

The relationship among attachment styles, interpersonal needs, and suicidal ideation in patients with psychiatric disorders

Salvatore Sarubbi,¹ Elena Rogante,¹ Denise Erbuto,² Monica Migliorati,² Isabella Berardelli,² Marco Innamorati,³ Maurizio Pompili²

¹Department of Human Neurosciences, Sapienza University of Rome; ²Department of Neurosciences, Mental Health and Sensory Organs, Faculty of Medicine and Psychology, Suicide Prevention Center, Sant'Andrea Hospital, Sapienza University of Rome; ³Department of Human Sciences, European University of Rome, Italy

Correspondence: Maurizio Pompili, Department of Neurosciences, Mental Health and Sensory Organs, Sant'Andrea Hospital, Sapienza University of Rome, Via di Grottarossa, 1035, Rome 00189, Italy.

Tel.: +39 00633775675.

Email: maurizio.pompili@uniroma1.it

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ABSTRACT

Suicide is a major public health concern; therefore, numerous factors have been investigated for their role in increasing suicide risk. Distal factors, such as attachment style, and proximal factors, like unmet interpersonal needs, interact with each other and may influence suicidal ideation. Understanding this interplay is crucial for developing effective interventions for suicide prevention. The present study aimed to investigate the association between attachment and interpersonal needs in suicidal ideation. For this study, we administered the Attachment Style Questionnaire and the Interpersonal Needs Questionnaire-15, and suicide risk was assessed using the Columbia-Suicide Severity Rating Scale. We collected data from 181 psychiatric inpatients at the Sant'Andrea Hospital in Rome. The results indicated that suicidal ideation was negatively and significantly associated with ASQ Confidence and positively associated with ASQ's Need for Approval and Discomfort with Closeness and INQ's perceived burdensomeness. The mediation model showed that perceived burdensomeness mediated the relationship between secure attachment style and suicidal ideation. The results have also shown significant associations among suicidal ideation, some attachment styles, and interpersonal needs. Secure attachment showed a potential protective role in suicidal ideation through lower levels of perceived burdensomeness, highlighting the importance of a careful evaluation of the patient's individual experiences and characteristics that can guide the adaptation of therapeutic goals and strategies. Interventions that promote functional interpersonal beliefs, as well as interventions oriented to limit the negative effects of disruptive models of attachment, may contribute to reconstructing trust towards others, reducing perceived burden, and preventing suicide risk.

Key words: attachment style, interpersonal needs, suicidal.

Introduction

Suicide is one of the most prevalent causes of death among various populations, with more than 700,000 deaths from suicide occurring every year. Among young people aged between 15 and 29 years, it ranks as the fourth leading cause of death (WHO, 2023). Suicide is a complex phenomenon in which biological, psychological, social, and environmental factors interact, necessitating a multidisciplinary approach for effective understanding and intervention. Recent theoretical frameworks try to explain the process that characterizes individuals at risk

for suicide, considering the development of suicidal ideation and the progression from ideation to suicide attempts as distinct processes with different explanations (Joiner, 2005; Klonsky & May, 2014; O'Connor, 2011).

Research has suggested that several critical elements are associated with developmental vulnerability to suicide risk, such as exposure to adverse childhood experiences (Berardelli *et al.*, 2022; Sahle *et al.*, 2022) and dysfunctional family relationships (Freudenstein *et al.*, 2011). Some studies suggest that various family factors may play an important role in adolescents' suicidal thoughts and behaviors (STBs), such as high family conflict, low warmth, and high control, which have been associated with a high risk for suicide. In contrast, parenting styles perceived as close, connected, and supportive seem to be protective factors against suicide risk (Diamond *et al.*, 2022). Adam (1994) offered a possible explanation for suicidal ideation and suicide attempts based on early adverse parenting experiences, resulting in the development of insecure attachments, which could act as a vulnerability factor for suicide risk later in adulthood through effects on emotional regulation, self-representation, and interpersonal difficulties. This model is based on attachment theory, first proposed by John Bowlby in 1969, and on Ainsworth's work, which suggests the permanent effects of early attachment experiences (Ainsworth & Bowlby, 1991). The quality of early attachment experiences has a relevant influence on shaping the attachment style. In broad terms, attachment styles are classified as secure or insecure, with insecure styles further classified as anxious or avoidant. Securely attached individuals often exhibit healthy interpersonal relationships, whereas those who tend to be insecurely attached are typically maladjusted regarding their emotional regulation and relationship satisfaction (Ainsworth, 1978; Bowlby, 1969; *cf.* also Messina *et al.*, 2023; Parolin *et al.*, 2023).

A systematic review by Zortea *et al.* (2021) examined the relationship between attachment and STBs. Specifically, the review highlighted that most studies reported statistically significant negative associations between higher levels of secure attachment and suicide ideation and attempts. Thus, secure attachment appears to be a protective factor against suicide risk. Instead, insecure attachment (both avoidant and anxious) appears to be a vulnerability factor that compromises an individual's ability to cope with relationship issues, thereby increasing the suicide risk. Moreover, a recent meta-analysis (Macneil *et al.*, 2023) examined several studies to investigate the relationship between different attachment styles and suicidal thoughts and behaviors. The findings revealed that secure attachment was linked to lower levels of suicidal thoughts, while no significant association was found with suicide attempts. In contrast, all types of categorical insecure attachment styles were positively correlated with suicidal thoughts, indicating a higher likelihood of experiencing suicidal ideation.

In this framework, different attachment styles significantly impact an individual's ability to meet their interpersonal needs, which underpins psychological well-being or, in the case of insecure attachment, may negatively impact how individuals perceive and engage in relationships (Stepp *et al.*, 2008). According to Baumeister and Leary (1995), one of the primary human motivations is the need to form and maintain lasting, positive, and meaningful interpersonal relationships. This need is satisfied by regular and pleasant social interactions based on mutual interests and affection.

As indicated by Joiner's Interpersonal Theory of Suicidal Behavior (Joiner, 2005), unmet interpersonal needs incorporate a lack of connection and the need to perceive oneself as a burden

to others. The theory posits that thwarted belongingness and perceived burdensomeness contribute to suicidal ideation and behaviour (Joiner, 2005; Van Orden *et al.*, 2010). Typically, when an individual's interpersonal needs are unmet, feelings of isolation and worthlessness are present, leading to suicidal ideation. Similarly, insecure attachment may facilitate the development of thwarted belongingness and burdensomeness (Zortea *et al.*, 2021).

Understanding the interplay between attachment styles, interpersonal needs, and suicidal ideation is essential for developing targeted interventions to reduce suicide risk. Thus, this study aimed to explore the relationship between attachment styles, interpersonal needs, and suicidal ideation, to provide an understanding of how early attachment experiences can impact individuals' vulnerability to suicidal thoughts. Based on previous studies, we formulated the following hypotheses: I) secure attachment is negatively associated with suicidal ideation; in contrast, we expect a positive association between insecure attachment styles and suicidal ideation; II) interpersonal needs are associated with insecure attachment styles; III) the association between attachment styles and suicidal ideation is mediated by interpersonal needs.

This understanding can be a foundation for clinicians to design effective prevention and intervention strategies that address the underlying interpersonal and psychological factors that contribute to suicide risk.

Methods

Participants

The participants were 181 adult psychiatric inpatients (97 females and 84 males; mean age=41.41 years, SD=13.85, age range=18-74 years) enrolled at the Psychiatric Unit of Sant' Andrea Hospital in Rome. The inclusion criteria were being over 18 years old and the signature of the informed consent. The exclusion criteria were being unwilling to participate or denying informed consent and having neurological diseases (*e.g.*, dementia, Parkinson's disease, and epilepsy), cognitive impairments, and language difficulties.

All participants received a comprehensive explanation of the study procedure and provided written informed consent. The participants were treated in accordance with the ethical principles of the Declaration of Helsinki. The local ethical review board approved this study as part of a broader investigation of Rif.CE 6626/2021.

Measures

A socio-anamnestic form was used to collect data on sex, age, diagnosis, marital status, and job conditions. Patients were assessed for psychiatric diagnoses according to the Diagnostic and Statistical Manual of Mental Disorders – 5th edition (DSM-5; APA, 2013). Suicide risk was evaluated by trained psychiatrists using the Columbia-Suicide Severity Rating Scale (Posner *et al.*, 2011). The patients were also administered the Italian version of the Interpersonal Needs Questionnaire – 15 (INQ-15; Illiceto *et al.*, 2021; Van Orden *et al.*, 2012) and the Attachment Style Questionnaire (ASQ; Feeney *et al.*, 1994; Fossati *et al.*, 2003).

The Columbia-Suicide Severity Rating Scale (C-SRRS; Posner *et al.*, 2011) is a semi-structured interview used to assess both suicidal ideation and suicidal behavior in individuals aged

12 years or older. The C-SSRS starts with two items assessing the respondent's wish to be dead (Category 1) and non-specific active suicidal thoughts (Category 2). The following items assess active suicidal ideation with any method but no plan or intent to act (Category 3), active suicidal ideation with some intent to act but no plan (Category 4), and active suicidal ideation with a specific plan and intent (Category 5). The second section evaluates the intensity of suicidal ideation based on frequency, duration, controllability, deterrents, and reasons for suicidal ideation. According to Nilsson *et al.* (2013), the suicidal ideation intensity score was derived from the sum of these items (ranging from 0 to 25). For this study, we used the last month's ratings for all analyses. Cronbach's alpha for this sample was .930.

The Attachment Style Questionnaire (ASQ; Feeney *et al.*, 1994; Trad. It. Fossati *et al.*, 2003) is a 40-item self-report instrument measuring adult attachment. It contains five dimensions: *Confidence* (related to secure attachment - C; 8 items); two dimensions related to avoidant attachment: *Discomfort with Closeness* (referring to difficulty trusting others - DC; 10 items), *Relationships as Secondary* (related to the belief that achievement is more important than relationships with others - RS; 7 items); and two dimensions related to anxious attachment: *Need for Approval* (focused on validation from others and fear of rejection and avoiding doing things that other people will not like - NA; 7 items), and *Preoccupation with Relationships* (referring to the worry of being abandoned and not making it on your own - PR; 8 items). Each item is rated on a six-point scale (ranging from 1=totally disagree to 6=totally agree). The ASQ has shown adequate reliability and construct validity in university and secondary student samples (Feeney *et al.*, 1994). The Cronbach's alphas for this sample were .630 for C, .712 for DC, .763 for NA, .733 for PR, and .831 for RS.

The Interpersonal Needs Questionnaire (INQ-15; Trad. It. Illiceto *et al.*, 2021; Van Orden *et al.*, 2012) is a 15-item self-report instrument that measures an individual's set of current beliefs and experiences underlying the constructs of *Thwarted Belongingness* (TB; 9 items) and *Perceived Burdensomeness* (PB; 6 items). All items are assessed on a Likert-point scale ranging from «1=not at all true for me» to «7=very true for me». The questionnaire showed good construct validity (Illiceto *et al.*, 2021). For this sample, Cronbach alphas were .586 for TB and .875 for PB.

Data analysis

Statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS; IBM Corp., Armonk, NY, USA), version 27. Means and percentages were calculated for the descriptive statistics. Pearson's correlation indices were calculated as measures of associations between attachment styles, interpersonal needs, and the intensity of suicidal ideation to obtain a preliminary overview of the variables to be included in the mediation models. In this study, because of the low reliability of the INQ's thwarted belongingness (TB), we used only the PB dimension for the analyses.

Finally, we conducted simple mediation analyses (model no. 4) using the PROCESS macro for SPSS (Hayes, 2018) to investigate whether interpersonal need could partly explain the relationship between attachment styles and suicidal ideation. We included suicidal ideation intensity as the dependent variable (DV), ASQ dimensions (C, NA, and DC) as independent variables (IV) or covariates, and Perceived Burdensomeness as mediator (M) in the models. We calculated 95% confidence interval

(CI) estimates based on bootstrap resampling (N=5000). Including all the ASQ dimensions in the models as IV or covariates allowed us to calculate the total effect (and direct and indirect effects) of each variable on suicide ideation intensity while controlling for the effects of covariates. All statistical analyses were considered significant for $p < 0.05$.

Results

Characteristics of the sample

The sample characteristics are listed in Table 1. The most frequently reported psychiatric diagnoses were schizophrenia or other psychoses (34.3%), bipolar disorders (28.7%), unipolar depressive disorder (8.8%), and personality disorders (21.0%). More than 55% of the patients reported suicidal ideation in the past month: death wishes (3.9%; Category 1), non-specific active suicidal thoughts (9.9%; Category 2), active suicidal ideation with any method but no plan or intent to act (9.9%; Category 3), active suicidal ideation with some intent to act but no plans (13.3%; Category 4), and active suicidal ideation with a specific plan and intent (18.2%; Category 5).

Table 1. Socio-demographic and clinical characteristics of the sample.

Variables	Whole sample (N=181)
Sex (females)	97 (53.6%)
Age M ±SD	41.41±13.85
Marital status	
With a partner	37 (20.4%)
Divorced or widowed	30 (16.6%)
Single	114 (63.0%)
Job Condition	
Employed	78 (43.1%)
Unemployed	69 (38.1%)
Retired	18 (9.9%)
Student	16 (8.8%)
Diagnosis	
Schizophrenia and other psychoses	62 (34.3%)
Bipolar disorder	52 (28.7%)
Depressive disorder	16 (8.8%)
Personality disorder	38 (21.0%)
Other	13 (7.2%)
C-SSRS Last month SI severity	
No suicidal ideation	81 (44.8%)
Wish to be dead	7 (3.9%)
Non-specific active suicidal thoughts	18 (9.9%)
Active SI with any method but no plan or intent to act	18 (9.9%)
Active SI with some intent to act but no plan	24 (13.3%)
Active SI with a specific plan and intent	33 (18.2%)
Last month SI intensity M ±SD	7.42±7.81
ASQ dimensions	
Confidence M ±SD	27.08±7.30
Discomfort with Closeness M ±SD	33.64±9.34
Need for Approval M ±SD	20.28±7.94
Preoccupation with Relationship M ±SD	25.14±9.49
Relationships as Secondary M ±SD	17.18±7.12
INQ	
Perceived burdensomeness M ±SD	12.93±9.18

Correlation among variables

Table 2 reports the correlations between variables. Last month suicidal ideation intensity was negatively and significantly associated with ASQ Confidence ($r=-.164, p<.05$), and positively and significantly associated with Discomfort with Closeness ($r=.179, p<.05$), Need for Approval ($r=.216, p<.01$), and perceived burdensomeness ($r=.317, p<.001$). Moreover, perceived burdensomeness was negatively and significantly associated with ASQ Confidence ($r=-.235, p=.001$), and positively and significantly associated with Discomfort with Closeness ($r=.290, p<.001$), Relationships as Secondary ($r=.210, p<.01$), Need for Approval ($r=.351, p<.001$), and Preoccupation with Relationships ($r=.164, p<.05$). Despite significant correlations, they were mostly weak ($r<.30$).

Mediation analysis

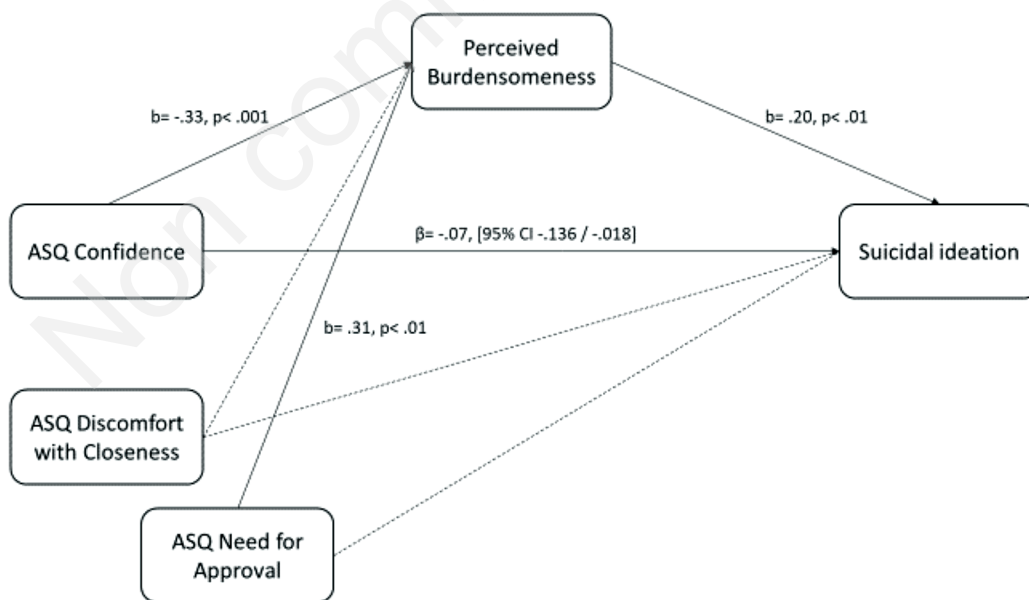
The mediating role of perceived burdensomeness in the relationship between attachment styles and suicidal ideation was

tested using mediation models (Figure 1). In the first model, ASQ Confidence was included as IV, suicidal ideation as VI, perceived burdensomeness as mediator, and Discomfort with Closeness and Need for Approval dimensions as covariates. The results showed a significant total effect ($b=-.20, p=.012$), with a non-significant direct effect of Confidence on suicidal ideation ($b=-.13, p=.105$). The effect of the IV was completely mediated by perceived burdensomeness ($\beta=-.07, 95\%CI -.136/-.018$), indicating that patients who reported lower confidence were more likely to experience higher levels of perceived burdensomeness ($b=-.33, p<.001$) and, consequently, higher suicidal ideation intensity ($b=.20, p<.01$). In the second model, ASQ Discomfort with Closeness was included as IV, suicidal ideation as VI, perceived burdensomeness as mediator, and ASQ Confidence and ASQ Need for Approval as covariates. The results did not show significance for the total effect ($b=.08, p=.287$) or for the direct effect ($b=.05, p=.496$), but there was a significant indirect effect ($\beta=.03, 95\%CI .002/.070$). Finally, in the third model, ASQ Need for Approval was included as IV, suicidal ideation as VD, perceived burdensomeness as mediator,

Table 2. Bivariate correlations between suicidal ideation, attachment styles, and interpersonal needs.

	1.	2.	3.	4.	5.	6.	7.
1. Suicidal ideation intensity	-						
2. ASQ Confidence	-.164*	-					
3. ASQ Discomfort with Closeness	.179*	.114	-				
4. ASQ Relationships as Secondary	.068	.108	.516***	-			
5. ASQ Need for Approval	.216**	.051	.618***	.396***	-		
6. ASQ Preoccupation with Relationship	.140	.241**	.673***	.442***	.627***	-	
7. INQ Perceived burdensomeness	.317***	-.235**	.290***	.210**	.351***	.164*	-

* $p<.05$; ** $p<.01$; *** $p<.001$.



Total effect $b=-.20, p=.012$; direct effect $b=-.13, p=.105$; indirect effect $\beta=-0.07; [95\% CI -.136/-.018]$.

Figure 1. Mediation model 1 analyzes the relationship between ASQ Confidence (IV) and suicidal ideation intensity (DV), Perceived Burdensomeness as mediator, and ASQ Discomfort with Closeness and ASQ Need for Approval as covariates.

and ASQ Confidence and ASQ Discomfort with Closeness as covariates. As for the previous model, results showed a significant indirect effect ($\beta=.06$, 95% CI .014/.127), but no significant total or direct effects ($b=.16$, $p=.075$; $b=.099$, $p=.276$, respectively).

Discussion

This study aimed to investigate the relationship between attachment styles, interpersonal needs, and suicidal ideation. Based on these findings, we observed that in our sample, suicidal ideation was negatively and significantly associated with secure attachment style (ASQ Confidence). This result aligns with our first hypothesis and several previous studies. In a systematic review, Zortea and colleagues (2021) found that 20 studies reported a significant association between secure attachment and suicidal ideation (e.g., Kidd & Shahar, 2008; Rodgers *et al.*, 2011). Moreover, in other studies, secure attachment predicted a reduction in suicidal ideation even when confounders were controlled (e.g., Fergusson *et al.*, 2000; Turanovic & Pratt, 2015; Venta *et al.*, 2014;). In contrast, only one study (Nye *et al.*, 2009) found higher current suicidal ideation in the group with secure attachment compared to the group with insecure attachment; however, these findings should be interpreted with caution due to the small sample size and specific population studied. Furthermore, a meta-analysis conducted by Macneil and colleagues (2023) to investigate the relationship between secure attachment and suicidal thoughts reported an overall moderate negative effect (Hedges' $g=-0.456$, $p<.001$).

Concerning insecure attachment, only two dimensions, one related to anxiety and the other to avoidant attachment (Need for Approval and Discomfort with Closeness, respectively), were positively and significantly associated with suicidal ideation. These results are in line with previous studies that emphasized the link between anxious attachment and suicidal ideation (Lessard & Moretti, 1998; Riggs & Jacobvitz, 2002; Zortea *et al.*, 2021) and between avoidant attachment and suicidal ideation (Grunebaum *et al.*, 2010; Palitsky *et al.*, 2013; Zeyrek *et al.*, 2009). Granieri *et al.* (2022) found a positive association between both the Need for Approval and Preoccupation with Relationship dimensions and suicidal ideation in a sample of Italian university students. In contrast, in our sample, the PR dimension, which refers to the worry of abandonment, was not significant. This result may be due to the different populations studied.

Moreover, the association between Discomfort with Closeness (DC) and suicidal ideation suggests that suicide could be viewed as the ultimate way of rejecting others and life itself, as hypothesized by Adams' model (1994). In fact, Discomfort with Closeness is tightly linked to a lack of trust and openness towards others to avoid frustration and distress. This result has already been observed in a recent study by Turton *et al.* (2022), in which avoidant attachment was significantly and positively associated with suicidal ideation.

Finally, suicidal ideation was significantly associated with perceived burdensomeness in our sample. Consistent with the IPTS theory (Joiner, 2005; Van Orden *et al.*, 2010), perceived burdensomeness is a crucial factor in the determination of suicidal ideation. Several studies have pointed out that perceived burdensomeness has a stronger effect on suicidal ideation than does thwarted belongingness. A comprehensive review by Ma and colleagues (2016) confirmed a significant effect of burdensomeness on suicidal ideation. In addition, the results of a meta-analysis conducted by Chu and colleagues (2017) confirmed

that perceived burdensomeness is strongly associated with suicidal ideation.

Regarding the second hypothesis, we expected attachment styles to be associated with interpersonal needs. In our sample, perceived burdensomeness was positively associated with both anxious and avoidant attachment styles. Dienst and colleagues (2023) point out that individuals with insecure attachment may repress or not acknowledge their needs for attachment. Therefore, they tend to avoid close relationships but are still subconsciously influenced by unsatisfied belongingness, increasing the feeling of being a burden for significant others.

Moreover, perceived burdensomeness is negatively associated with secure attachment. As expected, this result highlighted the protective role of secure attachment. This attachment style ensures a safe environment in which individuals can develop their full potential, cope effectively, and use adequate strategies in stressful situations, ultimately preventing them from developing dysfunctional beliefs about perceiving themselves as burdensome.

Finally, the third hypothesis investigated the interplay between attachment styles, interpersonal needs, and suicidal ideation. Although we initially hypothesized the potential mediating role of interpersonal needs between attachment and suicidal ideation, we were not able to completely test our hypothesis because of the low reliability of the thwarted belongingness dimension. Mediation analysis showed that perceived burdensomeness mediates the relationship between secure attachment and suicidal ideation. Specifically, patients who reported lower secure attachment were more likely to experience higher levels of perceived burdensomeness and, thus, higher suicidal ideation. This result can be explained by considering that a secure attachment orientation is characterized by a self-perception of worthiness (lovability) connected with the expectation that other people are generally accepting and responsive (Ainsworth *et al.*, 1978). It is likely that perceiving oneself as a lovable person can decrease the level of feeling a burden on others and, therefore, is less likely to have suicidal thoughts.

Furthermore, consistent with the findings of Zortea *et al.* (2021), secure attachment acts as a protective factor against suicidal ideation. Unexpectedly, insecure attachment did not seem to play a role in the mediation model in our sample. This result could be explained by the fact that in our sample, suicidal ideation was investigated in the last month, so there could be other risk factors, such as proximal factors, that could be more associated with recent suicidal ideation (Pompili *et al.*, 2022) or suicidal crisis (Galynker *et al.*, 2014).

Overall, in our sample, secure attachment showed a potential protective role for suicidal ideation through lower levels of perceived burdensomeness. Thus, individuals who have received consistent emotional and physical care during childhood develop a sense of themselves as worthy of such care and view others as reliable. This consistency plays a role in decreasing the perception of being a burden to others.

Conclusions

These findings may have clinical implications for working with individuals at risk for suicide. Clinicians should consider the relational patterns that patients might act out in their care relationship. According to Adams' model (1994), the connection between adverse parenting experiences and later suicidal behavior is mediated more distally through internalized working models of self and attachment figures, as well as trait variations in self-worth,

emotional regulation skills, and interpersonal capabilities. For example, individuals with secure attachment maintain positive models of themselves and others, which enhance their resilience and ability to contain and self-regulate distress in the face of interpersonal problems. In contrast, insecure attachment is followed by trait vulnerabilities such as low self-esteem, relational issues, and negativity. Therefore, therapists should embrace the need for safety and security, not being satisfied during childhood, as “good enough” (Winnicott, 1965), providing meaning for the patients’ emotional experiences. Simultaneously, clinicians should focus on identifying and modifying avoidant and/or anxious relational patterns through the therapeutic process (Slade & Holmes, 2019). Preoccupied patients tend to seek simultaneously but also resist contact, whereas avoidant patients tend to downplay disclosure and distress (Talia *et al.*, 2014). In contrast, a positive working alliance, predicted by a secure attachment orientation (Diener & Monroe *et al.*, 2011; Mikulincer & Shaver, 2008), conveys the maintenance of emotional proximity, expression of distress without hesitation, and open help requests (Slade & Holmes, 2019).

Considering patients at risk for suicide, trait vulnerabilities, combined with acute loss, rejection, and disappointment, generate an attachment crisis that quickly spirals out of control. Insecure subjects react with paralyzing anxiety, anger, and hopelessness, eventually culminating in suicidal thoughts and behavior. Clinicians working with suicidal clients must consider this aspect when conducting suicide risk assessment and formulation. Green *et al.* (2020) highlighted several vulnerability traits that could be targeted by psychological interventions to reduce suicide risk. Among these traits, we found that maladaptive self-schemas, self-criticism, limited self-disclosure, and interpersonal difficulties impact the development of stable relationships. Any intervention to reduce suicidal thoughts and behavior that does not address vulnerability traits and internal working models underlying this behavior is unlikely to yield lasting and clinically meaningful changes, as suggested by Pompili (2024), who identified a collaborative and empathetic approach as crucial to explore mental pain in individuals at risk for suicide and contributes to unlocking the suicidal mind. Considering patients’ attachment styles, clinicians may improve working alliance with their patients and, in turn, improve patient outcomes (Westerling *et al.*, 2019). A meta-analysis by Taylor *et al.* (2015) revealed that secure patient attachment was associated with an increased working alliance. In contrast, insecure attachment is associated with a negative therapeutic relationship and decreased alliance. These features are even more relevant when working with suicidal patients; consequently, a comprehensive understanding of the patient’s personal experience is necessary to establish a targeted intervention for suicide prevention.

Strengths and limitations

This study has some limitations that should be considered. The study design was cross-sectional; thus, it was impossible to speculate about a cause-effect relationship. It would be interesting to conduct longitudinal studies to assess the impact of attachment styles on suicide risk. Moreover, the study’s results should be read, considering that some effect sizes of the associations among variables were weak and the reliability of some dimensions of the questionnaires utilized was low. This highlights the need for further studies on the psychometric properties of questionnaires used in psychiatric inpatients. Finally, given the number of patients enrolled, we decided to use a self-report questionnaire for attachment assessment. However, other instruments (*e.g.*, AAI) can provide

a more accurate evaluation and are less susceptible to social desirability bias. Despite these limitations, the present study contributes to the understanding of the role of attachment styles and interpersonal needs on suicidal ideation in adult psychiatric inpatients. This contribution may offer insights for clinical practice with individuals at risk for suicide.

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