The role of suicidal motivations in adolescence: implications for the psychotherapeutic treatment of suicidal risk

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ABSTRACT

The study of suicidal risk has increasingly emphasized the importance of assessing specific suicidal motivations. Motivations express an elaboration of the condition of psychache, representing an effective perspective on the management of suicidal risk in psychotherapy. This study explores suicidal motivations and personality pathology in a clinical sample of adolescents with suicidal ideation or a history of suicide attempts. We aim to investigate how specific motivational factors and personality disorders (PDs) contribute to the foreseeability of suicidal outcomes, such as the occurrence, number, and lethality of suicide attempts and their interaction with the impact of personality disorders. A sample of 134 adolescents aged 12-18, with active suicidal ideation or recent suicide attempts, was assessed using a combination of self-report measures and structured clinical interviews. Binomial logistic regressions and linear regressions were conducted to explore the predictive value of PDs and motivational factors on suicidal behaviors. The results indicate that specific suicidal motivations, such as interpersonal influence, escape fantasy, and absence of fear, provide an additional increase in the foreseeability value beyond personality disorder criteria alone. These findings suggest that assessing suicidal motivations can significantly enhance risk evaluation and inform more effective therapeutic interventions. Beyond identifying certain risk factors, the therapist's ability to diss and process specific suicidal motivations in the context of the therapeutic relationship can be a decisive factor in monitoring and directly intervening on the risk.

Key words: suicide, motivations, psychotherapy, personality, psychache.

Introduction

According to recent statistics (WHO, 2021), suicide is a leading mental health problem worldwide, representing the fourth most common cause of death among people aged 15 and 29 years and the second cause of death after road accidents among people aged between 12 and 29 in Western countries (Cha *et al.*, 2018). Because of the alarming increase of this phenomenon in adolescence, further worsened after the COVID-SARS-19 pandemic (Bould *et al.*, 2019; Glenn *et al.*, 2019), the WHO (2021) has recognized the urgent need to focus on the early detection and prevention of suicidal risk in this phase of life [AACAP, 2021; CDC (Cent. Dis. Control Prev.), 2015; Hill *et al.*, 2020; WHO, 2014; WHO, 2021].

Notwithstanding the advancements in the assessment of relevant risk factors, the management of suicidal risk represents one

of the most uncertain areas of intervention for mental health professionals (Pompili, 2020). As a matter of fact, the increased knowledge about the single and combined, distal and proximal risk factors, still appears to offer only modest gains in terms of foreseeability and prevention of suicidal conduct (Arsenault-Lapierre *et al.*, 2004; Baca-Garcia *et al.*, 2007; Baldessarini *et al.*, 2019; Nock *et al.*, 2019). There is clear empirical evidence of the efficacy of psychotherapeutic interventions for the prevention of suicide risk in the different phases of the life cycle (Briggs *et al.*, 2019; Schechter *et al.*, 2022a) but still the current models of assessment and prevention of suicide risk do not seem particularly fit the help psychotherapist dealing with this clinical challenge (Schechter *et al.*, 2022b). Recent research has developed new approaches to assessing suicidal risk, offering important insights for psychotherapeutic interventions aimed at managing this risk.

Assessing the subjective state in the suicidal process: the role of motivation

One contemporary approach views suicide as a possible outcome of a decision-making process. It highlights the clinical importance of analyzing the subjective state of patients at risk of suicide. This analysis can help better foresee the transition from suicidal ideation to actual suicidal behavior (Barzilay & Apter, 2014; Glenn *et al.*, 2019; Klonsky & May, 2014; Maltsberger, 2004). In this regard, the understanding of the subjective experience that suicide assumes for the individual is considered unavoidable (De Beurs *et al.*, 2019; Schechter *et al.*, 2022a; Schechter *et al.*, 2019).

In recent empirical and clinical contributions, it has been proposed that the analysis of the subjective state of the patient at risk for suicide may benefit from a specific focus on suicidal motivations (Moselli *et al.*, 2021; Toukhy *et al.*, 2024). An extensive clinical and empirical literature has emphasized the role that motivations play in intensifying the psychache and directing the decision-making process leading to the suicidal crisis (Glenn *et al*., 2019; Shapiro, 1970; Orbach *et al.*, 1999; Orri *et al*., 2014). A precise and extensive understanding of the suicidal motivations during the treatment can prove to be of the uttermost clinical relevance, also given the many hinders that many patients find in having a clear insight and disclosing their, often implicit or dissociated, suicidal intents (Briggs *et al.*, 2019; Brüdern *et al.*, 2024; Hallford *et al.*, 2023; Millner *et al.*, 2017; O' Connor, 2011; Schechter *et al*., 2022a; Schuck *et al.*, 2019).

In this paper we propose an approach to the assessment of suicidal motivation that has the following advantages (Moselli *et al.*, 2021): (a) it is based on the identification of motivational categories derived from the combination of the clinical and empirical literature on the topic; (b) it is based on an experience-near assessment of the patient's subjective states reducing the degree of theoretical inference about suicidality; (c) it avoids the biases connected to self-report measures and the relative difficulty of many patients at risk for suicides to be in contact and disclose about their suicidal thoughts; (d) it is centered on the clinician's judgment, deriving relevant information from the analysis of the aspects of the therapeutic relationship that may contribute to trigger the ideation and the possible passage to suicidal conduct.

Personality pathology and the suicidal process

The risk factor of personality pathology in the suicidal process is widely documented in both adolescence and adulthood (Giner *et al.*, 2013; Krysinska *et al.*, 2006).

The role of some specific personality disorders, in particular borderline personality disorder (BPD) and narcissistic personality disorder (NPD) in determining suicidal ideation, suicidal behavior, and their lethality was investigated (Chanen *et al.*, 2008; Goodman *et al.*, 2017; Moselli *et al*., 2023; Williams *et al*., 2021).

Consistent with a dimensional approach, it was pointed out that the degree of severity of personality pathology (Williams *et al.*, 2023) or the exacerbation of certain pathological traits (Somma *et al.*, 2016) are even more significant predictors than single categorical diagnoses of personality disorders in foreseeing the transition from the volitional to the motivational phase of the suicidal process. Personality pathology, moreover, has also proven to exert a significant cumulative effect on other factors typically associated with suicidality in adolescence, such as mood disorders (Williams *et al.*, 2023; Borroni *et al*., 2023), traumatic experiences (Perez *et al.*, 2016) substance abuse (Østergaard *et al.,* 2017; Maltsberger *et al.*, 2011).

From a clinical point of view, personality pathology is often connotated by those subjective states that may decisively contribute to engender the psychache and the ensuing suicidal ideation (Shneidman, 1993) as well as the experience of emotional entrapment that can precipitate the actual suicidal crisis (Li *et al*., 2018). In particular, these experiences of unbearable pain and entrapment are often reported to occur as against the background of states of aloneness and hopelessness (Van Orden *et al.*, 2010), the proneness to experience and intolerance to narcissistic wounds (Ronningstam & Maltsberger, 1998), the paranoid representations of figures of help as well as the tendency to perceive interpersonal rejections (Na *et al*., 2019; Levy *et al.*, 2022), the heightened affective dysregulation and emotional lability (Sharma & Fowler, 2018; Turton *et al.*, 2021), as well as peculiar defensive strategies that constitute the core of severe personality pathology throughout the lifespan (Li *et al.*, 2023).

It is, therefore, no coincidence that many of the treatments found to be effective in reducing suicide risk share many of the goals and techniques employed in approaches to the treatment of personality disorders (Briggs *et al.*, 2019; Calati & Courtet, 2016; D'Agostino *et al.*, 2020).

In particular, it was proposed that the elaboration of specific motivations may be congruent and functional in the context of the affective regulation strategies, level of integration of self-image and self-value, affective relationship patterns, and defense styles that characterize the different configurations of personality pathology (Ronningstam *et al.*, 2018; Tanzilli *et al*., 2021; Williams *et al*., 2024)

At present, there are no specific contributions that have investigated the relationship between suicidal motivations and personality disorders and their respective contribution to the development of the suicidal process.

Objectives

The general goal of this study is exploratory in nature: as it stands, our understanding of suicidal motivations in adolescence remains limited, and we need to further investigate the reasons that support the suicidal decision. Then, the first objective of this study is to evaluate the emerging associations between specific suicidal motivations as assessed through the MIS-A and suicidal behaviors, focusing on three distinct outcome variables: the presence of suicide attempts (SAs), the number of SAs, and the lethality of SAs. The second objective of the study is to explore the possible cumulative effect of personality pathology and suicidal motivations on the foreseeability of the three distinct outcome

variables: the presence of SAs, the number of SAs, and the lethality of SAs. To investigate this latter objective, we conducted three separate regression analyses for each outcome variable, incorporating personality pathology and motivational factors. Suicidal ideation is considered a partially distinct entity with respect to suicidal behavior, which constitutes a predictor but is not the primary target of the investigation.

Methods

Mesures

General cognitive functioning was assessed through scaled tests based on age and language, including the *Raven Progressive Matrices Test* (Raven, 1981) and the *Wechsler Intelligence Scale for Children-Revised* (WISC-IV; Orsini *et al.*, 2012). The subjects' intellectual abilities were classified according to the *Diagnostic and Statistical Manual of Mental Disorders*, 2000 (DSM-IV-TR).

The Columbia Suicide Severity Rating Scale (C-SSRS*;* Posner *et al.*, 2011) is a scale that evaluates suicidal ideation and behaviors in subjects aged twelve and over. The scale assesses the severity of suicidality in the domains of suicidal ideation and suicidal behavior. The C-SSRS rates four constructs: (a) the severity of the suicidal ideation, measured on a 5 points Likert scale (1 = desire to be dead; 2 = non-specific active suicidal thoughts; 3 = suicidal thoughts with a method; 4 = suicidal intent; 5 = suicide intent with a plan); (b) the intensity of the suicidal ideation is reckoned by investigating the frequency, duration, degree of control, deterrents, and reasons for the ideation; (c) suicidal behavior is rated investigating the presence of failed attempts, actual attempts, aborted attempts, preparatory acts and non-suicidal self-injury (NSSI); (d) the lethality of the gesture described as the potential and actual damage provoked to bodily tissues and functions. The C-SSRS psychometric properties, validity, and satisfactory internal consistency (Cronbach's α=0.937) have been published (Posner *et al.*, 2011). The scores were obtained after the administration of the specific semi-structured clinical interview.

Schedule for Affective Disorders and Schizophrenia for School Age Children, Present and Lifetime (K-SADS-PL; Kaufman & Schweder, 2004) is a semi-structured interview used to assess current and past psychopathological features and psychiatric disorders in children and adolescents according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), criteria. All patients and at least one of their parents or legal tutors were interviewed. This interview was used to identify the presence of MDD.

Structured Clinical Interview for DSM-5 Personality Disorders (First *et al.*, 2017) is a semi-structured interview that assesses the presence/absence of the 10 Personality Disorders according to DSM-IV-TR criteria. The dimensional assessment of personality pathology was obtained by respectively reckoning the average number of PD criteria met at SCID-IV TR-PD by each subject. The presence of a PD categorical diagnosis is scored when the subject passes the diagnostic threshold for one of the 10 PDs. The Italian version of SCID-IV TR-PD has good psychometric features: intraclass correlation coefficient (ICC) values ranged from .88 (Dependent PD and Histrionic PD) to .94 (Avoidant PD) for dimensional SCID-II- interview dimensional ratings (median ICC value =.94). Cohen k values were also adequate for SCID-IV TR PD interview categorical PD diagnoses (median k value =.89, SD =.11) (Somma, *et al.,* 2017). in the present study the variable PD categorical overall presence was scored when the subject received at least one categorical diagnosis for any of the 10 PDs. The scores for the variable PD dimensional overall were obtained by summing the number of criteria met by each subject for any of the 10 PDs. The variable PD dimensional overall was obtained by summing all the PDs criteria met by each subject.

Motivational Interview for suicidality (MIS-A) (Moselli *et al.*, 2021) is a semi-structured clinician-report interview developed to assess adolescents' motivations underlying the suicidal process. It consists of 11 questions grouped into three sections. These sections encompass questions about suicidal ideation, suicide intention, and suicide attempts. The MIS-A distinguishes seven motivational areas and several relative sub-areas: (a) the 'illness-motivated attempts'(including the sub-areas: psychache, hopelessness), which is associated with unsustainable pain and feelings of powerlessness; (b) the 'feelings of vulnerability and self-devaluation caused by chronic pessimistic self-criticism' (including the sub-areas: pessimism, perfectionism), which concerns motivations related to self-devaluating thoughts and compensatory perfectionism, leading to chronic feelings of shame, guilt and frustration, (c) the 'life crisis that threatens the cohesion of identity and personal status', which is, external events that trigger the experience of worthlessness, loss of personal value and failure; (d) the 'relational' area (including the sub-areas: interpersonal influence, closeness seeking, burdensomeness, low belongingness), which refers to motivations that directly call the other into question, as a specific cause of internal pain, or in attempt to affect others and change a relationship; (e) the 'sense of defeat and entrapment' (including the sub-areas: escape fantasy, problem-solving), related to feelings of having lost every strategy to cope with distress and being trapped into personal vulnerability with no way out; (f) the 'extreme cases' (including the sub-areas: atypical, extreme), which includes both unusual reasons (*e.g.*, psychotic thoughts, gender incongruence) for suicide and the extreme cases where pertaining pastor recent traumatic experiences; and (g) the area of 'action' (including the sub-areas: impulsivity, low fear and no anticipation of pain) describes the mentalization of the consequences of suicide. MIS-A showed good psychometric properties (*e.g.,* Moselli *et al.,* 2021). In the present study, two expert independent judges carried out the MIS-A evaluation with an inter-rater reliability (Cohen's K) of 0.71.

Sample

The sample was composed of a total of 144 adolescents, aged between 12 and 18 years, with either active suicidal ideation or a recent history of suicide attempts. The participants were consecutively referred for admission to the day hospital and inpatient unit at one metropolitan Italian Pediatric Hospital and to an outpatient psychiatric unit between 2017 and 2022. Subjects with intellectual disabilities (IQ<70) (N=2), severe impairment in adaptive and school functioning (N=3), or a diagnosis of autism spectrum disorder according to DSM-5 (N=5) were excluded from the study. The remaining 134 subjects were assessed using a combination of anamnestic and diagnostic self-report measures and semi-structured interviews. Active suicidal ideation was confirmed if the Columbia Suicide Severity Rating Scale (C-SSRS) score was ≥2 for the severity of suicidal ideation.

A team of research psychologists, independent from the clinical teams, were trained to meet reliability criteria on all measures. Each rater participated in regular supervision meetings with a senior psychiatrist experienced in the study's instruments. Coding and data entry were consistently monitored. Each rater

was responsible for administering and scoring only one of the measures for the sample and was blind to the evaluations from the other measures.

All patients included in the study were regularly treated and monitored for six months following admission. Specifically, clinical monitoring for relapse of suicide attempts was conducted during this six-month observation period. Notably, patients who reported suicidal ideation but no suicide attempts at admission did not attempt suicide during the six-month follow-up (this sub-group was considered as ideators only). Only two patients who had attempted suicide at admission were reported to have another suicide attempt during the six-month follow-up, with one experiencing a single episode and the other experiencing two episodes. When reassessed with the Columbia Suicide Severity Rating Scale (CSSRS), these subsequent attempts showed a lower level of potential lethality compared to the initial assessments at admission. The variable "number of suicide attempts" included in the study refers to the total count of episodes from three months prior to admission through the six-month follow-up period.

Statistical analyses

Descriptive analyses were conducted to characterize the independent variables, distinguishing between ideators and attempters. Non-parametric bivariate correlations were used to test the significance of the associations between the suicidality variables (suicidal ideation, suicidal behavior, number and lethality of suicide attempts), PD dimensional diagnosis, BPD dimensional diagnosis, NPD dimensional and motivations for suicidal acts. The dimensional scores for each PD were obtained by summing the number of criteria met by each subject for any of the 10 PDs. The variable PD dimensional overall was obtained by summing all the PDs criteria met by each subject. To analyze the impact of the general degree of personality impairment on suicidality and suicidal motivations, a dimensional PD variable was created, excluding borderline criteria. This was done to account for the overlap of certain borderline dimensions with those related to suicidality. To investigate predictors of suicidal behavior, a binomial logistic regression analysis was conducted in two steps. A two-step linear regression analysis, weighted by suicidal ideation intensity, was performed to predict the number of suicide attempts, and the same was done to investigate the potential lethality of the attempt.

Results

Descriptive analysis of the independent variables is presented in Table 1, separated by ideators and attempters. Among the sample, 60 (44.8%) were ideators, 57 (42.5%) were low lethality attempters, and 17 (12.7%) were high lethality attempters. The number of suicide attempts reported was one for 47 (71.2%) adolescents, two for 10 (15,2%) adolescents, three for 7 (10,6%) adolescents. Furthermore, 2 (3%) adolescents reported four and five suicide attempts each. The mean number of suicide attempts among attempters was 1.39 (SD 1.02).

Bivariate correlational analysis revealed significant association, as shown in Table 2.

First, a binomial logistic regression analysis was conducted to investigate factors significantly associated with the presence of suicide attempts. The first model (R^2_N=.150) only included BPD dimensional, considered a more stable, distal variable and suicidal ideation intensity was used as a covariate. The second model (R^2_N=.326) included motivations (interpersonal influence, escape, absence of fear). Model comparison suggests that the inclusion of motivation in additional predictors significantly improves the model fit (χ^2=14.3; *df*=3; *p*=0.002). In the first model, the intensity of suicidal ideation (*p*=0.012) is a significant predictor of suicidal behavior, whereas BPD dimensional is not (*p*=0.122). After including motivational predictors, interpersonal influence (*p*=0.031) becomes a significant factor for suicidal behavior. Although escape fantasy (*p*=0.062) and absence of fear (*p*=0.074) are not significant at the conventional 0.05 level, they show a trend towards significance. Results are shown in Table 3.

Secondly, a two-step linear regression model weighted by suicidal ideation intensity was performed with a number of suicide attempts as an outcome. The first model (R^2=.137) only included personality variables (BPD dimensional, PD dimensional without BPD), regarded as more stable, distal variables. The second model (R^2=.247) included motivations (interpersonal influence, escape, absence of fear). Model comparison suggests that the inclusion of these motivations as additional predictors significantly improves the model fit (ΔR^2=0.111; $F_{(3,79)}$=3.88; *p*=0.012). In the first model, both PD dimensional without BPD (*p*=0.021) and BPD dimensional (*p*=0.038) are significant predictors of the number of suicide attempts. After adding the motivational factors, the significance of both variables decreases, while the predictor 'Escape' becomes significant (*p*=0.013). Results are shown in Table 4.

Table 1. Descriptive analysis.

Variable		n	%
Female	Ideators	49	36.6
	Attempters	57	42.5
Variable		**Mean**	**SD**
Age	Ideators	15.6	1.12
	Attempters	16.1	1.18
PD dimensional WITHOUT BPD[1]	Ideators	4.44	2.73
	Attempters	4.44	3.06
BPD dimensional	Ideators	1.73	1.59
	Attempters	3.17	2.41
NPD dimensional	Ideators	0.873	1.19
	Attempters	1.12	1.13

[1]Number of positive PD criteria met without borderline criteria.SD, standard deviation; PD, personality disorder; BPD, borderline personality disorder; NPD, narcissistic personality disorder.

The third outcome variable taken into account was the potential lethality of the suicide attempt. A two-step linear regression weighted by suicidal ideation intensity was carried out where the first model (R^2=.120) only included personality variables (BPD dimensional, NPD dimensional), considered more stable, distal variables. The second model (R^2=.238) included motivations (interpersonal influence, escape, absence of fear). Model comparison suggests that the inclusion of motivations in additional predictors significantly improves the model fit (ΔR^2=0.118; $F_{(3,78)}$=4.02; p=0.010). In the first model, only NPD dimensional (p=0.005), but not BPD dimensional (p=0.357), is a significant predictor of potential lethality of suicide attempts. After including the motivational factors, the significance of both variables decreases, while the predictor 'Absence of fear' becomes significant (p=0.004). Results are shown in Table 5.

These results suggest that including motivational factors provides a better understanding of the predictors for the number of suicide attempts, beyond the personality disorder criteria alone.

Table 2. Correlation with suicidal ideation, presence, numbers and potential lethality of suicide attempts.

	Presence	Lethality	Number	Ideation intensity
PD dimensional without BPD	-,007	,111	,214**	,110
Borderline dimensional	,250**	,235**	,303**	,016
Narcissistic dimensional	,097	,298**	,130	- ,047
Psychache	,056	,073	,060	,087
Hopelessness	-,134	-,011	-,118	,215*
Pessimism	-,178	-,039	-,105	,161
Perfectionism	-,054	-,029	,046	,215*
Life crisis	,049	-,022	,016	-,117
Interpersonal influence	,316**	,278**	,248**	,033
Help seeking	,098	,065	,129	-,005
Burdensomeness	-,051	-,076	,095	,073
Low belongingness	-,147	-,074	-,057	,122
Escape fantasies	,260**	,199*	,0241**	,128
Problem solving	-,060	-,114	-,030	,015
Extreme cases	,129	,142	,038	,121
Atypical cases	-,126	-,054	-,088	-,029
Impulsivity	,175	,101	,016	-,208*
No fear	,293**	,330**	.233**	,224

PD, personality disorder; BPD, borderline personality disorder. *p<0.05; **p<0.001.

Table 3. Logistic regression on presence of suicide attempt.

Predictor	Estimate	SE	Z	p
Intercept	2.4252	0.8729	2.778	0.005
Suicidal ideation intensity	-0.1003	0.0549	-1.828	0.067
Borderline dimensional	-0.0337	0.1280	-0.264	0.792
Escape	-0.2975	0.1596	-1.864	0.062
Interpersonal influence	-0.3634	0.1681	-2.162	0.031
No fear	-0.7983	0.4467	-1.787	0.074

Estimates represent the log odds of "no attempts =0" *vs.* "presence of attempts =1"; SE, standard error.

Table 4. Linear regression on number of suicide attempt.

Predictor	Estimate	SE	t	p
Intercept	-0.0556	0.2414	-0.230	0.818
PD dimensional without borderline	0.0697	0.0412	1.693	0.094
Borderline dimensional	0.0860	0.0527	1.631	0.107
Interpersonal influence	0.1001	0.0713	1.403	0.164
Escape	0.1679	0.0664	2.528	0.013
No fear	0.1701	0.1117	1.523	0.132

Weighted by 'suicidal ideation intensity'; SE, standard error.

Table 5. Linear regression on potential lethality.

Predictor	Estimate	SE	t	p
Intercept	0.2852	0.1636	1.743	0.085
NarcissisticNumbCrit	0.1584	0.0931	1.701	0.093
BorderlineNumbCrit	0.0117	0.0433	0.271	0.787
No Fear	0.2709	0.0911	2.974	0.004
Interpersonal Influence	0.0696	0.0636	1.094	0.277
Escape	0.0705	0.0548	1.286	0.202

Weighted by 'suicidal ideation intensity'; SE, standard error; NarcisisstNumbCrit, narcissistic dimensional; BorderlineNumbCrit, norderline dimensional.

Discussion

The present study had two specific objectives. The first objective was to identify which motivations, as assessed through the MIS-A, are significantly associated with the switch to suicidal conduct in a sample of adolescents. The results consistently indicate the prevalence of several specific motivations with respect to the three suicide outcome variables considered: the presence of any suicide attempt, the number of suicide attempts, and their potential lethality. In the first place, these data highlight how the study of suicidal motivations can provide an effective perspective in capturing the subjective states that underlie the transition from the suicidal ideation (motivational state) to the volitional phase. More precisely, the specific motivations significantly associated with the three suicidal variables appear consistent with the current understanding of the deployment of the suicidal process.

Firstly, in some subjects, the switch to a suicidal act was significantly associated with the MIS-A motivation of 'interpersonal influence', *i.e.,* the suicidal conduct is aimed at influencing meaningful figures or even wider audiences by manipulating, controlling, threatening, or humiliating the other. This form of interpersonal influence seems to be sustained by an attempt at omnipotent control of the relationship in order to disavow feelings of aloneness, estrangement, and extreme dependence, personal disruption, passivity, and vulnerability (Kernberg, 1884; Schechter *et al.*, 2022a; Williams *et al.*, 2024). It has been underlined how the mechanism of projective identification could sustain such an operation of "interpersonal manipulation", through which the subject fantasizes that the suicidal act might help her/him to get rid of the fragile, helpless, and denigrated split-off parts of the self by evacuating them into the other or into one's own body (Lindner, 2006; Rosenfeld, 1987). At the same time, it is precisely the massive recourse to projective mechanisms that can lead to confusion between the self and the other experienced as hostile and attacked through a passive-aggressive mode within oneself (Kernberg, 1987).

The highlighted association between escape fantasy and AS appears equally meaningful from a clinical point of view. The descent into a suicidal crisis (Maltsberger, 2004) is supposed to be often precipitated by feelings of entrapment in overpowering emotional experiences triggered by external circumstances (Maltsberger & Goldblatt, 1996; Orbach *et al.*, 1999). Suicide would thus be felt as the only way perceived by the subject to escape internal entrapment, particularly within some interpersonal contexts and personality pathological organizations (Li *et al.*, 2018; Schuck *et al.*, 2019; Williams *et al*., 2023). In particular, it has been suggested that escape fantasy would be an inherent strategy of self-protection and self-esteem enhancement in pathological narcissism: whether the subject remains in the ideational state (Tanzilli *et al.*, 2021) or the subject resorts eventually enacts his or her intentions (Ronningstam *et al.*, 2018). This observation leads us to consider the clinical importance of two aspects related to suicide risk in adolescence. In fact, the reduced emotional lability and capacity for regulation (Li *et al*., 2023; Williams *et al.*, 2023), as well as the enhanced narcissism of the adolescent (Fontana *et al*., 2023) that characterize this phase, can make the adolescent prone to undergo uncontrollable emotional waves and experience profound threats to his/her self-esteem. Moreover, in this phase, a strong thrust toward autonomy may often lead the adolescents to perceive criticism and judgement from parents and peer groups as a sign of definitive failure and weakness and limitation to personal development (Schechter *et al.*, 2018).

The third motivation, which is the absence of fear, presents a significant association with the lethality of suicidal conduct. In fact, this motivation accounts for the subject's inability to keep in mind the consequences of suicide with respect to an attack on his/her own body and existence, evidencing a deep state of mind-body dissociation (Calati *et al*., 2017; Li *et al*., 2018; Orbach *et al.,* 2001). This dissociative condition seems to stem from mental processes, often found in narcissistic and psychotic functioning, in which the body is perceived as alien or even as an enemy, a collector of rejected parts of the self (Lombardi, 2016). This condition generates an insensitivity to pain and disfigurement of one's own image, hesitating in the inherent denial of death (Tull *et al*., 2022). Attention to the degree of affective detachment with which a patient may express suicidal intentions and a general tendency to enter dissociative states must, therefore, represent a focus of analysis for therapists engaged in the management of suicidal risk.

As far as the second objective of this study is concerned, the data confirm the impact of the risk factors considered in the literature on suicidality (Williams *et al*., 2023): the intensity of suicidal ideation increases the foreseeability of the recourse to suicide; borderline personality has a significant impact in the likelihood of recurrence of suicide attempts.

An interesting novel result from this study concerns the role that the configurations of personality pathology other than BPD have in generating a possible pathway to suicide attempts; moreover, the association between dysfunctional narcissistic traits and the lethality of suicide attempts is confirmed, while BPD shows no significant impact on this variable. It is the linear regression models that show the most informative evidence. The addition of suicidal motivations significantly increases the fit of the models initially only based on personality disturbance and suicidal ideation. More importantly, the introduction of the escape fantasy, interpersonal influence and no fear motivations eventually erase or mitigate the significance of the association between personality pathology, suicidal ideation and the suicidal variables. More importantly, the motivational variables appear to have a distinct sig-

nificant impact on the recurrence of suicidal actions and their potential lethality.

Overall, these results seem to shed a new light on the understanding and management of the evolution of the suicidal process in adolescence. The first point we would like to emphasize is that suicidal motivations play a meaningful role in shaping and directing the state of mind of the adolescents at risk for suicide, further enhancing the influence of other relevant individual risk factors. Since monitoring the patient's subjective state has become prominent in the management of the suicidal risk (Schechter *et al.*, 2022b), the motivational construct seems to allow a systematic way of investigating this aspect in the course of treatment.

Secondly, it is evident from the data that the three motivational components highlighted in this study play out their influence without being specifically anchored to any specific pathological personality configuration. Undoubtedly, the dynamics that characterize different pathological personality organizations significantly may contribute to shape and select specific suicidal motivations (Maltsberger & Goldblatt, 1996). At the same time, it is important to consider that during psychotherapy personality disorders may present themselves with brisk oscillations among different psychological states. These oscillations, along with other external life circumstances, may result in the emergence of motivations that exert an autonomous influence on the deployment of the suicidal process. This consideration should lead the psychotherapists and clinicians to more precisely capture the patient's peculiar meaning that sustains suicidal thoughts. In this light, a careful analysis of the suicidal process should include the analysis of the impact that the therapeutic relationship, other meaningful relationships, and existential issues may have on the patient's experience of the integrity of self and affective connectedness.

We are aware that the results of this work present limits of generalizability, primarily related to research design, the clinical features, and the size of the sample investigated. These limitations also help envisage future perspectives of research in the study of suicidal motivations. In the first place, the use of a longitudinal design would bolster the validity of the results obtained in the current cross-sectional study. Secondly, the impact of other relevant risk factors, such as mood disorders, past traumatic conditions, and psychosocial stressors, has not been taken into consideration in this study. The investigation of the role of suicidal motivations in association with these relevant risk factors constitutes an important possible development in this area of research.

Another necessary implementation to this research approach on suicidal motivations implies the need to reduce the level of the clinician's inference in the ratings of the MIS-A. The creation of a questionnaire including items that accurately describe clear instances of the global motivational areas currently contemplated in the MIS-A could lead to a fruitful confirmative factor analysis.

Conclusions

We would like to underline how the accurate assessment obtained through MIS-A has proved to lend empirical confirmation of the clinical usefulness of those models of the suicidal process that privilege the focus on the subjective experience attributed by the individual to suicide. As evidenced, this emphasis goes along with an approach to the management of suicidal risk that stands for the active engagement on the part of the therapist (Schechter *et al*., 2022a). To draw both the therapist and patient's attention to the suicidal motivations and providing a non-judgmental empathic climate of discussion of personal meaning associated with suicide may significantly reduce the emotional impact of emotions and ideas that, if left unheeded, may lead to an increased likelihood of the act (Posner *et al.*, 2011). Even more relevantly, it appears useful to define the emergence of these motivations within the clinical relationship and their intertwining with transferential dynamics (Lindner, 2006). The focus on experiences of emotional entrapment, threats to narcissistic integrity, intolerable states of dependency, passivity, and abandonment anxieties can direct the therapeutic action, lower the therapists' personal anxiety (Tanzilli *et al*., 2023; Weinberg *et al.*, 2011), enhance the capacity to offer a proper containment of intolerable affective states strengthen the therapeutic alliance with the patient at risk of suicide.

References

Østergaard, M. L., Nordentoft, M., & Hjorthøj , C. (2017). Associations between substance use disorders and suicide or suicide attempts in people with mental illness: a Danish nation-wide, prospective, register-based study of patients diagnosed with schizophrenia, bipolar disorder, unipolar depression or personal. *Addiction, 112(7),* 1250-1259.

AACAP. (2021). Retrieved from https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teen-Suicide-010.aspx

Arsenault-Lapierre, G., Kim, C., & Turecki, G. (2004). Psychiatric diagnoses in 3275 suicides: a meta-analysis. *BMC Psychiatry, 4*(1), 37.

Baca-Garcia, E., Parra, C. P., Perez-Rodriguez, M. M., Diaz-Sastre, C., Torres, R. R., Saiz-Ruiz, J., & Leon, J. d. (2007). Psychosocial stressors may be strongly associated with suicide attempts. *Stress and Health, 23*, 191–198.

Baldessarini, R. J., Tondo, L., Pinna, M., Nuñez, N., & Vázquez, G. H. (2019). Suicidal risk factors in major affective disorders. *The British Journal of Psychiatry, 215*(4), 621-626.

Barzilay, S., & Apter, A. (2014). Psychological Models of Suicide. *Archives of Suicide Research, 18*(4), 295-312 .

Borroni, S., Franchini, L., Brioschi, S., Vassena, G., Masci, E., Franzoni, C., Fossati, A. (2023). The role of clinical and Personological features in predicting high lethality suicide attempts: A study among mood disorder patients. *Personality and mental health 17*(1), 99-106.

Bould, H., Mars, B., Moran, P., Biddle, L., & Gunne, D. (2019). Rising suicide rates among adolescents in England and Wales. *The Lancet*, *394*(10193), 116–117.

Brüdern, J., Spangenberg, L., Stein, M., Forkmann, T., Shreiber, D., Stengler, K., Glaesmer, H. (2024). Implicit measures of suicide vulnerability: Investigating suicide-related information-processing biases and a deficit in behavioral impulse control in a high-risk sample and healthy controls. *180*, 104601.

Briggs, S., Netuveli, G., Gould, N., Gkaravella, A., Gluckman, N. S., Kangogyere, P., Linder, R. (2019). The effectiveness of psychoanalytic/psychodynamic psychotherapy for reducing suicide attempts and self-harm: systematic review and meta-analysis. *The British Journal of Psychiatry, 214*(6), 320-328.

Calati, R., & Courtet, P. (2016). Is psychotherapy effective for reducing suicide attempt and non-suicidal self-injury rates? Meta-analysis and meta-regression of literature data. *Journal of psychiatric research, 79*, 8-20.

Calati, R., Bensassi, I., & Courtet, P. (2017). The link between dissociation and both suicide attempts and non-suicidal self-injury: Meta-analyses. *Psychiatry research, 251*, 103-114.

CDC (Cent. Dis. Control Prev.). (2015). Center for disease control and prevention. Retrieved from (2021) www.cdc.gov: http://www.cdc.gov/violenceprevention/suicide/definitions.html

Cha, C. B., Franz, P. J., M. Guzmán, E., Glenn, C. R., Kleiman, E. M., & Nock, M. K. (2018). Annual Research Review: Suicide among youth – epidemiology, (potential) etiology, and treatment. *Journal of Child Psychology and Psychiatry*, *59*(4), 460–482.

Chanen, A. M., Jovev, M., Djaja, D., McDougall, E., Yuen, H., Rawlings, D., & Jackson, H. J. (2008). Screening for Borderline Personality Disorder in Outpatient Youth. *Journal of personality disorders, 22*(4), 353-364.

D'Agostino, A., Pepi, R., Rossi Monti , M., & Starcevic, V. (2020). The Feeling of Emptiness: A Review of a Complex Subjective Experience. *Harvard review of psychiatry, 28*(5), 287-295.

De Beurs, D., Fried, E. D., Whetherall, K., Cleare, S., O' Connor, D. B., Ferguson, E., O' Connor, R. C. (2019). Exploring the psychology of suicidal ideation: A theory driven network analysis. *Behaviour research and therapy, 120*, 103419.

First, M. B., Skodol, A. E., Bender, D. S., & Oldham, J. M. (2017). User's guide for the Structured Clinical Interview for the DSM-5® Alternative Model for Personality Disorders (SCID-5-AMPD). *Arlington: American Psychiatric Publishing.*

Fontana, A., Cianfanelli, B., Verbaro, R., Cuzzocrea, G., Benzi, I. M., & Sideli, L. (2023). Two-Wave Stability of Grandiose and Vulnerable Narcissism During Adolescence: The Mediating Role of Empathy. *The Journal of nervous and mental disease, 211*(9), 696–703.

Giner, L., Blasco-Fontecilla, H., Perez-Rodriguez, M. M., Garcìa-Nieto, R., Giner, J., Guija, J. A., Baca-Garcia, E. (2013). Personality disorders and health problems distinguish suicide attempters from completers in a direct comparison. *Journal of Affective Disorders, 151*(2), 474-483.

Glenn, C. R., Millner, A. J., Esposito, E. C., Porter, A. C., & Nock, M. K. (2019). Implicit Identification with Death Predicts Suicidal Thoughts and Behaviors in Adolescents (Vol. 48). *Journal of Clinical Child & Adolescent Psychology.*

Goodman, M., Alvarez Tomas, I., Temes, C. M., Fitzmaurice, G. M., Aguirre, B. A., & Zanarini, M. C. (2017). Suicide attempts and self-injurious behaviours in adolescent and adult patients with borderline personality disorder. *Personality and mental health, 11*(3), 157-163.

Hallford, D. J., Rusanov, D., Winestone, B., Kaplan, R., Fuller-Tyszkiewicz, M., & Melvin, G. (2023). Disclosure of suicidal ideation and behaviours: A systematic review and meta-analysis of prevalence. *Clinical psychology review, 101*, 102272.

Hill, R. M., Rufino, K., Kurian, S., Saxena, J., Saxena, K., & Williams, L. (2020). Suicide Ideation and Attempts in a Pediatric Emergency Department Before and During COVID-19. *Pediatrics*.

Kaufman, J., & Schweder, A. E. (2004). The Schedule for Affective Disorders and Schizophrenia for School-Age Children: Present and Lifetime version (K-SADS-PL). In M. J. Hilsenroth, & D. L. Segal, *Comprehensive handbook of psychological assessment, 2,* 247 - 255. John Wiley & Sons, Inc.

Kernberg, O. (1884). Severe Personality Disorders: Psychotherapeutic Strategies. *New Haven (Yale University Press)*.

Kernberg, O. (1987). Diagnosis and Clinical managment of Suicide potential in Borderline Patients. In J. S. Grotstein, M. F. Solomon, & J. A. Lang, The Borderline Patient. *Analytic Press Hilssdale, U.S.A.*

Klonsky, E. D., & May, A. M. (2014). Differentiating suicide attempters from suicide ideators: a critical frontier for suicidology research. *Suicide and Life-Threatening Behavior, 44*(1), 1-5.

Krysinska, K., Heller, T., & De Leo, D. (2006). Suicide and deliberate self-harm in personality disorders. *Current Opinion in Psychiatry, 19*(1), 95-101.

Levy, S. R., Hilsenroth, M. J., Conway, F., & Owen, J. (2022). Patient personality characteristics and therapeutic integration: Treating borderline personality and emotionally dysregulated-dysphoric personality features. *Research in Psychotherapy: Psychopathology, Process and Outcome*.

Li, E., Campbell, C., Midgley, N., & Luyten, P. (2023). Epistemic trust: A comprehensive review of empirical insights and implications for developmental psychopathology. *Research in Psychotherapy: Psychopathology, Process and Outcome*, *26*(3).

Li, S., Yaseen, Z. S., Kim, H.-J., Briggs, J., Duffy, M., Frechette-Hagan, A., Galynker, I. I. (2018). Entrapment as a mediator of suicide crises. *BMC psychiatry, 18,* 1-10.

Lindner, R. (2006). Suicidality in men in psychodynamic psychotherapy. *Psychoanalytic Psychotherapy, 20*(3), 197-217.

Lombardi, R. (2016). *Body-Mind Dissociation in Psychoanalysis.* Routledge.

Maltsberger, J. T. (2004). The descent into suicide. *The International Journal of Psychoanalysis, 85*(3), 653-668.

Maltsberger, J. T., & Goldblatt, M. J. (1996). *Essential papers on suicide* (Vol. 20). NYU Press.

Maltsberger, J. T., Goldblatt, M. J., Ronningstam, E., Weinberg, I., & Schechter, M. (2011). Traumatic Subjective Experiences Invite Suicide. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, 39*(4), 671-693.

Millner, A. J., Lee, M. D., & Nock, M. K. (2017). Describing and Measuring the Pathway to Suicide Attempts: A Preliminary Study. *Suicide and Life-Threatening Behavior, 47*(3), 353-369.

Moselli, M., Casini, M. P., Frattini, C., & Williams, R. (2023). Suicidality and Personality Pathology in Adolescence: A Systematic Review. *Child Psychiatry & Human Development, 54*(2), 290-311.

Moselli, M., Frattini, C., Williams, R., & Ronningstam, E. (2021). The study of motivation in the suicidal process: the motivational interview for suicidality. *Frontiers in Psychiatry, 11*.

Na, E., Choi, K., Hong, J. P., & Cho, M. (2019). Paranoid Ideation Without Psychosis Is Associated With Depression, Anxiety, and Suicide Attempts in General Population. *The Journal of Nervous and Mental Disease, 207*(10), 826-831.

Nock, M. K., Ramirez, F., & Rankin, O. (2019). Advancing our understanding of the who, when, and why of suicide risk. *JAMA psychiatry, 76*(1), 11-12.

O'Connor, R., Platt, S., & Gordon, J. (2011). *International Handbook of Suicide Prevention.* Wiley-Blackwell.

Orbach, I., Mikulincer, M., Blumenson, R., Mester, R., & Stein, D. (1999). The Subjective Experience of Problem Irresolvability and Suicidal Behavior: Dynamics and Measurement. *Suicide and Life-Threatening Behavior, 29*(2), 150-164.

Orbach, I., Stein, D., Shani-Sela, M., & Har-Even, D. (2001). Body Attitudes and Body Experiences in Suicidal Adolescents. *Suicide and Life-Threatening Behavior, 31*(3), 237-249.

Orri, M., Paduanello, M., Lachal, J., Falissard, B., Sibeoni, J., & Revah-levy, A. (2014). Qualitative Approach to Attempted Suicide by Adolescents and Young Adults: The (Neglected) Role of Revenge. *9*(5), e96716.

Perez, N. M., Jennings, W. G., Piquero, A. R., & Baglivio, M. T. (2016). Adverse Childhood Experiences and Suicide Attempts: The Mediating Influence of Personality Development and Problem Behaviors. *Journal of youth and adolescence, 45*, 527-1545.

Pompili, M. (2020). Epidemiology of suicide: from population to single cases. *Epidemiology and psychiatric sciences, 29*(e68).

Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., Mann, J. J. (2011). The Columbia–Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. *American journal of psychiatry, 168*(12), 1266-1277.

Ronningstam, E. F., & Maltsberger, J. T. (1998). Pathological Narcissism and Sudden Suicide-Related Collapse. *Suicide and Life-Threatening Behavior, 28*(3), 261-271.

Ronningstam, E., Weinberg, I., Goldblatt, M., Schechter, M., & Herbstman, B. (2018). Suicide and Self-regulation in Narcissistic Personality Disorder. *Psychodyn Psychiatry, 46*(4), 491-510.

Rosenfeld, H. (1987). Impasse and Interpretation. Therapeutic and Anti-Therapeutic Factors in the Psychoanalytic Treatment of Psychotic, Borderline, and Neurotic Patients. London: Routledge.

Schechter, M., Goldblatt, M. J., Ronningstam, E., & Herbstman, B. (2022a). The Psychoanalytic Study of Suicide, Part I: An Integration of Contemporary Theory and Research. *Journal of the American Psychoanalytic Association*, *70*(1), 103–137.

Schechter, M., Goldblatt, M. J., Ronningstam, E., & Herbstman, B. (2022b). The Psychoanalytic Study of Suicide, Part II: An Integration of Theory, Research, and Clinical Practice. *Journal of the American Psychoanalytic Association*, *70*(1), 139–166.

Schechter, M., Herbstman, B., Ronningstam, E., & Goldblatt, M. J. (2018). Emerging Adults, Identity Development, and Suicidality: Implications for Psychoanalytic Psychotherapy. *The Psychoanalytic Study of the Child, 71*(1), 20-39.

Schechter, M., Ronningstam, E., Herbstman, B., & Goldblatt, M. J. (2019). Psychotherapy with Suicidal Patients: The Integrative Psychodynamic Approach of the Boston Suicide Study Group. *Medicina, 55*(6), 303.

Schuck, A., Calati, R., Barzilay, S., Bloch-Elkouby, S., & Galynker, I. (2019). Suicide Crisis Syndrome: A review of supporting evidence for a new suicide-specific diagnosis. *Behavioral sciences & the law, 37*(3), 223-239.

Shapiro, D. (1970). Motivation and Action in Psychoanalytic Psychiatry. *Psychiatry, 33*(3), 329-343.

Sharma, S., & Fowler, C. (2018). Restoring Hope for the Future: Mentalization-Based Therapy in the Treatment of a Suicidal Adolescent. *The Psychoanalytic Study of the Child, 71*(1), 55-57.

Shneidman, E. S. (1993). Commentary: Suicide as psychache. *Journal of Nervous and Mental Disease, 181*(3), 145-7.

Somma, A., Borroni, S., Maffei, C., Besson, E., Garbini, A., Granozio, S., Fossati, A. (2017). Inter-rater reliability of the Italian translation of the structured clinical interview for DSM-5 personality disorders (SCID-5-PD): a study on consecutively admitted clinical adult participants. *Journal of Psychopathology, 23*, 105-111.

Somma, A., Fossati, A., Terrinoni, A., Williams , R., Ardizzone, I., Fantini, F., Ferrara, M. (2016). Reliability and clinical usefulness of the personality inventory for DSM-5 in clinically referred adolescents: A preliminary report in a sample of Italian inpatients. *Comprehensive Psychiatry, 70*, 141-151.

Tanzilli, A., Boldrini, T., Carone, N., Gualco, I., Lingiardi, V., & Williams, R. (2023). Patient personality dimensions, transference patterns and therapeutic alliance: An empirical investigation. *Clinical Psychology & Psychotherapy, 30*(1), 97-111.

Tanzilli, A., Giovanardi, G., Patriarca, E., Lingiardi, V., & Williams, R. (2021). From a Symptom-Based to a Person-Centered Approach in Treating Depressive Disorders in Adolescence: A Clinical Case Formulation Using the Psychodynamic Diagnostic Manual (PDM-2)'s Framework. *International journal of environmental research and public health, 18*(19), 10127.

Toukhy, N., Gvion, Y., Barzilay, S., Apter, A., Benaroya-Milshtein, N., Fennig, S., & Hamdan, S. (2024). Implicit or explicit self-associations with life and death? Predicting short-term self-injurious thoughts and behaviors among adolescents. *Death Studies*.

Tull, M. T., DeMoss, Z. T., Anestis, M. D., Lavender, J. M., McDermott, M., & Gratz, K. L. (2022). Examining associations between suicidal desire, implicit fearlessness about death, and lifetime frequency of suicide attempts. *Suicide and Life-Threatening Behavior, 52*(6), 1110-11120.

Turton, H., Berry, K., Danquah, A., & Pratt, D. (2021). The relationship between emotion dysregulation and suicide ideation and behaviour: A systematic review. *Journal of affective disorders reports, 5*, 100136.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., Joiner, J., & Thomas , E. (2010). The interpersonal theory of suicide. *Psychological review, 117*(2), 575.

Weinberg, I., Ronninsgtam, E., Goldblatt, M. J., Schechter, M., & Maltsberger, J. T. (2011). Common Factors in Empirically Supported Treatments of Borderline Personality Disorder. *Current psychiatry reports, 13*, 60-68.

Williams, R., Andreassi, S., Moselli, M., Fantini, F., Tanzilli, A., Lingiardi, V., & Laghi, F. (2023). Relationship between Executive Functions, Social Cognition, and Attachment State of Mind in Adolescence: An Explorative Study. *International Journal of Environmental Research and Public Health, 20*(4), 2836.

Williams, R., Casini, M. P., Moselli, M., Frattini, C., & Ronningstam, E. (2021). The road from pathological narcissism to suicidality in adolescence: An empirical study. *International journal of environmental research and public health, 18*(8), 9761.

Williams, R., Chiesa, M., Moselli, M., Frattini, C., Casini, M. P., & Fonagy, P. (2023). The relationship between mood disorders, personality disorder and suicidality in adolescence: does general personality disturbance play a significant role in predicting suicidal behavior? *Borderline personality disorder and emotion dysregulation, 10*(1), 32.

Williams, R., Fiorentino, F., Lingiardi, V., Moselli, M., Sharp, C., & Tanzilli, A. (2024). The assessment of pathways towards suicide in adolescent patients: A PDM-2-oriented approach. *Psychology and Psychotherapy: Theory, Research and Practice.*

World Health Organization. (2014). Preventing suicide: A global imperative. Retrieved from www.who.int: https://www.who.int/publications/i/item/9789241564779

World Health Organization. (2021). Suicide worldwide in 2019. *World Health Organization*.