uribe I, Blasco- Fontecilla H, Garcia- Pares G, et al. (2017). Risk of re- attempts and suicide death after a suicide attempt: a survival analysis. *BMC Psychiatry*, 17, 163.
- Pepping, C. A., Lyons, A., McNair, R., Kirby, J. N., Petrocchi, N., & Gilbert, P. (2017). A tailored compassion-focused therapy program for sexual minority young adults with depressive symptomatology: Study protocol for a randomized controlled trial. *BMC psychology*, 5, 1-7.
- Pereira, M. G., Taysi, E., Orcan, F., & Fincham, F. (2014). Attachment, infidelity, and loneliness in college students involved in a romantic relationship: The role of relationship satisfaction, morbidity, and prayer for partner. *Contemporary Family Therapy*, 36, 333-350.
- Platt, S. (2016). Inequalities and suicidal behavior. *The international handbook of suicide prevention*, 258-283.

- Potamianou, A. (2015). Amnemonic traces: Traumatic after-effects. *The International Journal of Psychoanalysis*, 96(4), 945-966.
- Raque-Bogdan, T. L., Ericson, S. K., Jackson, J., Martin, H. M., & Bryan, N. A. (2011). Attachment and mental and physical health: self-compassion and mattering as mediators. *Journal of counseling psychology*, 58(2), 272.
- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative research in psychology*, 11(1), 25-41
- Rogers, M. L., & Joiner, T. E. (2019). Exploring the temporal dynamics of the interpersonal theory of suicide constructs: A dynamic systems modeling approach. *Journal of consulting and clinical psychology*, 87(1), 56.
- Rohani, F., & Esmaeili, M. (2020). Psychological factors of vulnerability to suicide ideation: Attachment styles, coping strategies, and dysfunctional attitudes. *Journal of education and health promotion*, 9.
- Rosenfeld, H. (1971). A clinical approach to the psychoanalytic theory of the life and death instincts: An investigation into the aggressive aspects of narcissism. *International Journal of Psychoanalysis*, 52(2), 169-178.
- Rubinstein, D. H. (1986). A stress-diathesis theory of suicide. *Suicide and Life-Threatening Behavior*, 16(2), 182-197.
- Ryan, R. M., & Deci, E. L. (2000). The darker and brighter sides of human existence: Basic psychological needs as a unifying concept. *Psychological inquiry*, 11(4), 319-338.
- Sabbath, J. C. (1969). The suicidal adolescent: The expendable child. *Journal of the American Academy of Child Psychiatry*, 8, 272–285.
- Sareen J, Cox BJ, Afifi TO, et al. (2005). Anxiety disorders and risk for suicidal ideation and suicide attempts: a population- based longitudinal study of adults. *Archives of General Psychiatry*, 62, 1249– 57.
- Satorra, A. (1988). Scaling corrections for chi-square statistics in covariance structure analysis. In *American statistical association 1988 proceedings of business and economics sections* (pp. 308-313). American Statistical Association.

- Satorra, A., & Bentler, P. M. (1994). Corrections to test statistics and standard errors in covariance structure analysis.
- Schaffer A, Isomets. ET, Tondo L, et al. (2015). Epidemiology, neurobiology and pharmacological interventions related to suicide deaths and suicide attempts in bipolar disorder: part I of a report of the International Society for Bipolar Disorders Task Force on Suicide in Bipolar Disorder. *Australia and New Zealand Journal of Psychiatry*. 49, 785– 802.
- Sheftall, A. H., Schoppe-Sullivan, S. J., & Bridge, J. A. (2014). Insecure attachment and suicidal behavior in adolescents. *Crisis*.
- Shneidman ES (2001). *Comprehending Suicide*. American Psychological Association Washington, DC.
- Shneidman, E. S. (1980). A possible classification of suicidal acts based on Murray's need system. *Suicide & Life-Threatening Behavior*, 10, 175–181.
- Shneidman, E. S. (1993). Commentary: Suicide as psychache. *The Journal of nervous and mental disease*, 181(3), 145-147.
- Shrestha, N. (2020). Detecting multicollinearity in regression analysis. *American Journal of Applied Mathematics and Statistics*, 8(2), 39-42.
- Sibley, C. G., & Overall, N. C. (2008). Modeling the hierarchical structure of attachment representations: A test of domain differentiation. *Personality and Individual Differences*, 44(1), 238-249.
- Skrabski, Á., Kopp, M., Rózsa, S., Réthelyi, J., & Rahe, R. H. (2005). Life meaning: an important correlate of health in the Hungarian population. *International Journal of Behavioral Medicine*, 12, 78-85.
- Smith, A. R., Ribeiro, J. D., Mikolajewski, A., Taylor, J., Joiner, T. E., & Iacono, W. G. (2012). An examination of environmental and genetic contributions to the determinants of suicidal behavior among male twins. *Psychiatry research*, 197(1-2), 60-65.
- Solomon, R. L., & Corbit, J. D. (1974). An opponent-process theory of motivation: I. Temporal dynamics of affect. *Psychological review*, 81(2), 119.

- Spangenberg, L., Friedrich, M., Forkmann, T., Hallensleben, N., Schönfelder, A., Rath, D., ... & Glaesmer, H. (2023). Phenotyping suicidal ideation and behavior: Comparing clinical characteristics and future suicide attempts between suicidal subtypes in two clinical samples. *International journal of methods in psychiatric research*, 32(1), e1940.
- Stellrecht, N. E., Gordon, K. H., Van Orden, K., Witte, T. K., Wingate, L. R., Cukrowicz, K. C., ... & Jr, T. E. J. (2006). Clinical applications of the interpersonal-psychological theory of attempted and completed suicide. *Journal of Clinical Psychology*, 62(2), 211-222.
- Stepp, S. D., Morse, J. Q., Yaggi, K. E., Reynolds, S. K., Reed, L. I., & Pilkonis, P. A. (2008). The role of attachment styles and interpersonal problems in suicide-related behaviors. *Suicide and Life-Threatening Behavior*, 38(5), 592-607.
- Stevens, D., Wilcox, H. C., MacKinnon, D. F., Mondimore, F. M., Schweizer, B., Jancic, D., ... & Potash, J. B. (2013). Posttraumatic stress disorder increases risk for suicide attempt in adults with recurrent major depression. *Depression and anxiety*, 30(10), 940-946.
- Sümer, N., & Güngör, D. (1999). Yetişkin bağlanma stilleri ölçeklerinin Türk örneklemini üzerinde psikometrik değerlendirmesi ve kültürlerarası bir karşılaştırma. *Türk Psikoloji Dergisi*, 14(43), 71-106.
- Teismann, T., Brailovskaia, J., Robison, M., & Joiner, T. E. (2023). Self-burdensomeness, other-burdensomeness, and suicidal ideation. *Behaviour research and therapy*, 169, 104388.
- Thompson, M. P., & Swartout, K. (2018). Epidemiology of suicide attempts among youth transitioning to adulthood. *Journal of youth and adolescence*, 47, 807-817.
- Tidemalm, D., Långström, N., Lichtenstein, P., & Runeson, B. (2008). Risk of suicide after suicide attempt according to coexisting psychiatric disorder: Swedish cohort study with long term follow-up. *Bmj*, 337.

Turkish Statistical Institute (2019). Death and cause of death statistics, 2019. Retrieved Dec 19, 2023, from <https://data.tuik.gov.tr/Bulten/Index?p=Olum-ve-Olum-Nedeni-Istatistikleri-2019-3371012>.

Turkish Statistical Institute (2019). Suicides by Age Group and Sex. Retrieved Dec 17, 2023, from <https://web.archive.org/web/20201108192330/https://data.tuik.gov.tr/Bulten/Index?p=Olum-ve-Olum-Nedeni-Istatistikleri-2019-33710>.

Uebelacker, L. A., Weisberg, R., Millman, M., Yen, S., & Keller, M. (2013). Prospective study of risk factors for suicidal behavior in individuals with anxiety disorders. *Psychological medicine*, 43(7), 1465-1474.

Van Orden, K. A. (2015). The Interpersonal Theory of Suicide: A useful theory? In D. A. Lamis & N. J. Kaslow (Eds.), *Advancing the science of suicidal behavior: Understanding and intervention* (pp. 41–52). Nova Science Publishers.

Van Orden, K. A., Cukrowicz, K. C., Witte, T. K., & Joiner Jr, T. E. (2012). Thwarted belongingness and perceived burdensomeness: construct validity and psychometric properties of the Interpersonal Needs Questionnaire. *Psychological assessment*, 24(1), 197.

Van Orden, K. A., Cukrowicz, K. C., Witte, T. K., & Joiner Jr, T. E. (2012). Thwarted belongingness and perceived burdensomeness: construct validity and psychometric properties of the Interpersonal Needs Questionnaire. *Psychological assessment*, 24(1), 197.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, 117, 575–600.

Van Orden, K. A., Witte, T. K., Gordon, K. H., Bender, T. W., & Joiner Jr, T. E. (2008). Suicidal desire and the capability for suicide: tests of the interpersonal-psychological theory of suicidal behavior among adults. *Journal of consulting and clinical psychology*, 76(1), 72.

- Vélez-Grau, C., Magan, I. M., & Gwadz, M. (2023). The burden of not belonging: a qualitative study of the applicability of the interpersonal theory of suicide constructs of belongingness and burdensomeness to ethnocultural minoritized youth. *Behavior therapy*, 54(5), 777-793.
- Venta, A., Mellick, W., Schatte, D., & Sharp, C. (2014). Preliminary evidence that thoughts of thwarted belongingness mediate the relations between level of attachment insecurity and depression and suicide-related thoughts in inpatient adolescents. *Journal of Social and Clinical Psychology*, 33(5), 428-447.
- Wagner, B. M. (1997). Family risk factors for child and adolescent suicidal behavior. *Psychological bulletin*, 121(2), 246.
- Wang, Y., Feng, Y., Han, M., Duan, Z., Wilson, A., Fish, J., ... & Chen, R. (2021). Methods of attempted suicide and risk factors in LGBTQ+ youth. *Child Abuse & Neglect*, 122, 105352.
- Wasserman, D. (Ed.). (2020). *Oxford textbook of suicidology and suicide prevention*. Oxford University Press.
- Waters, E., Merrick, S., Treboux, D., Crowell, J., & Albersheim, L. (2000). Attachment security in infancy and early adulthood: A twenty-year longitudinal study. *Child development*, 71(3), 684-689.
- Wei, M., Shaffer, P. A., Young, S. K., & Zakalik, R. A. (2005). Adult attachment, shame, depression, and loneliness: the mediation role of basic psychological needs satisfaction. *Journal of counseling psychology*, 52(4), 591.
- Wenzel, A., & Beck, A. T. (2008). A cognitive model of suicidal behavior: Theory and treatment. *Applied and Preventive Psychology*, 12, 189–201.
- Wenzel, A., Brown, G. K., & Beck, A. T. (2009). *Cognitive therapy for suicidal patients: Scientific and clinical applications*. Washington, DC: American Psychological Association.

- Wetherall, K., Cleare, S., Eschle, S., Ferguson, E., O'Connor, D. B., O'Carroll, R. E., & O'Connor, R. C. (2022). Predicting suicidal ideation in a nationally representative sample of young adults: a 12-month prospective study. *Psychological medicine*, 52(14), 3168-3175.
- Wiener, C. D., Moreira, F. P., Zago, A., Souza, L. M., Branco, J. C., Oliveira, J. F. D., ... & Oses, J. P. (2017). Mood disorder, anxiety, and suicide risk among subjects with alcohol abuse and/or dependence: a population-based study. *Brazilian Journal of Psychiatry*, 40, 1-5.
- Wilcox, H. C., Storr, C. L., & Breslau, N. (2009). Posttraumatic stress disorder and suicide attempts in a community sample of urban American young adults. *Archives of general psychiatry*, 66(3), 305-311.
- Winnicott, D. W. (2013). *Collected papers: Through paediatrics to psychoanalysis*. Routledge.
- World Health Organization. (1998). *Primary prevention of mental, neurological and psychosocial disorders*. World Health Organization.
- World Health Organization. (2014). *Preventing suicide: A global imperative*. World Health Organization.
- World Health Organization. (2018). *Live life: preventing suicide* (No. WHO/MSD/MER/18.3). World Health Organization.
- World Health Organization. (2021). Suicide worldwide in 2019: global health estimates.
- Woznica, J. G., & Shapiro, J. R. (1990). An analysis of adolescent suicide attempts: The expendable child. *Journal of pediatric Psychology*, 15(6), 789-796.
- Yakeley, J. & Burbridge-James, W. (2018). Psychodynamic approaches to suicide and self-harm. *BJPsych Advances*, 24(1), 37-45.
- Yang, H., Ran, G., Zhang, Q., & Niu, X. (2023). The Association between Parental Attachment and Youth Suicidal Ideation: A Three-Level Meta-analysis. *Archives of Suicide Research*, 27(2), 453-478.

- Yuodelis-Flores, C., & Ries, R. K. (2015). Addiction and suicide: A review. *The American journal on addictions*, 24(2), 98-104.
- Zelazny, J., Melhem, N., Porta, G., Biernesser, C., Keilp, J. G., Mann, J. J., ... & Brent, D. A. (2019). Childhood maltreatment, neuropsychological function and suicidal behavior. *Journal of child psychology and psychiatry*, 60(10), 1085-1093.
- Zimmerman, M., & Becker, L. (2023). The hidden borderline patient: patients with borderline personality disorder who do not engage in recurrent suicidal or self-injurious behavior. *Psychological medicine*, 53(11), 5177-5184.
- Zortea, T. C., Gray, C. M., & O'Connor, R. C. (2019). Adult attachment: Investigating the factor structure of the Relationship Scales Questionnaire. *Journal of clinical psychology*, 75(12), 2169-2187.
- Zubin, J. (1974). Observations on nosological issues in the classification of suicidal behavior.
- Zuroff, D. C., & Fitzpatrick, D. K. (1995). Depressive personality styles: Implications for adult attachment. *Personality and Individual Differences*, 18(2), 253-265.

APPENDICES

Appendix A: Announcement Text

Merhaba,

TED Üniversitesi Psikoloji Bölümü Klinik Psikoloji yüksek lisans programında, gençlerin yaşamla bağlarını güçlendiren ya da zayıflatan etkenlerin daha iyi anlaşılmasını sağlamak için gençlerin, kendilerine ve kişilerarası ilişkilere yönelik algıları, stresli durumlarla yaşadıkları duygularla baş etmek üzere kullandıkları yöntemler ve bunların olumsuz/zorlayıcı düşünce ve duygularla ilişkisinin incelenmesi amacıyla, Doç. Dr. Iğın Gökler Danışman ve Doç. Dr. İbrahim Yiğit danışmanlığında, yüksek lisans tez çalışması yapmaktayım. Bu tez çalışması kapsamında, 18-25 yaş arasında ve internet erişimine sahipseniz, aşağıdaki link aracılığıyla araştırmaya katılabilirsiniz. Bu araştırmaya katılmak, tamamen gönüllülük çerçevesindedir. Katılım, çevrimiçi şekilde yapılmaktadır. İlgili linke girerek onam formunu okuduktan sonra katılmayı onayladığınızı belirttiğinizde, çevrimiçi olarak, belirtilen konuyla ilişkili sorular içeren anket sorularını yanıtlamanız beklenecektir. Çalışmada bulunan anket sorularını tamamlamak, yaklaşık 15-20 dakika arası bir zamanınızı alacaktır. Sizden kimliğinizi belirten herhangi bir kişisel bilgi istenmeyecek, yani anonim olarak anketi doldurmanız sağlanacaktır. Yanıtlarınız gizli tutulacaktır. Bu tez çalışmasında tüm katılımcılardan elde edilecek olan bilgiler, toplu halde değerlendirilecektir. Çalışmanın sonucunda ulaşılabilecek olan veriler, tez yürütücüsü ve yukarıda belirtilen iki danışman araştırmacının kişisel bilgisayarlarında, şifreli bir dosyada korunacaktır. Tez çalışmasıyla ilgili daha ayrıntılı bilgiye ulaşmak ve ankete katılmak istiyorsanız, buraya [Anketin link adresi] tıklayabilirsiniz. Sorularınız, yorumlarınız veya geribildirimleriniz için bana, E-mail adresinden, e-posta ile ulaşabilirsiniz. Onay vermeden önce sormak istediğiniz herhangi bir konu varsa sormaktan çekinmeyiniz. Ayırdığınız zamanınız ve bilime verdiğiniz katkınız için şimdiden teşekkür ederim.

İrem Beril Karaçalık TED Üniversitesi – Psikoloji Bölümü Klinik Psikoloji Yüksek Lisans Programı

Appendix B: Informed Consent Form

Sayın Katılımcı,

Bu çalışma, TED Üniversitesi, Lisansüstü Programlar Enstitüsü Psikoloji Ana Bilim Dalı Klinik Psikoloji yüksek lisans programında, Doç. Dr. Iğın GÖKLER DANIŞMAN ve Doç. Dr. İbrahim YİĞİT danışmanlığında, İrem Beril KARAÇALIK tarafından yapılmakta olan yüksek lisans tezi kapsamında yürütülmektedir. Araştırmanın amacı, gençlerin yaşamla bağlarını güçlendiren ya da zayıflatan etkenlerin daha iyi anlaşılmasını sağlamaktır. Bu amaçla gençlerin, kendilerine ve kişilerarası ilişkilere yönelik algıları, stresli durumlarla yaşadıkları duygularla baş etmek üzere kullandıkları yöntemler ve bunların olumsuz/zorlayıcı düşünce ve duygularla ilişkisi incelenmektedir.

Bu doğrultuda, araştırmamıza katılmaya gönüllü olabilecek 18-25 yaş arası katılımcılara ulaşmaya çalışmaktayız.

Bu form, sizi araştırma koşulları ve içeriği hakkında bilgilendirmek için oluşturulmuştur. Bu araştırma için TED Üniversitesi Etik Kurulu'ndan onay alınmıştır. Bu çalışmaya katılmak tamamen gönüllülük esasına dayanmaktadır. Araştırmaya katılıp katılmamakta tamamen özgürsünüz. Bu araştırmaya katılmayı onayladığınız takdirde, araştırmanın katılımcısı olacaksınız ve sizden, çevrimiçi ortamda bir dizi anket sorusu yanıtlamanız beklenecektir. Anketteki soruları yanıtlamak, yaklaşık 15-20 dakika arasında sürmektedir. Gönüllülük ilkesi gereği, araştırmada yer alan anketleri doldurmaya başladıktan sonra vazgeçme veya anketi tamamladıktan sonra verilerinizin kullanılmamasını talep etme hakkına sahipsiniz.

Katılmayı kabul ettiğiniz durumda, yanıtlayacağınız ankette, kişilerin kendilerine ve yakın ilişkilerine yönelik algılarını, sorunlar karşısında olumsuz duygularıyla başetme biçimlerini ve intiharla ilgili düşünceler de dahil olmak üzere zorlayıcı düşünce ve duygularını anlamaya yönelik sorular yer almaktadır. Araştırmada yer alan anket, size gündelik hayatta karşılaşılabileceğiniz stresten daha yüksek düzeyde kişisel rahatsızlık verecek sorular ya da durumlar içermemektedir. Bununla birlikte herhangi bir nedenle kendinizi rahatsız hissederseniz yanıtlamayı yarıda bırakıp anket uygulamasını tamamlamaktan vazgeçmekte tamamen özgürsünüz. Böyle bir durumda anketten

ayrılmak için internet tarayıcınızı kapatmanız yeterli olacaktır. Bu durumda o zamana kadar vermiş olduğunuz yanıtlar araştırmada kullanılmayacaktır.

Katılımcıların gizliliğin korunması için vereceğiniz tüm yanıtlar tamamen anonim olacak ve size ait olduğu bilinmeyecektir. Ancak aynı nedenle, ankete vereceğiniz yanıtların, zorlayıcı düşünce ve duygularla mücadele ettiğinize ya da kendinizi psikolojik olarak iyi hissetmediğinize işaret etmesi durumunda da sizinle bireysel olarak iletişim kurmamız, bireysel düzeyde geri bildirim vermemiz ya da yönlendirme sağlamamız mümkün olamayacaktır. Ancak tüm katılımcılara [ilgili link] adresinde yer alan bilgilendirme formu aracılığıyla, kendilerini psikolojik olarak kötü hissetmeleri durumunda yapabilecekleri ve ulaşılabilir ruh sağlığı merkezleri hakkında bilgiler sağlanmıştır. Kendini psikolojik olarak iyi hissetmeyen ve / veya intihar düşünceleri olduğunu düşünen tüm katılımcıların bu bilgileri okuması ve kullanması önemle tavsiye edilmektedir.

Soruların nasıl yanıtlanacağı konusunda bilgi ve açıklamalar anketin ilgili bölümlerinde verilmiştir. Lütfen anketteki her sayfadan önce verilen bu açıklamaları dikkatlice okuyunuz ve bu açıklamalar temelinde işaretlemelerinizi yapınız. Anketlerde yanıtlamanız istenen soruların doğru ya da yanlış cevapları yoktur. Size iletilecek formlardaki soruları eksiksiz olarak yanıtlarken, yanıtlarınızı gerçek duygu ve düşüncelerinizi içerecek şekilde titizlikle yaparsanız, bilimsel verilerin sağlanmasına büyük katkıda bulunmuş olacaksınız. Bu araştırmaya gençlerin yaşamla bağlarını güçlendiren veya zayıflatan etkenlerin anlaşılmasına ve bu alanda etkili psikolojik müdahale yöntemlerinin geliştirilmesine yarayacak bilimsel bilginin oluşumuna katkıda bulunmuş olacaksınız. Anketi sizin için uygun olan bir zamanda ve tek bir oturumda ara vermeden tamamlamanız, araştırmanın güvenilirliği ve geçerliliği açısından önemlidir.

Sizden kimliğinizi belirten herhangi bir kişisel bilgi istenmeyecek, yani anonim olarak anketi doldurmanız sağlanacaktır. Yanıtlarınız gizli tutulacaktır. Verileri araştırmacılar dışında herhangi birinin incelemesi mümkün olmayacaktır. Bu tez çalışmasında tüm katılımcılardan elde edilecek olan bilgiler, toplu halde değerlendirilecektir. Bu bilgiler, yalnızca araştırmacılar tarafından yapılan bilimsel yayınlarda ve sunumlarda kullanılacaktır. Tez süreci içerisinde, paylaşımında

bulunduğunuz bilgiler kesinlikle gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Toplanan veriler, mevcut tez çalışmasının yürütücüsü İrem Beril KARAÇALIK, tez danışmanları, Doç. Dr. Ilgın GÖKLER DANIŞMAN ve Doç. Dr. İbrahim YİĞİT'in bilgisayarında şifreli bir dosyada tutulacaktır. Bizim için çok önemli olan katkı ve iş birliğiniz için şimdiden çok teşekkür ederiz. Onay vermeden önce sormak istediğiniz herhangi bir konu varsa sormaktan çekinmeyiniz. Çalışma bittikten sonra da sorumlu araştırmacıya aşağıdaki iletişim numaralarından ulaşabilir ve sonuçlar hakkında bilgi isteyebilirsiniz, sonuç geldiğinde size e-posta ile bir özet göndereceğim. Çalışma hakkında daha fazla bilgi almak ve yanıtlanmasını istediğiniz sorularınız için benimle (E-posta:) iletişim kurabilirsiniz.

İstedğim zaman bu çalışmadan ayrılabileceğimi biliyorum. Araştırma süresince elde edilen bilimsel bilgilerin bilimsel makaleler ve akademik sunumlar dışında kesinlikle kullanılmayacağını biliyorum.

Saygılarımla,

İrem Beril KARAÇALIK

Adres:

Ziya Gökalp Cad. No:48 Kolej/ Çankaya ANKARA,

Doç. Dr. Ilgın Gökler Danışman Dr. İbrahim Yiğit

Onam formunu okudum. Bu araştırmaya katılmayı kabul ediyorum.

Evet Hayır

Katılımınız ya da haklarınızın korunmasına yönelik sorularınız varsa ya da herhangi bir şekilde risk altında olabileceğinize, strese maruz kalacağınıza inanıyorsanız TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na () telefon numarasından veya eposta adresinden ulaşabilirsiniz.

Appendix C: Detailed Information Form

(İntihar düşüncesiyle ilgili bilgiler ve düşüncenin varlığında atılabilecek olası adımlar)

İntiharı düşünmek ve tarif etmek hepimizi farklı şekilde etkiler. Bu deneyimler hakkında birisiyle daha fazla konuşmak istediğinizi düşünüyorsanız, aşağıda intiharla ilgili çeşitli bireysel ve toplumsal sinyaller, yapabilecekleriniz ve iletişim kurabileceğiniz bazı kaynakların bir listesi bulunmaktadır.

İntihar düşüncesi ile ilgili çeşitli bireysel ve toplumsal bazı sinyaller ve risk faktörleri aşağıda belirtilmiştir:

Bireysel Faktörler:

- İntihar etme niyetini belirtmek ve/veya intiharla ilgili planlar yapmak
- Öncesinde intihar girişimi varlığı
- İntiharı ve intihar edenleri övmek, yüceltmek ve/veya bir çözüm olarak görmek
- Yakın aile bireylerinde intihar eden kişi ya da kişilerin varlığı • İntihar metotları hakkında araştırma yapmak
- İntihar etmede kullanılabilecek nesnelere erişim kolaylığına sahip olmak (silah, ilaçlar gibi)
- Yoğun ve sık şekilde umutsuzluktan ve çaresizlikten bahsetmek
- Sosyal etkileşimlerden ve/veya etkileşim kaynaklarından ciddi şekilde geri çekilme ve/veya içe kapanma yaşamak, sosyal izolasyonun var olması
- Süreğen şekilde üzgün ve/veya günlük işleri yapamayacak halde olmak
- Şiddetli kafa karışıklığı içinde ve/veya zihnin sorun ve zorluklardan başka bir şeyle meşgul olmama halinde olması
- Hayatın anlamsızlığına, her şeyin önemini yitirdiğine dair düşünceleri sık dile getirmek

- Ekonomik problemlerin üstesinden gelmenin mümkün olmadığı bir hal aldığından şikayet etmek
- Yakın ilişkideki kişilerle vedalaşma konuşmaları yapmak
- Zorluklar ile ilgili yoğun suçluluk hissetmek
- Kişinin hayatındaki kimsenin yardımcı olabileceğine dair inancın yitirilmesi ve/veya kişilerden gelen yardım tekliflerini kabul etmemek
- Hayattaki zorlukların çözülemeyeceğine şiddetli şekilde inanmak
- Travmatik deneyimlerle karşılaşmış olmak

Toplumsal ve Çevresel Faktörler:

- Süreğen ekonomik yetersizlik ve/veya zorluklar içerisinde olmak
- Süreğen olarak yakın ilişkilerde, ilişkiyle alakalı problemler deneyimliyor olmak
- Aile üyelerinden veya arkadaşlardan oluşan sosyal destek kaynaklarına ulaşamıyor olmak
- Sevilen kişilerin ani kaybını deneyimlemek ve/veya sevilen kişilerin travmatik deneyimlerle karşılaşmış olmalarını deneyimlemek
- Medya kanallarında intihar ile ilgili haberlerle fazla karşılaşmak
- Çeşitli toplumsal travmalarla (savaş, terör saldırısı, zorunlu göç gibi) karşılaşmış olmak
- Dışlanmayla ve ayrımcılıkla karşılaşmak

Kendinizde yoğun intihar düşünceleri olduğunu düşünüyorsanız yapabileceğiniz şeyler aşağıda sıralanmıştır:

- Öncelikle, yaşadığınız şiddetli duygusal acıdan düşünceleriniz çok fazla etkilenmektedir. Hissettiğiniz bu acıyı bitirmek ile yaşamınıza son vermek birbirinden ayrılmaktadır. Kendinizi öldürmeyi düşünmek ile bunu gerçekleştirmek aynı şey

değildir. Yaşadığınız bu acının kalıcı olmayacağı, farklı ve daha iyi hissedebileceğiniz bir zaman olması imkânsız değildir.

- Bir şey yapmadan önce, kendinize bir süre (24 saat ya da 1 hafta) tanıyın, bu süre içerisinde, mümkünse kendinize yakın hissettiğiniz ve sizi yargılamayacağına inandığınız bir aile bireyi veya arkadaşınız ile irtibat kurun ve mümkünse yüz yüze görüşmeye çalışın. Kendinize tanıdığınız bu süreçte kendinizi sosyal olarak izole etmemeye çalışmak, güvende hissedebileceğinizi düşündüğünüz kişi ve kişilerle ve ortamlarda bulunmak, düşüncelerinizle bağlantılı olarak zararlı olabilecek ortam ve nesnelerden (silah veya ilaçlar gibi) ve alkol veya diğer madde kullanımlarından uzak durmak, yapabileceğiniz şeyler arasındadır.

- Eğer bu yakın gördüğünüz kişi ile görüştüyseniz, görüşmenizde intihar düşüncenizin varlığından, duygularınızdan veya tamamen başka konulardan bahsedebilirsiniz. Yakınınıza, psikolojik destek almak istediğinizden de bahsedebilirsiniz. Eğer intihar düşünce ve planlarınızın çok yoğun olduğunu düşünüyorsanız, bu desteği almak için bir uzmandan yardım almak amacıyla en yakın sağlık kuruluşuna başvurun veya bunu yapabilmek için güvendiğiniz yakınınızdan, size destek olmasını isteyin.

- Eğer kısa sürede size eşlik edebilecek bir yakınınız olduğunu düşünmüyorsanız, 112 acil yardım hattını arayabilir ve destek isteyebilirsiniz.

- Ankara Üniversitesi Tıp Fakültesi Ruh Sağlığı ve Hastalıkları Anabilim Dalı Adres: 06590 Cebeci / Ankara Tel no: E posta:

- İstanbul Erenköy Ruh ve Sinir Hastalıkları Eğitim ve Araştırma Hastanesi Adres: Sinan Ercan Cad. No:23 Kazasker – Erenköy - Kadıköy – 34736 İSTANBUL Telefon:

- İzmir Dokuz Eylül Üniversitesi Araştırma ve Uygulama Hastanesi İletişim Bilgileri: Poliklinik Çalışma Saatleri; hafta içi her gün 09:00 ile 17:00 saatleri arası. Poliklinik hizmetlerimiz için hastane web sayfası <https://hastane.deu.edu.tr/index.php/tibbi-birimlerimiz.html?id=174> üzerinden randevu alınabilmektedir. Özel polikliniklerin randevuları ise ilgili hekimlerce düzenlenmektedir. Poliklinik Sekreterliği:

(Tıbbi Sekreter Duygu Güven) Anabilim Dalı Sekreterliği:
(Tıbbi Sekreter Hülya Erdem) Yataklı Servis Sekreterliği:
Sekreter Kübra Turgut)

(Tıbbi

• TED Üniversitesi öğrencisiyseniz, adresine ulaşarak veya iletişim numarasından Öğrenci Gelişim ve Psikolojik Danışma Merkezi'nden uzman bir psikolog ile randevu oluşturarak bu süreçte destek alabilirsiniz. (Daha ayrıntılı bilgi için, <https://csc.tedu.edu.tr> adresini ziyaret edebilirsiniz.)

• Eğer başka bir üniversitenin öğrencisiyseniz, kendi kurumunuzdaki öğrenci psikolojik danışma merkezlerinin varlığını, eğer varsa, randevu için başvuru iletişim adreslerini araştırabilirsiniz.

• Bu bilgilere ulaşmada zorluk çekiyorsanız, tezin araştırmacısı İrem Beril Karaçalık'a, mail adresinden ulaşabilir ve hastanelere nasıl ulaşacağınızla ilgili bilgi alabilirsiniz.

• Yaşadığınız zorluklarla ilgili farklı desteklere ihtiyaç duyabilirsiniz. Bu zorlukların giderilmesinde ihtiyaç duyulabilecek çeşitli uzman ve kurumlar olabilir. Bu uzmanlar; psikologlar ve psikiyatristler olabilmektedir.

• Tüm bu zor süreçte, intiharın uzman ve/veya yakınlarınızın desteğiyle önlenabilir olduğunu aklınızda bulundurun.

Appendix D: Demographic Information Form

1. Yaşınız:
2. Cinsiyetiniz:
3. Cinsel yöneliminiz nedir?
☐ Heteroseksüel ☐ Eşcinsel ☐ Biseksüel. ☐ Aseksüel
☐ Diğer (Lütfen Belirtiniz):
☐ Cevap vermemeyi tercih ederim.
4. Eğitim durumunuz (En son tamamlanan):
☐ Okur-yazar değil ☐ Okur-yazar ☐ İlkokul ☐ Ortaokul ☐ Lise
☐ Lise terk ☐ Yüksekokul ☐ Üniversite ☐ Lisansüstü
5. Öğrenciliğiniz şu anda devam ediyor mu?
☐ Evet ☐ Hayır
6. Lütfen çalışma durumunuzu belirtiniz:
☐ Maaşlı bir işte çalışıyorum. ☐ Kendi işimde çalışıyorum.
☐ Çalışmıyorum.
Lütfen çalışıyorsanız mesleğinizi yazınız:
7. Medeni Durumunuz: () Evli () Bekar
8. Şu anda romantik partneriniz var mı?
☐ Evet ☐ Hayır
Var ise ilişkinizin ne kadar süredir olduğunu belirtiniz:.....
9. Lütfen şu anda yaşadığınız şehri belirtiniz:
☐ Köy-Kasaba ☐ İlçe ☐ İl ☐ Büyükşehir

10. Lütfen sizin düşüncenize göre, ailenizin gelir düzeyini belirtiniz:

☐ Çok Düşük ☐ Düşük ☐ Orta düzey ☐ Yüksek ☐ Çok Yüksek

11. Ailenizin bir aylık toplam geliri ne kadardır?

☐ 8500 TL'den az. ☐ 8501-10.000 TL. ☐ 10.001-15.000 TL

☐ 15.101-20.000 TL ☐ 20.000-30.000 TL. ☐ 30.001-40.000 TL

☐ 40.001 TL ve üzeri

12. Şu anda kimlerle birlikte yaşıyorsunuz?

☐ Ailemle ☐ Ev arkadaşlarımla

☐ Romantik partnerimle ☐ Tek başıma ☐ Yurt arkadaşlarımla

☐ Diğer:

13. Anne babanız:

☐ Her ikisi de sağ ☐ Babam sağ, annem vefat etti

☐ Annem sağ, babam vefat etti ☐ Her ikisi de vefat etti

14. Anne babanız (anne veya babanız vefat ettiyse 'hiçbiri' seçeneğini işaretleyiniz)

☐ Birlikte yaşıyorlar ☐ Boşandılar

☐ Boşanmadılar ama ayrı yaşıyorlar ☐ Hiçbiri

15. Annenizin herhangi bir tanı almış psikiyatrik rahatsızlığı var mı?

☐ Var ☐ Yok

Varsa ne olduğunu yazınız:.....

16. Babanızın herhangi bir tanı almış psikiyatrik rahatsızlığı var mı?

☐ Evet ☐ Hayır

Var ise ne olduğunu belirtiniz:.....

17. Sizin herhangi bir tanı almış psikiyatrik rahatsızlığınız var mı?

☐ Evet. ☐ Hayır

Varsa ne olduğunu belirtiniz:.....

18. Bir psikiyatrik rahatsızlık için herhangi bir destek alıyor musunuz?

☐ Evet. ☐ Hayır

Evet ise lütfen ne tür bir destek (psikoterapi, ilaç tedavisi gibi) aldığınızı yazınız:

.....

19. Hayatınızda hiç intihar girişiminde bulundunuz mu?

☐ Evet. ☐ Hayır

Lütfen oldu ise ne kadar süre önce olduğunu belirtiniz:.....

20. Şu anda herhangi bir kronik fiziksel hastalığınız var mı?

☐ Evet. ☐ Hayır

Evet ise lütfen hastalığın ne olduğunu yazınız:.....

Appendix E: Suicide Probability Scale

Yönerge: Aşağıda insanların duygu ve davranışlarını anlatmada kullanabilecekleri bir dizi ifade verilmiştir. Lütfen her bir ifadeyi okuyarak, bunların size ne kadar uygun olduğuna karar veriniz.

	Hiçbir Zaman	Bazen	Çoğu Zaman	Her Zaman
1. Kızınca bir şeyler fırlatırım.				
2. Beni gerçekten seven pek çok kişi var.				
3. Ani kararlar vermeye ya da düşünmeden bazı davranışlarda bulunmaya eğilimliyim.				
4. Başkalarına anlatılmayacak kadar kötü şeyler düşünüyorum.				
5. Çok fazla sorumluluğum var.				
6. Yapabileceğim pek çok faydalı şey olduğuna inanıyorum.				
7. İntiharın başkalarını cezalandırmak için iyi bir yol olmadığına inanıyorum.				
8. Başkalarına karşı düşmanca duygular içindeyim.				
9. Kendimi insanlardan soyutlanmış hissediyorum.				
10. İnsanların bana olduğum gibi değer verdiklerine inanıyorum.				
11. Ölürsem pek çok insanın üzüleceğine inanıyorum.				
12. Kendimi dayanılmayacak kadar yalnız hissediyorum.				
13. İnsanların bana karşı düşmanca duygular içerisinde olduğunu sanıyorum.				
14. Yeni baştan başlayabilsem, hayatımda pek çok değişiklikler yapabileceğimi düşünüyorum.				
15. Pek çok şeyi iyi yapamadığımı düşünüyorum.				
16. Sevdiğim kişilerle arkadaşlığımı sürdürmekte güçlük çekiyorum.				
17. Ölürsem hiç kimsenin beni özlemeyeceğini sanıyorum.				
18. İşlerimin yolunda gittiğini düşünüyorum.				
19. İnsanların benden çok şey beklediklerini hissediyorum.				
20. Yaptıklarım ve düşündüklerim için kendimi cezalandırmayı düşünmüyorum.				

21. Dünyanın yaşamaya değer bir yer olduğunu düşünüyorum.				
22. Geleceğim hakkında çok dikkatli bir şekilde plan yaptığımı sanıyorum.				
23. Güvenebileceğim pek fazla arkadaşımın olmadığını düşünüyorum.				
24. Ölümün insanları mutlu edeceğini sanmıyorum.				
25. Yaşananlar ne kadar kötü olursa olsun, ölümü düşündürecek kadar kötü olamayacağını düşünüyorum.				
26. Kendimi anneme yakın hissediyorum/ hissediyordum.				
27. Kendimi arkadaşlarıma yakın hissediyorum.				
28. Hiçbir şeyin düzeleceğini sanmıyorum.				
29. İnsanların beni ve yaptıklarımı doğru bulmadıklarını düşünüyorum.				
30. Kendimi nasıl öldüreceğimi düşünmedim.				
31. Para konusu beni endişelendiriyor.				
32. İntihar etmeyi hiç düşünmedim.				
33. Kendimi yorgun hissediyorum ve hiçbir şeye ilgim kalmadığını düşünüyorum.				
34. Kızınca bir şeyler kırarım.				
35. Kendimi babama yakın hissediyorum / hissediyordum.				
36. Nerede olursam olayım mutlu olabileceğimi sanıyorum.				

Appendix F: Interpersonal Needs Questionnaire

YÖNERGE: Aşağıda çeşitli düşünce, tutum, duygu ve davranışlarla ilgili 10 ifade sıralanmıştır. Her bir ifadeye katılma ya da katılmama durumunuzu en iyi şekilde gösteren sayıyı işaretleyiniz. Lütfen doğru veya yanlış cevap olmadığını unutmayınız.

	Kesinlikle Katılmıyorum	Katılmıyorum	Bazen Katılmıyorum	Kararsızım	Bazen Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
1. Bugünlerde, hayatımdaki insanların ben olmasam daha iyi olacaklarını düşünüyorum.							
2. Bugünlerde, hayatımdaki insanların bensiz daha mutlu olacaklarını düşünüyorum.							
3. Bugünlerde, ölümümün hayatımdaki insanları rahatlatacağını düşünüyorum.							
4. Bugünlerde, hayatımdaki insanların benden kurtulmak istediklerini düşünüyorum.							
5. Bugünlerde, hayatımdaki insanlar için işleri daha da zorlaştırdığımı düşünüyorum.							
6. Bugünlerde, kendimi bir aileye, bir gruba veya bir yere ait hissediyorum.							
7. Bugünlerde, beni önemseyen ve destekleyen birçok arkadaşına sahip olduğum için şanslı olduğumu hissediyorum.							
8. Bugünlerde, diğer insanlarla olan bağımın kopuk olduğunu hissediyorum.							
9. Bugünlerde, sosyal ortamlarda kendimi bir yabancıymış gibi hissediyorum.							
10. Bugünlerde, kendimi insanlara yakın hissediyorum.							

Appendix G: Suicidal Ideation Scale

Yönerge: Son 1 Hafta İçinde Aşağıdaki Cümlelerde Belirtilen Düşüncelerden Size Uyanlar İçin Evet Uymayanlar İçin Hayır Yanıtını İşaretleyiniz.

	Evet	Hayır
1. Kontrol edemeyeceğim kadar öfkelenirim.		
2. Bazen başkalarını incitme isteği duyuyorum.		
3. İncinmem veya yaralanmam umurumda değil.		
4. Kendim için bir şeyleri daha iyi yapacağım konusunda umudumu kesebilirim.		
5. Geleceğim bana karanlık görünüyor.		
6. İlerisi için yalnızca hoş olmayan şeyler düşünüyorum.		
7. İstedğim hiçbir şeyi elde edemiyorum.		
8. Hiçbir şey istediğim gibi değil.		
9. Ölümü hak etmiş olduğumu düşünüyorum.		
10. İntihar girişiminde bulunacak olsam, öncesinde en az üç saat bunu düşünürdüm.		
11. Geçen yıl içinde başkalarına hayatıma son verebileceğimden bahsettim.		
12. Zaman zaman kendimi öldürme konusunda karşı konulmaz bir istek duyarım.		
13. Sık sık hayatıma son verme fikri aklıma geliyor.		
14. İşlerin kötü gitmesi konusunda kendimi suçluyorum.		
15. Kötü bir şeyler yapmışım gibi geliyor.		
16. Her zamankinden daha yavaş düşünüyorum.		
17. Her zamankinden daha yavaş konuşuyorum.		

Appendix H: Relationship Scale

Yönerge: Aşağıdaki paragraflar yakın duygusal ilişkilerde yaşanan farklı duygu ve düşünceleri yansıtmaktadır. Yakın duygusal ilişkilerden kastedilen arkadaşlık, dostluk, romantik ilişkiler ve benzerleridir. Lütfen aşağıdaki 7 noktalı ölçeği kullanarak, her bir paragrafın kendi yakın ilişkilerinizde yaşadığınız duygu ve düşünceleri ne ölçüde tanımladığını belirtiniz.

1. GÜVENLİ

Başkaları ile kolaylıkla duygusal yakınlık kurarım. Başkalarına güvenmek, onlara bağlanmak ve başkalarının bana güvenip bağlanması konusunda kendimi oldukça rahat hissederim. Birilerinin beni kabul etmemesi ya da yalnız kalmak beni pek kaygılandırmaz.

1- -----2-----3-----4-----5-----6 7

Beni hiç tanımlamıyor Beni kısmen tanımlıyor. Tamamıyla beni tanımlıyor

2. KORKULU

Başkaları ile yakınlaşmak konusunda rahat değilim. Duygusal olarak yakın ilişkiler kurmak isterim, ancak başkalarına tamamen güvenmek ya da inanmak benim için çok zor. Başkaları ile çok yakınlaşırsam incinip kırılacağımdan korkarım.

1- -----2-----3-----4-----5-----6 7

Beni hiç tanımlamıyor Beni kısmen tanımlıyor. Tamamıyla beni tanımlıyor

3. SAPLANTILI

Başkaları ile duygusal yönden tamamıyla yakınlaşmak, hatta bütünleşmek isterim. Fakat genellikle başkalarının benimle benim arzu ettiğim kadar yakınlık kurmakta isteksiz olduklarını görüyorum. Yakın ilişki(ler) içinde olmazsam huzursuzluk duyarım, ancak bazen başkalarının bana, benim onlara verdiğim kadar değer vermediklerini düşünür endişelenirim.

1- -----2-----3-----4-----5-----6 7

Beni hiç tanımlamıyor Beni kısmen tanımlıyor. Tamamıyla beni tanımlıyor

4. KAYITSIZ

Yakın duygusal ilişkiler içinde olmaksızın çok rahatım. Benim için önemli olan kendi kendine yetmek ve tamamen bağımsız olmaktır. Ne başkalarına güvenmeyi ne de başkalarının bana güvenmesini tercih ederim.

1- -----2-----3-----4-----5-----6 7

Beni hiç tanımlamıyor Beni kısmen tanımlıyor. Tamamıyla beni tanımlıyor



Appendix I: Experiences in Close Relationships Inventory – Relationship Structures

YİYE-İY ANNE FORMU Bu ölçek annenizi zihinsel olarak nasıl temsil ettiğinizi değerlendirmek için tasarlanmıştır. Sizden annenizle ilişkinizle ilgili sorulara yanıt vermeniz istenmektedir. Lütfen her ifadeyi okuyunuz ve hangi ölçüde katılıp katılmadığınızı bir rakamı işaretleyerek belirtiniz. 1-----2-----3-----4-----5----- -----6-----7 Kesinlikle Kararsızım/ Kesinlikle katılmıyorum Fikrim yok katılıyorum <i>Aşağıdaki soruları lütfen ANNENİZ veya ANNE YERİNE KOYDUĞUNUZ KİŞİ ile ilgili olarak cevaplayınız.</i>	
1. İhtiyacım olduğu zaman bu kişiye danışmanın bana faydası olur.	(1)(2)(3)(4)(5)(6)(7)
2. Problemlerimi ve kaygılarımı genellikle bu kişiyle konuşurum.	(1)(2)(3)(4)(5)(6)(7)
3. Başımdan geçenleri bu kişi ile konuşurum.	(1)(2)(3)(4)(5)(6)(7)
4. Bu kişiye kolayca güvenirim.	(1)(2)(3)(4)(5)(6)(7)
5. Kendimi açmak için bu kişiyi tercih etmem.	(1)(2)(3)(4)(5)(6)(7)
6. Bu kişiye gerçek hislerimi göstermeyi tercih etmem.	(1)(2)(3)(4)(5)(6)(7)
7. Bu kişinin beni gerçekten önemsemediğinden sık sık endişe duyarım.	(1)(2)(3)(4)(5)(6)(7)
8. Bu kişinin beni terk edebileceğinden korkarım.	(1)(2)(3)(4)(5)(6)(7)
9. Bu kişinin beni, benim onu önemseydiğim kadar önemsemeyeceğinden endişe duyarım.	(1)(2)(3)(4)(5)(6)(7)

YİYE-İY BABA FORMU Bu ölçek babanızı zihinsel olarak nasıl temsil ettiğinizi değerlendirmek için tasarlanmıştır. Sizden babanızla ilişkinizle ilgili sorulara yanıt vermeniz istenmektedir. Lütfen her ifadeyi okuyunuz ve hangi ölçüde katılıp katılmadığınızı bir rakamı işaretleyerek belirtiniz. 1-----2-----3-----4-----5----- -----6-----7 Kesinlikle Kararsızım/ Kesinlikle katılmıyorum Fikrim yok katılıyorum <i>Aşağıdaki soruları lütfen BABANIZ veya BABA YERİNE KOYDUĞUNUZ KİŞİ ile ilgili olarak cevaplayınız.</i>	
1. İhtiyacım olduğu zaman bu kişiye danışmanın bana faydası olur.	(1)(2)(3)(4)(5)(6)(7)

2. Problemlerimi ve kaygılarımı genellikle bu kişiyle konuşurum.	(1)(2)(3)(4)(5)(6)(7)
3. Başımdan geçenleri bu kişi ile konuşurum.	(1)(2)(3)(4)(5)(6)(7)
4. Bu kişiye kolayca güvenirim.	(1)(2)(3)(4)(5)(6)(7)
5. Kendimi açmak için bu kişiyi tercih etmem.	(1)(2)(3)(4)(5)(6)(7)
6. Bu kişiye gerçek hislerimi göstermeyi tercih etmem.	(1)(2)(3)(4)(5)(6)(7)
7. Bu kişinin beni gerçekten önemsemediğinden sık sık endişe duyarım.	(1)(2)(3)(4)(5)(6)(7)
8. Bu kişinin beni terk edebileceğinden korkarım.	(1)(2)(3)(4)(5)(6)(7)
9. Bu kişinin beni, benim onu önemsemediğim kadar önemsemeyeceğinden endişe duyarım.	(1)(2)(3)(4)(5)(6)(7)

YİYE-İY ROMANTİK PARTNER FORMU Bu ölçek romantik ilişki yaşadığınız kişiyi (flört/nişanlı/eş) zihinsel olarak nasıl temsil ettiğinizi değerlendirmek için tasarlanmıştır. Sizden yakın ilişki yaşadığınız kişiyle ilişkinizle ilgili sorulara yanıt vermeniz istenmektedir. Lütfen her ifadeyi okuyunuz ve hangi ölçüde katılıp katılmadığınızı bir rakamı işaretleyerek belirtiniz. 1-----2-----3-----4-----5----- 6-----7 Kesinlikle Kararsızım/ Kesinlikle katılmıyorum Fikrim yok katılıyorum Aşağıdaki soruları lütfen ROMANTİK İLİŞKİ YAŞADIĞINIZ KİŞİ (flört ilişkisi) ya da EŞİNİZİ (evlilik ilişkisi) düşünerek cevaplayınız. Not: Eğer şu an bir romantik ilişkiniz yok ya da evli değilseniz birisi ile yaşamak istediğiniz kişiyi ya da geçmişte romantik ilişki yaşadığınız kişiyi düşünerek cevaplayınız.			
1. İhtiyacım olduğu zaman bu kişiye danışmanın bana faydası olur.	(1)(2)(3)(4)(5)(6)(7)		
2. Problemlerimi ve kaygılarımı genellikle bu kişiyle konuşurum.	(1)(2)(3)(4)(5)(6)(7)		
3. Başımdan geçenleri bu kişi ile konuşurum.	(1)(2)(3)(4)(5)(6)(7)		
4. Bu kişiye kolayca güvenirim.	(1)(2)(3)(4)(5)(6)(7)		
5. Kendimi açmak için bu kişiyi tercih etmem.	(1)(2)(3)(4)(5)(6)(7)		
6. Bu kişiye gerçek hislerimi göstermeyi tercih etmem.	(1)(2)(3)(4)(5)(6)(7)		
7. Bu kişinin beni gerçekten önemsemediğinden sık sık endişe duyarım.	(1)(2)(3)(4)(5)(6)(7)		
8. Bu kişinin beni terk edebileceğinden korkarım.	(1)(2)(3)(4)(5)(6)(7)		

9.Bu kişinin beni, benim onu önemseydiğim kadar önemsemeyeceğinden endişe duyarım.	(1)(2)(3)(4)(5) (6)(7)
--	---------------------------

YİYE-İY ARKADAŞ FORMU Bu ölçek yakın arkadaşınızı zihinsel olarak nasıl temsil ettiğinizi değerlendirmek için tasarlanmıştır. Sizden yakın arkadaşınızla ilişkinizle ilgili sorulara yanıt vermeniz istenmektedir. Lütfen her ifadeyi okuyunuz ve hangi ölçüde katılıp katılmadığınızı bir rakamı işaretleyerek belirtiniz. 1-----2-----3-----4-----5----- -6-----7 Kesinlikle Kararsızım/ Kesinlikle katılmıyorum Fikrim yok katılıyorum <i>Aşağıdaki soruları lütfen EN İYİ ARKADAŞINIZ ile ilgili olarak cevaplayınız.</i>		
1. İhtiyacım olduğu zaman bu kişiye danışmanın bana faydası olur.	(1)(2)(3)(4)(5)(6)(7)	
2. Problemlerimi ve kaygılarımı genellikle bu kişiyle konuşurum.	(1)(2)(3)(4)(5)(6)(7)	
3. Başımdan geçenleri bu kişi ile konuşurum.	(1)(2)(3)(4)(5)(6)(7)	
4. Bu kişiye kolayca güvenirim.	(1)(2)(3)(4)(5)(6)(7)	
5. Kendimi açmak için bu kişiyi tercih etmem.	(1)(2)(3)(4)(5)(6)(7)	
6. Bu kişiye gerçek hislerimi göstermeyi tercih etmem.	(1)(2)(3)(4)(5)(6)(7)	
7. Bu kişinin beni gerçekten önemsemediğinden sık sık endişe duyarım.	(1)(2)(3)(4)(5)(6)(7)	
8. Bu kişinin beni terk edebileceğinden korkarım.	(1)(2)(3)(4)(5)(6)(7)	
9.Bu kişinin beni, benim onu önemseydiğim kadar önemsemeyeceğinden endişe duyarım.	(1)(2)(3)(4)(5)(6)(7)	

Appendix J: Ethical Approval

İnsan Araştırmaları Etik Kurulu
Etik Kurul Kararları

2023/03

TED ÜNİVERSİTESİ İNSAN ARAŞTIRMALARI ETİK KURULU ETİK KURUL KARARLARI

Toplantı Tarihi	28.02.2023
Toplantı Sayısı	2023/03
Toplantı Yeri	Dekanlık Toplantı Odası
Toplantı Saati	10:00
Toplantıya Katılanlar	Doç. Dr. Ilgın Gökler Danışman Kurul Başkanı Dr.Öğr. Üyesi İbrahim Yiğit Raportör Dr.Öğr. Üyesi Melike Ünal Gezer Üye Dr. Öğr. Üyesi Elçin Emre Akdoğan Dr. Öğr. Üyesi Çağla Öneren Şendil Dr. Öğr. Üyesi Kutluk Bilge Arıkan Üye Dr.Öğr. Üyesi Kıymet Duygu Erdaş Üye Dr. Öğr. Üyesi Duygu Onay Çöker

Raportör Esen TECER İAEK Sekreteri

Gündem : Ted Üniverisitesi İnsan Araştırmaları Etik kurulu Toplantıları
COVID-19 salgını nedeni ile online yapılmış olup kararları toplu olarak yazılıp e-imza
ile imzaya açılmıştır.

GÖRÜŞME MADDELERİ

G.01 : TED Üniversitesi, Psikoloji Bölümü Öğretim Üyesi Doç. Dr. İbrahim YİĞİT ve Öğretim Üyesi Doç. Dr. Ilgın Gökler Danışman'ın 'İntihar Düşünceleri ve İntihar Olasılığı: İntiharın Kişilerarası Psikolojik Teorisi ve Bağlanma Teorisinin Bütünleştirilmesi ile Çeşitli Yolların İncelenmesi " başlıklı çalışmasının araştırma etiğine uygunluğu görüldü.

Karar 2023-03/02 : TED Üniversitesi, Psikoloji Bölümü Öğretim Üyesi Doç. Dr. İbrahim YİĞİT ve Öğretim Üyesi Doç. Dr. Ilgın Gökler Danışman'ın 'İntihar Düşünceleri ve İntihar Olasılığı: İntiharın Kişilerarası Psikolojik Teorisi ve Bağlanma Teorisinin Bütünleştirilmesi ile Çeşitli Yolların İncelenmesi " başlıklı çalışmasına,

ONAY KARARI VERİLDİ.



Appendix K: The Unused Alternative Model 1 in the current study

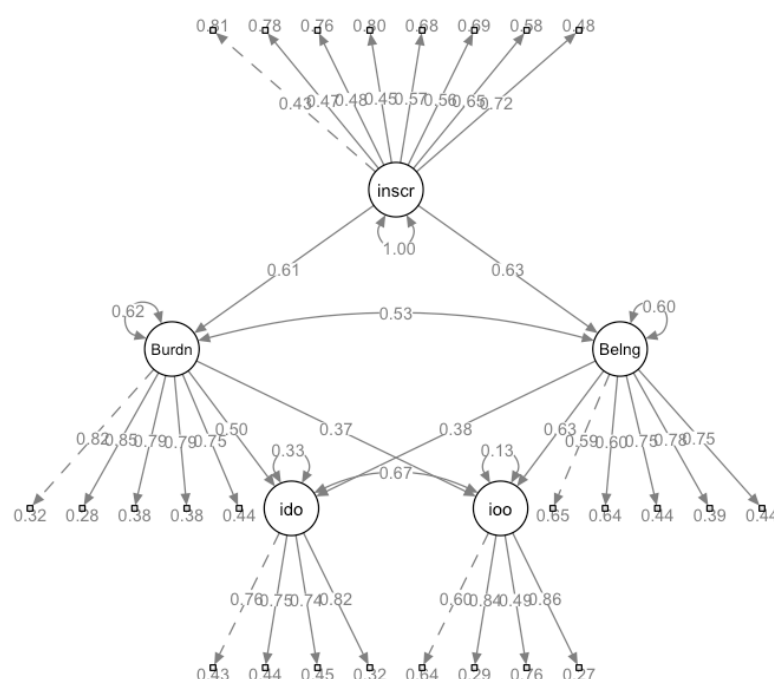


Figure 21. The unused alternative Model 1 with standardized parameter estimates.
Note. This Alternative model includes maternal, paternal, romantic partner and friend focused anxious and avoidant attachment total scores as the indicators of insecure attachment style as the latent variable.

Table 29. The model fit indices of alternative model 1.

X^2_{S-B}	df	X^2_{S-B}	CFI	IFI_{S-B}	$SRMR$	$RMSE$	$90\%CI$	$RMSEA_{S-B}$
		$/df$	$S-B$			A		
945.88	29	3.25*	.85	.85	.066	.082	.077-	.080
**	1	*					.087	

** suggests $p < .001$. X^2 = Chi-squared statistic; X^2S-B = Satorra-Bentler scaled chi-squared statistic; df = Degrees of freedom; X^2S-B/df = Chi-square statistic divided into degrees of freedom; $CFIS-B$ = Comparative fit index based on X^2S-B ; $IFIS-B$ = Incremental fit index based on X^2S-B ; $SRMR$ = Standardized root mean square residual; $RMSEA$ = Root mean square error of approximation; $RMSEAS-B$ = root mean square error of approximation based on X^2S-B .

Appendix L: The Unused Alternative Model 2 in the current study

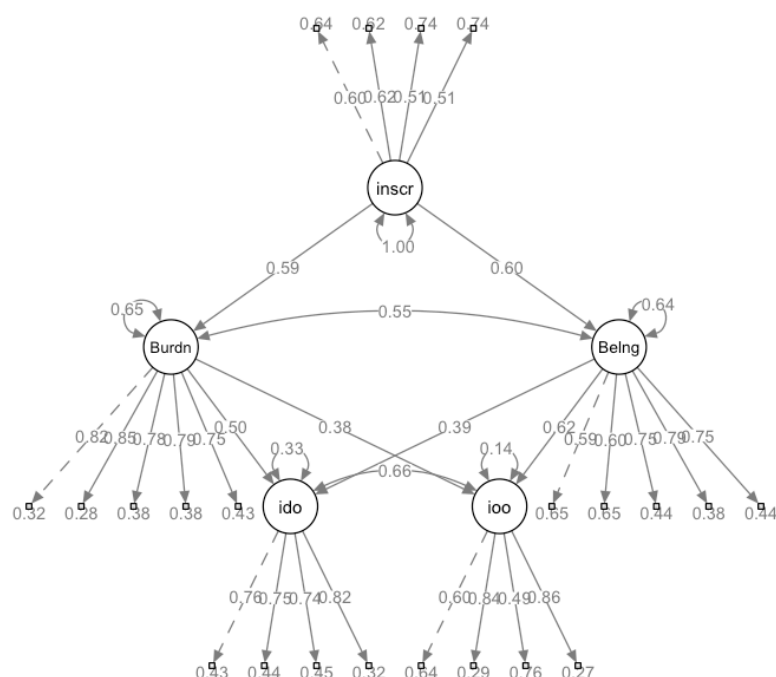


Figure 22. The unused alternative Model 2 with standardized parameter estimates.

Note. This Alternative model includes maternal and paternal focused anxious and avoidant attachment total scores as the indicators of insecure attachment style as the latent variable.

Table 30. The model fit indices of unused alternative model 2.

χ^2_{S-B}	df	χ^2_{S-B} / df	CFI	IFI_{S-B}	$SRMR$	$RMSE$	$90\%CI$	$RMSEA_{S-B}$
729.48	20	3.93*	.83	.87	.055	.085	.079-	.084
**	1	*					.091	

** suggests $p < .001$. χ^2 = Chi-squared statistic; χ^2_{S-B} = Satorra-Bentler scaled chi-squared statistic; df = Degrees of freedom; χ^2_{S-B} / df = Chi-square statistic divided into degrees of freedom; CFI_{S-B} = Comparative fit index based on χ^2_{S-B} ; IFI_{S-B} = Incremental fit index based on χ^2_{S-B} ; $SRMR$ = Standardized root mean square residual; $RMSEA$ = Root mean square error of approximation; $RMSEA_{S-B}$ = root mean square error of approximation based on χ^2_{S-B} .

Appendix M: The Unused Alternative Model 3 in the current study

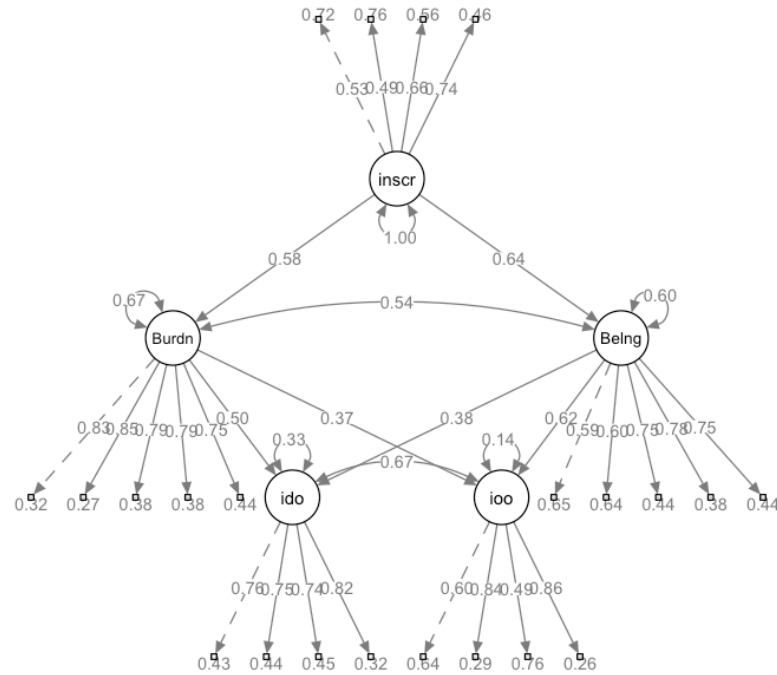


Figure 23. The unused alternative Model 3 with standardized parameter estimates.

Note. This Alternative model includes romantic partner and friend focused anxious and avoidant attachment total scores as the indicators of insecure attachment style as the latent variable.

Table 31. The model fit indices of unused alternative model 3.

χ^2_{S-B}	df	χ^2_{S-B} / df	CFI_{S-B}	IFI_{S-B}	$SRMR_A$	$RMSE_A$	$90\%CI$	$RMSEA_{S-B}$
667.96	20	3.32*	.89	.89	.051	.080	.074-	.079
**	1	*					.087	

** suggests $p < .001$. χ^2 = Chi-squared statistic; χ^2_{S-B} = Satorra-Bentler scaled chi-squared statistic; df = Degrees of freedom; χ^2_{S-B} / df = Chi-square statistic divided into degrees of freedom; CFI_{S-B} = Comparative fit index based on χ^2_{S-B} ; IFI_{S-B} = Incremental fit index based on χ^2_{S-B} ; $SRMR$ = Standardized root mean square residual; $RMSEA$ = Root mean square error of approximation; $RMSEA_{S-B}$ = root mean square error of approximation based on χ^2_{S-B} .

Appendix N: The Table of the Correlations between Parcels of SIS

Table 32. The correlations between parcels of Suicide Ideation Scale.

Correlations

		ido_new_parcel_ A_av	ido_new_parcel_ B_av	ido_new_parcel_ C_av	ido_new_parcel_ D_av
ido_new_parcel_A_av	Pearson Correlation	1	.546**	.517**	.670**
	Sig. (2-tailed)		<.001	<.001	<.001
	N	411	411	411	411
ido_new_parcel_B_av	Pearson Correlation	.546**	1	.559**	.613**
	Sig. (2-tailed)	<.001		<.001	<.001
	N	411	411	411	411
ido_new_parcel_C_av	Pearson Correlation	.517**	.559**	1	.601**
	Sig. (2-tailed)	<.001	<.001		<.001
	N	411	411	411	411
ido_new_parcel_D_av	Pearson Correlation	.670**	.613**	.601**	1
	Sig. (2-tailed)	<.001	<.001	<.001	
	N	411	411	411	411

** Correlation is significant at the 0.01 level (2-tailed).

Appendix O: The Table of the Correlations between subscales of SPS

Table 33. The correlations between parcels of Suicide Probability Scale.

Correlations

		Ofke_Durtuselli k	Benlik_Algısı	Int_Dus	Umutsuzluk
Ofke_Durtusellik	Pearson Correlation	1	.455**	.286**	.643**
	Sig. (2-tailed)		<.001	<.001	<.001
	N	412	412	412	412
Benlik_Algısı	Pearson Correlation	.455**	1	.546**	.695**
	Sig. (2-tailed)	<.001		<.001	<.001
	N	412	412	412	412
Int_Dus	Pearson Correlation	.286**	.546**	1	.335**
	Sig. (2-tailed)	<.001	<.001		<.001
	N	412	412	412	412
Umutsuzluk	Pearson Correlation	.643**	.695**	.335**	1
	Sig. (2-tailed)	<.001	<.001	<.001	
	N	412	412	412	412

** Correlation is significant at the 0.01 level (2-tailed).

Appendix P: The Table of the Correlations between the Items of ECR-RS-M

Table 34. The correlations between the items of Experiences in the Relationship – Relationship Structures – Mother Form.

Correlations

		Anne1avoid	Anne2avoid	Anne3avoid	Anne4avoid	Anne5avoid	Anne6avoid	Anne7anx	Anne8anx	Anne9anx
Anne1avoid	Pearson Correlation	1	.734**	.717**	.674**	.478**	.484**	.258**	.108*	.278**
	Sig. (2-tailed)		<.001	<.001	<.001	<.001	<.001	<.001	.029	<.001
	N	412	412	412	412	412	412	412	412	412
Anne2avoid	Pearson Correlation	.734**	1	.857**	.561**	.525**	.540**	.233**	.020	.162**
	Sig. (2-tailed)	<.001		<.001	<.001	<.001	<.001	<.001	.691	<.001
	N	412	412	412	412	412	412	412	412	412
Anne3avoid	Pearson Correlation	.717**	.857**	1	.575**	.509**	.511**	.209**	.049	.132**
	Sig. (2-tailed)	<.001	<.001		<.001	<.001	<.001	<.001	.317	.007
	N	412	412	412	412	412	412	412	412	412
Anne4avoid	Pearson Correlation	.674**	.561**	.575**	1	.421**	.421**	.343**	.131**	.342**
	Sig. (2-tailed)	<.001	<.001	<.001		<.001	<.001	<.001	.008	<.001
	N	412	412	412	412	412	412	412	412	412
Anne5avoid	Pearson Correlation	.478**	.525**	.509**	.421**	1	.663**	.265**	.232**	.235**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001		<.001	<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Anne6avoid	Pearson Correlation	.484**	.540**	.511**	.421**	.663**	1	.268**	.221**	.247**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001		<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Anne7anx	Pearson Correlation	.258**	.233**	.209**	.343**	.265**	.268**	1	.247**	.416**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001	<.001		<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Anne8anx	Pearson Correlation	.108*	.020	.049	.131**	.232**	.221**	.247**	1	.612**
	Sig. (2-tailed)	.029	.691	.317	.008	<.001	<.001	<.001		<.001
	N	412	412	412	412	412	412	412	412	412
Anne9anx	Pearson Correlation	.278**	.162**	.132**	.342**	.235**	.247**	.416**	.612**	1
	Sig. (2-tailed)	<.001	<.001	.007	<.001	<.001	<.001	<.001	<.001	
	N	412	412	412	412	412	412	412	412	412

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Appendix Q: The Table of the Correlations between the Items of ECR-RS-FT

Table 35. The correlations between the items of Experiences in the Relationship – Relationship Structures – Father Form.

Correlations

		Baba1avoid	Baba2avoid	Baba3avoid	Baba4avoid	Baba5avoid	Baba6avoid	Baba7anx	Baba8anx	Baba9anx
Baba1avoid	Pearson Correlation	1	.785**	.759**	.717**	.537**	.565**	.365**	.117*	.222**
	Sig. (2-tailed)		<.001	<.001	<.001	<.001	<.001	<.001	.017	<.001
	N	412	412	412	412	412	412	412	412	412
Baba2avoid	Pearson Correlation	.785**	1	.897**	.601**	.655**	.599**	.271**	.079	.167**
	Sig. (2-tailed)	<.001		<.001	<.001	<.001	<.001	<.001	.107	<.001
	N	412	412	412	412	412	412	412	412	412
Baba3avoid	Pearson Correlation	.759**	.897**	1	.583**	.644**	.597**	.306**	.076	.167**
	Sig. (2-tailed)	<.001	<.001		<.001	<.001	<.001	<.001	.121	<.001
	N	412	412	412	412	412	412	412	412	412
Baba4avoid	Pearson Correlation	.717**	.601**	.583**	1	.483**	.546**	.480**	.219**	.289**
	Sig. (2-tailed)	<.001	<.001	<.001		<.001	<.001	<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Baba5avoid	Pearson Correlation	.537**	.655**	.644**	.483**	1	.752**	.382**	.194**	.286**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001		<.001	<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Baba6avoid	Pearson Correlation	.565**	.599**	.597**	.546**	.752**	1	.460**	.205**	.306**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001		<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Baba7anx	Pearson Correlation	.365**	.271**	.306**	.480**	.382**	.460**	1	.510**	.625**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001	<.001		<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Baba8anx	Pearson Correlation	.117*	.079	.076	.219**	.194**	.205**	.510**	1	.711**
	Sig. (2-tailed)	.017	.107	.121	<.001	<.001	<.001	<.001		<.001
	N	412	412	412	412	412	412	412	412	412
Baba9anx	Pearson Correlation	.222**	.167**	.167**	.289**	.286**	.306**	.625**	.711**	1
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	
	N	412	412	412	412	412	412	412	412	412

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Appendix R: The Table of the Correlations between the Items of ECR-RS-P

Table 36. The correlations between the items of Experiences in the Relationship – Relationship Structures – Romantic Partner Form.

Correlations

		Partner1avoid	Partner2avoid	Partner3avoid	Partner4avoid	Partner5svoid	Partner6svoid	Partner7anx	Partner8anx	Partner9anx
Partner1avoid	Pearson Correlation	1	.831**	.757**	.612**	.403**	.464**	.365**	.147**	.237**
	Sig. (2-tailed)		<.001	<.001	<.001	<.001	<.001	<.001	.003	<.001
	N	412	412	412	412	412	412	412	412	412
Partner2avoid	Pearson Correlation	.831**	1	.868**	.675**	.455**	.484**	.336**	.148**	.226**
	Sig. (2-tailed)	<.001		<.001	<.001	<.001	<.001	<.001	.003	<.001
	N	412	412	412	412	412	412	412	412	412
Partner3avoid	Pearson Correlation	.757**	.868**	1	.642**	.429**	.457**	.329**	.133**	.217**
	Sig. (2-tailed)	<.001	<.001		<.001	<.001	<.001	<.001	.007	<.001
	N	412	412	412	412	412	412	412	412	412
Partner4avoid	Pearson Correlation	.612**	.675**	.642**	1	.385**	.486**	.416**	.238**	.363**
	Sig. (2-tailed)	<.001	<.001	<.001		<.001	<.001	<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Partner5svoid	Pearson Correlation	.403**	.455**	.429**	.385**	1	.607**	.406**	.233**	.278**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001		<.001	<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Partner6svoid	Pearson Correlation	.464**	.484**	.457**	.486**	.607**	1	.555**	.335**	.404**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001		<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Partner7anx	Pearson Correlation	.365**	.336**	.329**	.416**	.406**	.555**	1	.608**	.762**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001	<.001		<.001	<.001
	N	412	412	412	412	412	412	412	412	412
Partner8anx	Pearson Correlation	.147**	.148**	.133**	.238**	.233**	.335**	.608**	1	.782**
	Sig. (2-tailed)	.003	.003	.007	<.001	<.001	<.001	<.001		<.001
	N	412	412	412	412	412	412	412	412	412
Partner9anx	Pearson Correlation	.237**	.226**	.217**	.363**	.278**	.404**	.762**	.782**	1
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	
	N	412	412	412	412	412	412	412	412	412

** Correlation is significant at the 0.01 level (2-tailed).

Appendix S: The Table of the Correlations between the Items of ECR-RS-FR

Table 37. The correlations between the items of Experiences in the Relationship – Relationship Structures – Friend Form.

Correlations

		friend1avoid	friend2avoid	friend3avoid	friend4avoid	friend5avoid	friend6avoid	friend7anx	friend8anx	friend9anx
friend1avoid	Pearson Correlation	1	.759**	.715**	.596**	.432**	.534**	.384**	.282**	.330**
	Sig. (2-tailed)		<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
friend2avoid	Pearson Correlation	.759**	1	.850**	.523**	.441**	.476**	.286**	.169**	.220**
	Sig. (2-tailed)	<.001		<.001	<.001	<.001	<.001	<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
friend3avoid	Pearson Correlation	.715**	.850**	1	.644**	.478**	.505**	.291**	.173**	.234**
	Sig. (2-tailed)	<.001	<.001		<.001	<.001	<.001	<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
friend4avoid	Pearson Correlation	.596**	.523**	.644**	1	.338**	.462**	.422**	.248**	.369**
	Sig. (2-tailed)	<.001	<.001	<.001		<.001	<.001	<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
friend5avoid	Pearson Correlation	.432**	.441**	.478**	.338**	1	.652**	.386**	.338**	.266**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001		<.001	<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
friend6avoid	Pearson Correlation	.534**	.476**	.505**	.462**	.652**	1	.493**	.381**	.374**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001		<.001	<.001	<.001
	N	412	412	412	412	412	412	412	412	412
friend7anx	Pearson Correlation	.384**	.286**	.291**	.422**	.386**	.493**	1	.602**	.742**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001	<.001		<.001	<.001
	N	412	412	412	412	412	412	412	412	412
friend8anx	Pearson Correlation	.282**	.169**	.173**	.248**	.338**	.381**	.602**	1	.675**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001	<.001	<.001		<.001
	N	412	412	412	412	412	412	412	412	412
friend9anx	Pearson Correlation	.330**	.220**	.234**	.369**	.266**	.374**	.742**	.675**	1
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	
	N	412	412	412	412	412	412	412	412	412

** Correlation is significant at the 0.01 level (2-tailed).

Appendix T: The Scatter Plot Graphs

