



## Development of a suicidal tendency model in borderline personality disorder patients based on perceived burden and suicidal acquisition capacity through pessimistic attribution style

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### ARTICLE INFORMATION

#### Article type

Original research

Pages: 99-109

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#### Article history:

Received: 2023/01/22

Revised: 2023/04/23

Accepted: 2023/04/30

Published online: 2023/12/01

#### Keywords:

*suicide, attribution style, suicidal tendencies, borderline personality disorder.*

### ABSTRACT

**Background and Aim:** Borderline personality disorder is specifically separated from other mental disorders by its emphasis on successful suicide, non-suicidal self-injurious behaviors, and suicidal behavior as a diagnostic criterion. Therefore, the present study aimed to develop a model for suicide tendency in individuals with borderline personality disorder based on perceived burdensomeness and acquired capability for suicide through the use of deceitful documents. **Methods:** The research method was of correlation type with structural relationship path analysis plan, or modeling. The statistical population of the current study included all female and male adults aged 18 to 40 who referred to the psychiatric department of hospitals and psychiatric offices in Tehran during the year 2021, who received a diagnosis of borderline personality disorder and had a history of attempted suicide, suicidal tendencies, and There were suicidal thoughts. Sample size get the method It was done purposefully through the screening of patients. The sample size was equal to 500 people, which was chosen according to Kline's theory to design structural equations. In this research, Beck's (1961) suicidal ideation questionnaires, suicidal behavior capacity (revised) by Osman et al. (2001), and Patterson et al.'s (1981) documentary styles and perceived burden with Interpersonal Needs Questionnaire (INQ) were measured. Data analysis in SPSS software AMOS It was done using the structural equation modeling method. **Results:** The results showed that the proposed research model had an acceptable fit. Therefore, the research model based on modeling the relationship between perceived burden and the acquired capacity of suicide with the desire to commit suicide through pessimistic attribution style was confirmed by using structural equation analysis. Also, the secondary results showed that there is a significant correlation between the predictor variables of the research with the tendency to commit suicide. In this way, the effect of perceived burden and acquired capacity of suicide with pessimistic attribution style was 0.25 and 0.30 respectively, which increased to 0.46 due to the facilitating role of pessimistic attribution style. **Conclusion:** Based on this, it can be concluded that the positive effect of the perceived burden and the acquired capacity of suicide on the desire to commit suicide is increased and facilitated by the style of pessimistic attributions. According to this result, the mediating role of pessimistic attributional style to facilitate the positive effect of predictor variables (perceived burden, and acquired suicidal capacity) on suicidal tendency in patients with borderline personality disorder was confirmed. This result indicates the possibility of combining Abramson's cognitive theory and Joyner's interpersonal relationships in explaining suicidal tendencies.



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### How to Cite This Article:

Khandaghi Khameneh, Z., Zargham Hajebi, M., & Jalali, M. (2023). Development of a suicidal tendency model in borderline personality disorder patients based on perceived burden and suicidal acquisition capacity through pessimistic attribution style. *jayps*, 4(9): 99-109.

## Introduction

Borderline personality disorder is associated with various self-destructive behaviors, including suicide and non-suicidal self-injurious behaviors (Fitzpatrick, 2023). Borderline personality disorder is notably associated with a high risk of suicide, averaging more than three suicide attempts over a lifetime (Brodsky, 2006), and is recognized for a successful suicide rate of 10% (Paris, 2001). Moreover, borderline personality disorder is particularly distinguished from other mental disorders by specifically focusing on successful suicide, non-suicidal self-injurious behaviors, and harmful suicidal behaviors as a diagnostic criterion (American Psychiatric Association, 2022). Approximately 63%-80.7% of individuals with borderline personality disorder engage in non-suicidal self-injurious behaviors (Soloff, 1994), and 22.7%-79.3% have a history of previous suicide attempts (Goodman, 2017).

The inclination for suicide in borderline personality disorder is essentially different from what is observed in other disorders (Raiw et al., 2017; Yin et al., 2021). Theoretical and clinical literature related to self-injurious behaviors in borderline personality disorder uses the term "chronic" to describe behaviors that are part of a long-term pattern in each individual's history (Bateman & Krawitz, 2013; Bateson, 2010; National Health and Medical Research Council, 2013; Sampson, 2014; Wiedig et al., 2012).

Suicide, a multidimensional self-harming behavior, involves numerous factors in its occurrence and is considered a major mental health concern (Briones, Smith, Nicolo, Pascal, Saler, & Vega, 2021). In the 20th century, theorists have sought to explain suicide. For example, Durkheim (1951) emphasized the role of social isolation in suicide, and Shneidman (1985) viewed suicide as a response to devastating psychological pain (as cited in Cho et al., 2017). Baumeister (1991) defined suicide as an escape from a depressed state, and Abramson (2000) highlighted the role of hopelessness and helplessness in suicide (the theory of despair) (as cited in Kar and Kang, 2019). However, significant advances in suicide theories occurred in the last century, especially with Joiner's introduction of the interpersonal theory of suicide (2005) (Kiani Chalmardi, Rashid, & Ramezani, 1398). Joiner's theory comprehensively considers the bidirectional

interaction between dynamic intrapersonal systems and interpersonal risk factors, suggesting that severe suicide risk is created by the interaction of three elements: the experience of individual loneliness and isolation (thwarted belongingness), the individual's perception of being a burden to others (perceived burdensomeness), and habituation to self-harm with the purpose of non-suicidal self-injury (acquired capability). A contemporary theory influenced by Joiner's theory includes O'Connor's integrated motivational-volitional model (2011), which demonstrates that defeat and entrapment are the initial triggers for suicide ideation, and acquired capability, along with other factors (such as access to lethal means, planning, and impulsivity), explains the inclination to execute suicidal thoughts.

In this context, the study by Klonsky, May, and Saffer (2014) tested the possibility of integrating Abramson's theory of despair and Joiner's interpersonal theory in depressed young adults and found that variables of the despair theory mediate between Joiner's model variables and suicide thoughts. However, Klonsky's study, firstly, examined depressed individuals, and secondly, tested only the role of two variables (thwarted belongingness and perceived burdensomeness) of Joiner's three-variable model on suicide ideation through a negative cognitive style. Also, very few studies have examined the interactive and automatic impact of all factors in Joiner's interpersonal psychological model in relation to each other and suicide risk factors (Berto, 2021).

Despite various research in explaining suicide, ambiguities and questions remain about the high frequency of suicide attempts in specific groups and the reasons for suicide attempts in individuals with borderline personality disorder. Given the ambiguities related to the complexities in explaining the phenomenon of suicide based on existing approaches, the selection of individuals with borderline personality disorder in the current study is due to numerous scientific reports about the direct correlation between the occurrence of suicide and the disorder. Another reason for choosing borderline personality disorder is that although this disorder represents widespread damage such as instability in interpersonal relationships, self-image, emotions, and marked arousal, and is characterized by symptoms such as efforts to

avoid real or imagined abandonment, unstable interpersonal relationships, identity disturbance, arousal, repeated suicide attempts or self-mutilation, emotional instability, chronic feelings of emptiness, and intense anger (American Psychiatric Association, 2014), successful models for explaining and preventing suicide in individuals with the disorder have not been formed (Eids, 2016). This is because the increased rate of suicide in individuals with borderline personality disorder indicates the weakness of explanatory and predictive models of suicide for this group (Deshong and Tucker, 2019). Therefore, new models are needed to explain the causes of suicide in individuals with borderline personality disorder.

Given this necessity, the current research is innovative in focusing on the possibility of integrating Joiner's interpersonal theory and Abramson's theory of despair for the inclination to suicide in patients with borderline personality disorder. Also, in testing Abramson's theory of despair's attributional style as a mediating variable in developing a suicide model for individuals with borderline personality disorder, it represents an innovation in combining explanatory models of suicide. This model can go beyond simple and direct relationships between these variables and identify indirect effects through mediating variables that play a role in predicting the inclination to suicide in the clinical population of individuals with borderline personality disorder. This understanding can be helpful in elucidating the multifactorial factors influencing suicide in these patients. While discovering effective mediating variables in sudden and unprecedented suicide attempters, which will explain about 60% of suicides (Rogers and Joiner, 2016), can be useful.

On the other hand, Abramson's theory of despair does not pay attention to the role of interpersonal variables and the relationship that is considered a fundamental factor in suicide attempts in individuals with borderline personality disorder, and is incapable of explaining suicide in those who are not depressed, not hopeless or pessimistic, and often attempt suicide due to attention-seeking or the desire to manipulate others (Cohen, King, Linehan, and Hamed, 2020). Therefore, based on the weaknesses identified in these two suicide theories, there is a need to identify the complex processes and pathways of suicide from ideation to action, and through the integration of Joiner's interpersonal

theory and Abramson's despair theory, in the population of individuals with borderline personality disorder, who are among the highest risk populations for ideation to suicide attempts, we can present a comprehensive model.

### Method

The research method was correlational with a design focused on path analysis of structural relationships, or modeling. In this approach, the fit of the designed model was examined using data obtained from the research sample. The statistical population of the study included adult male and female patients aged 18 to 40 years diagnosed with borderline personality disorder who visited hospitals and psychiatric clinics in Tehran during the year 1400, and were diagnosed as having borderline personality disorder based on psychiatric specialist opinions and DSM-V diagnostic criteria. The sampling method was purposive and convenient, conducted in accordance with the research's entry criteria, such as having borderline personality disorder using psychiatric diagnostic interviews, and screening for a history of suicide, suicidal thoughts, and inclination to suicide through the Beck Scale for Suicide Ideation (BSSI). Therefore, the entry criteria for the research included: suffering from borderline personality disorder and having suicidal thoughts. The sample size was about 500 individuals, calculated based on Kline's theory. To achieve this sample, 550 questionnaires were distributed and collected, and after discarding incomplete questionnaires, 500 complete cases were analyzed.

### Materials

**1. Beck Scale for Suicide Ideation (BSSI):** Created by Aaron Beck (1961), this questionnaire has 19 items and 3 subscales: 1- Desire for Death; 2- Preparedness for Suicide; 3- Actual Suicidal Desire. The questions cover issues like the wish to die, active and passive suicidal inclination, duration and frequency of suicidal thoughts, control over oneself, deterrents to suicide, and the individual's readiness for suicide, rated on a three-point scale (0 to 2). The total score ranges from 0 to 38. The subscale scoring includes Desire for Death (5 questions), Preparedness for Suicide (7 questions), and Actual Suicidal Desire (4 questions). This

questionnaire has high reliability, with Cronbach's alpha coefficients ranging from .87 to .97. In Iran, the reliability of the questionnaire was .95 using Cronbach's alpha and .75 using the split-half method (Denavi et al., 1393). The validity and reliability of this questionnaire have also been evaluated, with results showing that the Beck questionnaire correlates with Goldberg's depression scale at .76, thus confirming its internal validity, test-retest reliability, and concurrent validity.

**2. Suicide Behavior Questionnaire-Revised (SBQ-R):** Created in 2001 by Osman and colleagues, this questionnaire has 4 items about thoughts and actions of suicide over one's lifetime, suicidal thoughts in the past year, threats of suicide, and the likelihood of future suicide. This six-option questionnaire uses a rating scale ranging from 0 for "never" to 6 for "very likely." Higher scores indicate a greater likelihood of suicide, with a maximum score of 24 being possible. The original study (Osman et al., 2001) showed excellent convergent validity of this scale and its high sensitivity in distinguishing suicidal from non-suicidal respondents. Internal consistency was acceptable ( $\alpha = .80$ ). In Iran, this questionnaire has been used in several studies. In a study by Kiani Chalmardi, Rashid, and Ramezani (1397), internal consistency was calculated using Cronbach's alpha, yielding .80.

**3. Attributional Style Questionnaire (ASQ):** Developed by Peterson, Seligman, Yee, Bayer, Abramson, and Metalsky (1982), this questionnaire has 48 questions and 12 hypothetical situations (six positive and six negative) (four questions per situation). Participants are asked to imagine themselves in these situations, decide on the primary cause, and then respond on a seven-point scale. The scoring is such that for each situation, scores range from 1 to 7 for positive situations and 7 to 1 for negative ones. The total score for positive experiences is calculated by summing the scores of all six positive situations (18 questions) and dividing by 6. For negative experiences, the scores of all six negative situations (18 questions) are summed and divided by 6. In Iran, Soleymaninejad (1381) reported a Cronbach's alpha of .74 for the entire questionnaire. Rajabi (1382, as cited in Heidari et al., 1391) obtained the validity of the questionnaire through factor analysis, showing factor loadings of items

between .57 and .67 for the positive attributional style and .40 to .68 for the negative style.

**4. Interpersonal Needs Questionnaire (INQ):** This questionnaire has several versions (10, 12, 15, 18, and 25 items), with the 10 and 15-item versions showing the best internal validity and fit with exploratory factor analysis as reported by Hill and Pettit (2014). Therefore, the 15-item version was used, consisting of 15 items in a self-report format asking participants to choose the best possible option according to their beliefs about their current level of connection with others (belongingness) and how much they feel they are a burden to others (perceived burdensomeness) on a seven-point Likert scale ranging from (7)= "I am sure" to (1)= "never." Van Orden and colleagues (2012) evaluated the 15-item assessment of the Interpersonal Needs Questionnaire (9 items related to thwarted belongingness and 6 items related to perceived burdensomeness). Questions 7, 8, 10, 13, 14, and 15 are reverse-scored. Higher scores in this scale indicate greater perceived burdensomeness and thwarted belongingness, reflecting the individual's belief that they are the source of problems and harm in social interactions. These beliefs of burdensomeness or thwarted belongingness arise from environmental factors encountered throughout life. This scale has reported good internal consistency ( $\alpha = .90$ ) and reliability (Van Orden et al., 2012; Hawkins et al., 2014).

### Implementation

For data analysis and calculating descriptive statistics, SPSS software was used, and for hypothesis testing, Structural Equation Modeling (SEM) was employed in AMOS software.

### Results

The findings from the descriptive data of the research indicated that about 41% of the total sample were women and around 36% were men. Approximately 20% were unanswered. In terms of age group, the highest frequency of subjects was in the 31-40 years age group, with 168 individuals making up about 34% of the total sample. Meanwhile, the 50-41 years age group had the lowest frequency, with 53 individuals. Regarding the duration of illness, the most common length of suffering from the disorder was 7 years, with 92 individuals, accounting for about 18% of the total sample. One year of illness was reported by only about 5% of the sample, with 23 individuals. In terms of the number of



suicide attempts, the highest frequency was for 4 attempts, with 130 individuals, making up about 26% of the total sample. Whereas, 7 and 8

attempts were reported by about 2% of the total sample volume, with 10 individuals.

**Table 1. The results of descriptive statistics findings and Kolmogrov-Smirnov test**

Variable		Tendency toward suicide	Pessimistic attributional style	Suicide attemption	Perceived burden
Index	N	500	500	500	500
	Mean	21.936	57.5620	17.494	21.98
	Standard deviation	5.5885	13.9827	4.4277	6.933
	Z (K-S)	1.305	1.461	1.596	1.430
	P (K-S)	.066	.288	.129	.331

As observed in Table 1, considering the significance level of the Z-score from the Kolmogorov-Smirnov test, it can be stated that none of the research variables showed a

significant difference from the normal distribution of the population. Based on this non-difference, parametric statistical tests can be used for data analysis.

**Table 2. Correlation matrix**

Variable		Tendency toward suicide	Pessimistic attributional style	Suicide attemption	Perceived burden
Tendency toward suicide	R (Pearson)	1	.720**	.580**	.524**
	P (two-tailed)		.000	.000	.000
	N	500	500	500	500

\*P<0.01

According to the results of the Pearson test in Table 2, there is a significant relationship between all the research variables. Therefore, they can be entered into structural model analysis. Given the significance of the simple relationship among the research variables, the proposed model of the effect of perceived burdensomeness and acquired capacity for

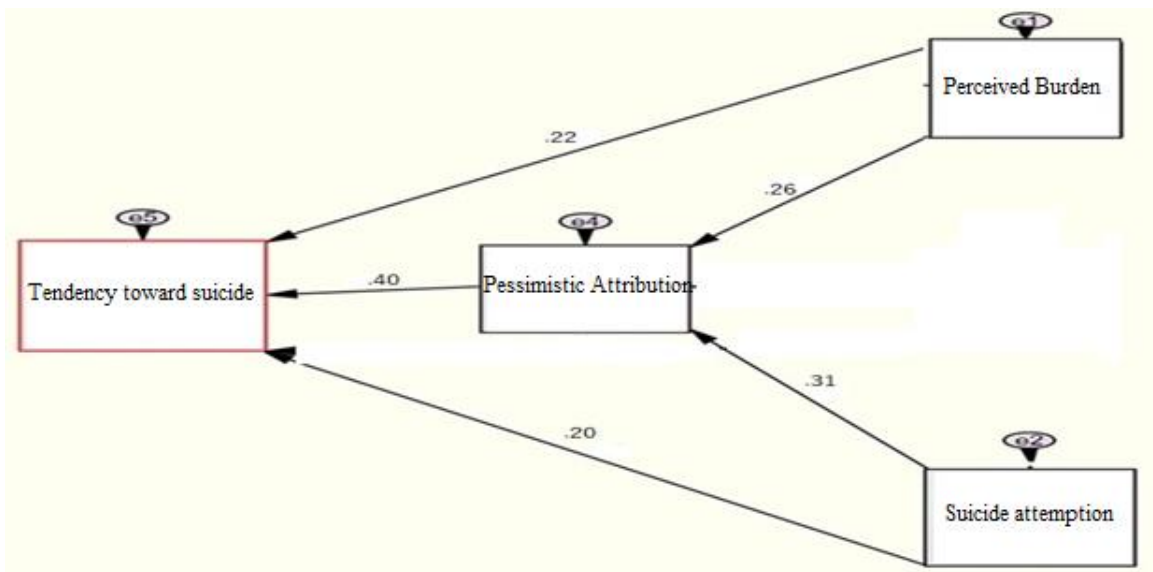
suicide on the tendency towards suicide through pessimistic attributional style in patients with borderline personality disorder was tested. The fit of the proposed model was examined through structural equation analysis. The results related to the fitness indices of the desired model are summarized in Table 3 and further elaborated.

**Table 3. Fit model indices**

Index	$\chi^2$	p	df	$\chi^2/df$	NFI	IFI	GFI	AGFI	CFI	RMSEA
Model	6.9	0.001	1	6.9	0.90	0.90	0.93	0.46	0.90	0.03

As can be seen in Table 3, considering the summary of results from the examination of the fit indices of the research model in Figure 1, it can be concluded that most indices are at a satisfactory level and the proposed model has an acceptable fit. Given the high indices, it can be concluded that the research model, based on

the relationship between perceived burdensomeness and acquired capability for suicide with suicidal desire through pessimistic attribution style in individuals with borderline personality disorder, has an acceptable fit. Therefore, the results of Figure 1 can be trusted.



**Figure 1. The proposed model for explaining the effect of perceived burdensomeness and acquired capacity for suicide on the tendency towards suicide mediated by pessimistic attributional style in patients with borderline personality disorder**

As reported in Figure 1, the proposed model for explaining the effect of perceived burdensomeness and acquired capacity for suicide on the tendency towards suicide mediated by pessimistic attributional style in patients with borderline personality disorder showed that all predictor variables played a

significant role in pessimistic attributional style and then in the tendency towards suicide. However, to determine the direct role of each variable on the tendency towards suicide, regression coefficients are used as follows in Table 4.

**Table 4. The results of regression coefficients of SEM**

Predictor variables	Dependent variable	Estimate	Error	Critical value	p
<b>Percieved burden</b>	--> Tendency to suicide	0.224	0.029	5.322	0.01
<b>Suicide attemption</b>	--> Tendency to suicide	0.201	0.037	5.823	0.05
<b>Pessimistic attritubional style</b>	--> Tendency to suicide	0.403	0.014	12.60	0.001
<b>Percieved burden</b>	--> Pessimistic attritubional style	0.262	0.088	5.323	0.01
<b>Suicide attemption</b>	--> Pessimistic attritubional style	0.314	0.108	8.095	0.001

Considering the probability values in table 4, which indicate the significance level of the effect coefficients between variables, it can be said that the direct effect of perceived burdensomeness on the tendency towards suicide is .22 (B), and the direct effect of acquired capacity for suicide on the tendency towards suicide is .20 (B), both significant at the .001 level (p). Also, the direct effect between the causal and mediating variables (pessimistic

attributional style) was significant at .26 (B) and .31 (B) at the .001 level (p). In addition, the direct effect of pessimistic attributional style on the tendency towards suicide was .40 (B), significant at the .001 level (p). In this regard, the calculation of indirect effect coefficients of predictor variables on the tendency towards suicide mediated by pessimistic attributional style is as follows in Table 5.

**Table 5. Direct and indirect effects in the structural model**

Independent variable	Dependent variable	Direct effect	Indirect effect	Estimate	p	Role
Percieved burden	--> Pessimistic attritubional style	0.26	0.14	0.40	0.01	Mediator
Suicide attemption	--> Pessimistic attritubional style	0.31	0.09	0.40	0.001	
Pessimistic attritubional style	--> Tendency to suicide	0.40	-	0.40	0.001	Dependent variable
Suicide attemption	--> Tendency to suicide	0.20	0.40	0.60	0.001	
Percieved burden	--> Tendency to suicide	0.22	0.40	0.62	0.001	

Therefore, based on the above results, it can be said that the fit of the proposed model of the research regarding the relationship between perceived burdensomeness and acquired capacity for suicide with the tendency towards suicide mediated by pessimistic attributional style in patients with borderline personality disorder is confirmed. This means that with an increase in perceived burdensomeness by approximately .22, and with an increase in acquired capacity for suicide by approximately .20, there is an added inclination towards suicide in patients with borderline personality disorder. Additionally, the direct effect of pessimistic attributional style on the tendency towards suicide was .40. This means that with an increase in pessimistic attributional style, there is a significant increase in the tendency towards suicide in patients with borderline personality disorder. Considering the effect of pessimistic style, the effects of perceived burdensomeness and acquired capacity for suicide through pessimistic attributional style are .62 and .60, respectively, demonstrating the facilitative role of pessimistic attributional style. Accordingly, the positive effect of pessimistic attributional style on the tendency towards suicide in the direction of the effects of perceived burdensomeness and acquired capacity for suicide facilitates the effect of predictor variables on the tendency towards suicide in patients with borderline personality disorder. Consequently, the increased positive effect of perceived burdensomeness and acquired capacity for suicide on the tendency towards suicide in patients with borderline personality disorder, considering the role of pessimistic attributional style, indicates the mediating and facilitative role of the latter. While the separate and direct effect of perceived burdensomeness (.22) and acquired capacity for suicide (.20) on the tendency towards suicide is much less than the total mediating effect (.40). In this context, the

increase in the indirect effect of perceived burdensomeness and acquired capacity for suicide on the tendency towards suicide through pessimistic attributional style indicates the mediating role of pessimistic attributional style in transmitting the effect of predictor variables, highlighting the importance of focusing on pessimistic attributional style in explaining the tendency towards suicide in patients with borderline personality disorder.

**Conclusion**

Based on these findings, it can be said that examining pessimistic attributional styles as a mediator of the effect of perceived burdensomeness and acquired capacity for suicide provided this outcome for the current research model to validate and test a structural model that combines three key variables of Abramson's theory of hopelessness and Joiner's interpersonal theory in a more powerfully explanatory and directed manner. In explaining this model, it can be argued that the feeling of being superfluous or perceived burdensomeness may have developed during childhood or attachment age and could chronically exist in patients with borderline personality disorder who have numerous relationship problems. However, in dealing with problems, perceiving oneself as a burden and attributing problems to oneself leads to the desire to eliminate oneself and form a wish for suicide. It is the pessimistic attributional style that intensifies the sense of burdensomeness and leads to suicidal thoughts or desires. This is because problems are interpreted as internal, stable, and pervasive or insolvable. Pessimistic attributional style itself is characterized by a feeling of entrapment or hopelessness where suicide is considered a significant and prominent solution to life's events, and this entrapment is intensified by perceived burdensomeness and humiliation by others (O'Connor & Kirtley, 2011). In this context, O'Connor (2011) believes

that failure and the feeling of being trapped are the first triggers for suicidal ideation, and acquired capacity, along with other factors (such as access to lethal means, planning, and impulsivity), explain the propensity to execute suicidal thoughts. Additionally, perceived burdensomeness is a primary or central predictor that, when intensified by a pessimistic attributional style, causes an individual's intent for suicide to lead to suicidal behavior. The feeling of being a burden on others or feeling superfluous, which forms from childhood, especially in those with borderline personality disorder, represents widespread psychological damage such as negative self-concept, instability in interpersonal relationships, and unstable emotions, and is characterized by symptoms such as efforts to avoid real or imagined abandonment, instability in interpersonal relationships, identity disturbance, arousal, repeated attempts at suicide or self-harm, emotional instability, chronic feelings of emptiness, and intense anger (American Psychiatric Association, 2014), leading to a desire for suicide in sufferers. In this case, a pessimistic attributional style, which forms from negative experiences and repeated failures, can intensify the effect of negative self-concept and abandonment, leading to a desire for death or suicide in patients with borderline personality disorder. Negative self-evaluation is associated with suicide (for example, Beck, 1987; Beck & Stewart, 1989; Wenzlaff, Pyszczynski, & Lester, 1996; as cited by Hasman et al., 2021).

In explaining the direct effect of acquired capacity for suicide on the desire for suicide through a pessimistic attributional style according to Abramson's theory of hopelessness, it can be said that since the initial responses to hopelessness are states of being trapped, this leads to damaging effects on cognition and behavior, such as defects in executive functions, reduced social behaviors, aggressive behaviors, hostile biases in social cognitive processing, and unintentional self-harm behaviors (Van Orden et al., 2010). Thus, hopelessness can lead to a pessimistic attributional style. Greater exposure to painful and distressing life events such as impulsivity and sensation-seeking increases the perceived capacity of the individual. On the other hand, impulsive behaviors and emotional instability in individuals with borderline personality disorder, which lead to self-harm and

suicide behaviors, elevate the acquired capacity for suicide, and in a state of increased hopelessness and suicide capacity, a pessimistic attributional style predominates (Anestis et al., 2014). Furthermore, research findings on suicide capacity (such as Smith, Stanley et al., 2016) have shown that individuals who report suicidal ideation are more likely to attempt suicide compared to those who do not have such thoughts.

In explaining the direct role of a pessimistic attributional style on the desire for suicide, it can be argued that since Abramson's theory of attributional style (2002) posits that the inclination to suicide is rooted in cognitive processes (Hirsch et al., 2009), individuals who, in the face of problems and failures, have a negative internal, stable, and global attributional style are more prone to suicide (Saxton, 2019). Thus, the desire for suicide, especially in patients with borderline personality disorder who often become despondent due to impulsive analyses and internal attributional errors, can be explained through a pessimistic attributional style (Levy Belz, Goya, and Apter, 2020). For example, evidence shows that patients with a negative internal, stable, and global attributional style, who are despondent, are more prone to suicide (Saxton, 2019). Persistent hopelessness based on the prevalent pessimistic attributional style in borderline personalities leads to repeated experiences of suicide attempts. Accordingly, the pessimistic explanatory style that individuals use when experiencing a failure can be determinative of suicidal thoughts (Rush, 2018). According to Abramson's theory of attributional style, the pessimistic way in which individuals interpret negative events affects the severity of negative thoughts and committing suicide. Also, in explaining the direct effect of a pessimistic attributional style on the desire for suicide, it can be argued that since, according to the hopelessness model, there is a kind of cognitive vulnerability that assumes individuals attribute the causes of failures to internal factors, a pessimistic attributional style plays a role in the desire for suicide in individuals who have failed (Homan, Rydan, Brock et al., 2017). Therefore, when these individuals face failures, the hopelessness resulting from their pessimistic attributional style, which leads to entrapment, is the most fundamental predictor of suicide (Joiner, 2005; Klonsky et al., 2015). As Beck



(1998) suggests, failure and entrapment are the first triggers for suicidal ideation, and the capacity for suicide explains the propensity to execute suicidal thoughts. Those who attempt suicide, compared to those who have suicidal thoughts, demonstrate a greater capacity for suicide (Smith et al., 2010). The results of this study showed that perceived burdensomeness and acquired capacity for suicide have a direct relationship with the desire for suicide. Among them, the variable of acquired capacity for suicide showed the greatest role in the desire for suicide in borderline personality disorder. Furthermore, the results of the effect coefficients of the mediating variable also showed that the effect of predictor variables is facilitated through a pessimistic attributional style and exacerbates the desire for suicide in patients with borderline personality disorder.

#### Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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