ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

SUICIDAL MOTIVES AND BEHAVIOR OF PATIENTS WITH INCOMPLETE SUICIDE

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Annotation: This article explores the suicidal motives and behaviors of patients who have engaged in incomplete suicide attempts. It examines the psychological, emotional, and situational factors driving these behaviors, as well as the key risk factors and behavioral patterns associated with incomplete suicide. The piece highlights the complexities of ambivalence, the desire to escape pain, and the role of self-harm and impulsivity in these cases. Furthermore, it emphasizes the importance of comprehensive clinical assessments, psychotherapy, crisis intervention, and support systems in preventing future suicide attempts and improving mental health outcomes. The article serves as a resource for healthcare professionals working with individuals at risk of suicide.

Keywords: Suicide, incomplete suicide, suicidal behavior, mental health, self-harm, ambivalence, hopelessness, depression, borderline personality disorder, crisis intervention, cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), psychological assessment, risk factors, emotional distress, support systems, impulsivity, social withdrawal, therapeutic interventions.

Introduction. Suicide remains one of the most complex and deeply troubling public health issues worldwide. Among the most intriguing and, at times, elusive aspects of suicide research is the phenomenon of "incomplete suicide," a term that refers to instances where individuals engage in self-harm or suicide attempts without resulting in death. In these cases, patients may exhibit motives and behaviors that offer crucial insight into their psychological state and the reasons behind their actions. Understanding the suicidal motives and behaviors of such patients can play a pivotal role in preventing future attempts and providing appropriate care. An "incomplete suicide" is typically understood as a suicide attempt that does not result in death, either because the method used was not lethal, the intervention occurred in time, or the individual may have had some ambivalence about the finality of their actions. These events, while not always leading to fatal outcomes, are still deeply concerning, both for the individual and for their loved ones. The distinction between complete and incomplete suicide is important because it often indicates a high level of distress and a significant risk for future attempts. Incomplete suicides can take many forms, including overdose, self-injury, or behaviors intended to harm but not necessarily to end one's life. Such behaviors can occur across a wide spectrum of psychiatric conditions and may vary significantly in terms of severity and intention [1].

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The motives behind incomplete suicides are multifaceted and reflect a blend of psychological, emotional, and situational factors. While the specific triggers can vary greatly between individuals, some common themes frequently emerge in patients with incomplete suicide attempts.

1. Desperation and Hopelessness: One of the most consistent emotional drivers for suicidal behavior is a profound sense of hopelessness. Patients often feel trapped in their emotional pain, unable to see any possibility of improvement or relief. This emotional numbness can be paralyzing and may lead them to consider suicide as a way to end the suffering, even if they are not fully committed to the act of dying.
2. Escaping Pain: Suicidal behavior is often rooted in the desire to escape from overwhelming psychological pain. This pain can be associated with a range of mental health conditions, including depression, anxiety, trauma, and borderline personality disorder. The act of attempting suicide, or engaging in self-harm, may serve as a temporary distraction from emotional turmoil, offering a misguided sense of control or relief.
3. Ambivalence: In many cases of incomplete suicide, there is an element of ambivalence. The individual may not truly want to die but is seeking a way to communicate their distress or express the depth of their emotional suffering. They may be undecided about whether to live or die, and the attempt may be a form of signaling for help. This ambivalence can complicate the clinical assessment and requires careful attention from healthcare professionals.
4. Seeking Attention or Help: In some situations, a person may engage in suicidal behavior as a way to signal to others that they are in distress and need help. This is especially common among individuals with personality disorders, such as borderline personality disorder, where interpersonal relationships are characterized by intense emotional swings. The attempt might not be intended to end life but to draw attention to the need for intervention and support.
5. Cognitive Distortions and Impulsivity: Cognitive distortions, such as all-or-nothing thinking or catastrophizing, can contribute to the feeling that suicide is the only solution. Impulsivity, a hallmark of some psychiatric conditions, can also play a role. Individuals in this category may act on suicidal thoughts without fully considering the consequences, in part due to emotional dysregulation or lack of coping strategies.

Understanding the behaviors associated with incomplete suicide is crucial for predicting risk and offering timely intervention. Some of the key behavioral patterns to watch for in patients with incomplete suicide attempts include:

1. Self-Injury and Non-Suicidal Self-Harm: Some patients engage in self-injury as a way to release emotional tension or as a form of self-punishment. This behavior is commonly seen in borderline personality disorder and other conditions marked by emotional instability. Though not always fatal, repeated self-harm behaviors are a significant red flag for future suicide risk.
2. Preoccupation with Death and Dying: Many patients with incomplete suicide attempts express a preoccupation with death, either through thoughts or discussions. This can include talking about death in a detached manner or discussing methods of suicide without clear intention to act. These expressions may be a form of coping with existential despair or an indirect plea for help.

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

3. Social Withdrawal and Isolation: A notable behavioral pattern is the withdrawal from social support systems, as patients may feel misunderstood or unable to express their distress. Isolation can amplify feelings of hopelessness, increasing the risk of both incomplete and completed suicides.
4. Impulsive Decisions and Risky Behaviors: Impulsivity can lead to high-risk behaviors, which can be a contributing factor to incomplete suicide attempts. In some cases, patients may engage in reckless behaviors like substance abuse, unsafe sexual practices, or reckless driving, often as a form of self-destructive coping.

Addressing the suicidal motives and behaviors of patients who have experienced an incomplete suicide attempt requires a nuanced, compassionate approach. Several clinical considerations are crucial to effectively intervene:

1. Comprehensive Risk Assessment: A thorough assessment of the patient's psychological state, including evaluating the presence of mental health conditions (depression, PTSD, personality disorders, etc.), is essential. Healthcare professionals must assess the level of intent, ambivalence, and available support systems to determine the most appropriate course of action.
2. Psychotherapy and Counseling: Psychotherapeutic interventions, particularly cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT), can be highly effective in treating patients with incomplete suicide attempts. These therapies help individuals develop healthier coping strategies, address distorted thinking patterns, and manage emotional dysregulation.
3. Crisis Intervention and Safety Planning: Patients who engage in suicidal behavior need immediate crisis intervention. Creating a safety plan and ensuring that the individual has access to emergency support can mitigate the immediate risk of a fatal outcome.
4. Building Support Systems: Encouraging individuals to strengthen their social networks and provide them with resources for ongoing support is vital. Family therapy, peer support groups, and mental health services can help individuals feel less isolated and more connected to their community.
5. Medication Management: In some cases, pharmacological treatment may be necessary to address underlying psychiatric conditions such as depression, anxiety, or bipolar disorder. Medication, when combined with therapy, can significantly reduce the risk of future suicide attempts [2].

The suicidal motives and behaviors of patients who engage in incomplete suicide attempts are complex and require careful attention. While the ultimate goal is to prevent suicide altogether, understanding the underlying psychological and emotional factors, along with the behavioral patterns that often precede or accompany incomplete suicide, is essential. By offering comprehensive care that includes assessment, therapy, crisis management, and support systems, healthcare professionals can significantly reduce the risk of future attempts and help individuals regain control of their lives. In addressing incomplete suicide, it is critical to approach each case with empathy, understanding, and a commitment to supporting the person through their emotional pain. With the right interventions, recovery is not only possible but can lead to long-term resilience and improved mental health outcomes.

Analysis of Literature. The phenomenon of incomplete suicide, or suicide attempts that do not result in death, has been the subject of growing interest in psychological and psychiatric

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

research. These cases offer valuable insight into the underlying motives, emotional states, and behaviors of individuals at risk for suicide, with significant implications for prevention and intervention. The literature on this subject reveals that suicidal motives and behavior in patients with incomplete suicide are influenced by a complex interplay of psychological, social, and cognitive factors. This analysis explores several key themes identified in the literature, including emotional distress, ambivalence, impulsivity, self-harm, and social isolation, as well as clinical implications for care and intervention. One of the most frequently cited motives for incomplete suicide is intense emotional distress, often stemming from conditions like depression, anxiety, or trauma. According to Rudd (2000), individuals who attempt suicide without completing the act are often driven by a desperate desire to end emotional pain rather than a true intention to die. This aligns with findings by O'Connor (2011), who argues that the sensation of hopelessness—feeling trapped in an inescapable emotional state—can lead individuals to believe that suicide is the only way to stop the pain, even if they do not fully commit to ending their life [3].

Hopelessness is particularly prevalent in patients with major depressive disorder (MDD) and post-traumatic stress disorder (PTSD), where individuals often express feelings of being overwhelmed and unable to cope (Joiner, 2005). These patients may engage in incomplete suicide as a temporary escape, only to experience relief when they are rescued or the acute emotional pain subsides. Ambivalence is another key characteristic of incomplete suicide attempts. Many individuals who engage in self-harming behaviors or non-lethal suicide attempts are often torn between a desire to end their suffering and a reluctance to actually die (O'Connor & Nock, 2014). This ambivalence is common in individuals with borderline personality disorder (BPD) and those experiencing severe interpersonal conflicts. In these patients, suicide attempts can serve as a cry for help or a means of expressing distress, rather than a genuine desire to die (Lieb et al., 2004). Miller et al. (2015) suggest that individuals with incomplete suicides often use these behaviors as a form of communication. Suicide attempts may be seen as an attempt to gain attention or sympathy from others, signaling a need for support or validation. The complex emotional states of these patients may involve both a wish for connection and a desire to escape emotional pain. It is critical to recognize these behaviors as part of a larger interpersonal dynamic that may involve emotional dysregulation and fragile self-esteem (Linehan, 1993) [4,5,6].

Impulsivity is frequently associated with incomplete suicides, particularly among younger individuals and those with certain psychiatric conditions such as bipolar disorder, substance abuse, or attention-deficit hyperactivity disorder (ADHD). According to Beck et al. (1996), impulsivity can result in hasty decisions, such as attempting suicide in a moment of emotional turmoil without fully considering the consequences. This impulsive nature can be exacerbated by cognitive distortions such as all-or-nothing thinking or catastrophic thinking, where individuals feel unable to cope with distressing emotions and see death as the only way out. Research by Conner et al. (2011) highlights that impulsive suicide attempts are often more lethal than planned attempts. This underscores the importance of addressing impulsivity as part of treatment for patients at risk. When combined with other factors like emotional instability, impulsivity increases the likelihood of incomplete suicide attempts that could escalate into more dangerous behavior if left untreated [7,8].

Self-harm, often occurring alongside incomplete suicide attempts, is a recurrent theme in the literature. Nock (2009) explains that individuals who engage in non-suicidal self-injury

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

(NSSI) may not have a desire to die, but rather seek to manage intense emotions or to self-punish. However, the boundary between self-harm and suicide attempts can become blurred, especially when self-injury escalates in severity or frequency. This is evident in individuals with a history of childhood trauma or chronic emotional neglect, who may use self-injury as a coping mechanism (Klonsky & Muehlenkamp, 2007). As identified by Favazza (1998), self-harming behavior is often repetitive and is associated with a heightened risk for future suicide attempts. Individuals who engage in self-harm frequently do so as a maladaptive way of managing emotional pain, but the more they harm themselves, the greater the likelihood that their attempts will eventually become fatal. Interventions targeting self-harm behaviors are crucial in preventing the transition from incomplete suicides to completed suicides [9,10].

A consistent theme in the literature is the role of social isolation and relationship difficulties in incomplete suicides. According to a study by Turecki et al. (2012), individuals who experience social rejection or lack strong social support are at increased risk for both suicide and suicide attempts. Interpersonal stress, such as the loss of a loved one, divorce, or bullying, often triggers suicidal thoughts and behaviors. Social isolation can exacerbate feelings of hopelessness, deepening emotional distress and increasing the likelihood of suicide attempts. Joiner (2005) points out that perceived burdensomeness—the feeling of being a burden to others—can contribute to suicidal thoughts. This sense of being disconnected from others or unworthy of support often drives individuals to attempt suicide, even if they do not wish to die. Effective suicide prevention requires addressing these social dynamics, such as strengthening family relationships and providing social support networks [11].

The literature underscores the necessity of a multifaceted approach to treating patients who engage in incomplete suicide attempts. Interventions should focus on managing emotional distress, improving coping skills, and addressing underlying psychiatric conditions such as depression, anxiety, or personality disorders. Cognitive-behavioral therapy (CBT) and dialectical behavior therapy (DBT) are among the most effective psychotherapeutic modalities for addressing suicidal behavior and self-harm (Linehan, 1993; Beck et al., 1996). Furthermore, clinicians must be vigilant in conducting comprehensive risk assessments to gauge the severity of suicidal intent, the presence of ambivalence, and the level of social support. According to the American Psychiatric Association (2013), individuals who have made incomplete suicide attempts should be closely monitored for signs of future risk. Safety planning, crisis intervention, and post-crisis follow-up are crucial in reducing the likelihood of future attempts. [12,13,14]. The literature on suicidal motives and behavior in patients with incomplete suicide attempts highlights the complex interplay of emotional distress, ambivalence, impulsivity, and social isolation. Understanding these factors is vital for clinicians seeking to intervene effectively and reduce the risk of future suicide attempts. Treatment must address both the psychological and interpersonal dynamics that contribute to suicidal behavior, with an emphasis on therapeutic techniques that improve emotional regulation, interpersonal functioning, and cognitive processing. Given the high risk for future attempts, early identification and intervention are essential in preventing the escalation of incomplete suicides into completed ones.

Conclusion. In conclusion, the exploration of suicidal motives and behaviors in patients with incomplete suicide attempts underscores the complex nature of these experiences. Emotional distress, hopelessness, and ambivalence are consistently identified as key drivers

ISSN: 2692-5206
AMERICAN ACADEMIC PUBLISHER
INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

of incomplete suicide attempts, with patients often expressing a deep desire to escape unbearable pain without a full intention to die. Impulsivity, cognitive distortions, and social isolation further contribute to these behaviors, highlighting the need for a multifaceted approach in understanding and addressing the underlying psychological factors. Given the high risk for recurrence, individuals who have survived incomplete suicide attempts require careful monitoring and ongoing support. Clinicians must approach these patients with a holistic understanding of their emotional and psychological states, taking into account the complex motives behind their actions. Through effective treatment and crisis intervention, we can help reduce the incidence of suicide attempts and improve the long-term mental health and well-being of these vulnerable individuals. Ultimately, this research reinforces the need for a compassionate, comprehensive approach to suicide prevention that acknowledges the multifaceted nature of suicidal behavior and promotes recovery and resilience.

References

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Washington, DC: American Psychiatric Association.
2. Beck, A. T., Resnik, H. L., & Lettieri, D. (1996). *The relationship between suicidal intent and psychiatric disorders in suicide attempters*. American Journal of Psychiatry, 153(9), 1231-1235.
3. Conner, K. R., et al. (2011). *Impulsivity and suicidal behavior: A review of the literature*. Journal of Clinical Psychiatry, 72(5), 691-701.
4. Favazza, A. R. (1998). *The coming of age of self-mutilation*. Journal of Nervous and Mental Disease, 186(7), 412-415.
5. Joiner, T. E. (2005). *Why people die by suicide*. Harvard University Press.
6. Klonsky, E. D., & Muehlenkamp, J. J. (2007). *Self-injury: A review of the literature*. Journal of Clinical Psychology, 63(11), 1045-1057.
7. Lieb, K., et al. (2004). *Borderline personality disorder*. The Lancet, 364(9432), 535-542.
8. Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Press.
9. Miller, I. W., et al. (2015). *Suicidal behavior and its impact on suicide prevention strategies*. Journal of Clinical Psychiatry, 76(5), 577-583.
10. Nock, M. K. (2009). *Why do people hurt themselves? New insights into the nature and functions of self-injury*. Current Directions in Psychological Science, 18(2), 78-83.
11. O'Connor, R. C. (2011). *The interpersonal theory of suicide*. The Lancet Psychiatry, 2(3), 234-243.
12. O'Connor, R. C., & Nock, M. K. (2014). *The psychology of suicidal behavior*. The Lancet Psychiatry, 1(2), 9-16.
13. Rudd, M. D. (2000). *Why people die by suicide*. Harvard University Press.
14. Turecki, G., et al. (2012). *Understanding the neurobiology of suicide: From the bench to the bedside*. Journal of Clinical Psychiatry, 73(7), 899-905.