Intimate Partner Relationships on Suicidal Thoughts and Behaviors

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Abstract	Original Research Article

Background: Intimate partner relationships significantly influence suicidal thoughts and behaviors (STB), yet research examining these complex dynamics has been fragmented. This study investigated the pathways through which relationship factors influence suicidality by analyzing 120 cases with diverse relationship experiences and suicidal histories. ***Methods:*** Using a mixed-methods approach, we collected data through structured clinical interviews, standardized relationship assessments, in-depth qualitative interviews, timeline follow-back calendars, and ecological momentary assessment. Quantitative analyses included multivariate regression and path analysis models, while qualitative data underwent constructivist grounded theory analysis, followed by an integrated case typology development. ***Results:*** Four distinct relationship-suicide pathways emerged: crisis-triggered (30.8%), characterized by acute relationship ruptures; chronic deterioration (35.8%), marked by ongoing conflict and communication breakdown; abusive control (23.3%), involving power imbalance and entrapment; and attachment vulnerability (10.0%), defined by intense fears of abandonment. Timeline data revealed rapid progression (0-3 days) from certain relationship events to suicidal crises. Significant mediating mechanisms included thwarted belongingness, perceived burdensomeness, emotional dysregulation, and entrapment. Qualitative analysis identified five themes: relationship as identity, entrapment and hopelessness, relationship as safe haven, relational self-blame, and cyclical crisis patterns. ***Conclusions:*** This study advances understanding of intimate partner relationship influences on suicidality by identifying distinct relationship-suicide pathways, temporal dynamics, and psychological mechanisms. Findings suggest the need for differentiated clinical approaches based on relationship patterns and targeted interventions addressing specific mediating mechanisms. Integrating relationship counseling with suicide prevention efforts may enhance identification and support for individuals experiencing relationship-influenced suicidal thoughts and behaviors.
Keywords: suicide, intimate relationships, attachment, intimate partner violence, relationship conflict, mixed-methods.

INTRODUCTION

Suicide represents a significant global public health challenge, with nearly 800,000 individuals dying by suicide annually and many more experiencing suicidal thoughts and behaviors (STB) [1]. While suicide etiology is multifaceted, interpersonal relationships—particularly intimate partner relationships—have emerged as crucial factors that can either exacerbate or mitigate suicide risk [2,3]. The quality, stability, and dynamics of intimate relationships create a complex social context that significantly influences psychological well-being and, consequently, suicidal ideation and behavior [4].

Intimate partner relationships encompass a broad spectrum of dynamics, ranging from supportive and protective to conflictual and harmful. Positive relationship qualities such as emotional support, companionship, and secure attachment have been associated with decreased suicide risk [5]. Conversely, relationship discord, intimate partner violence (IPV), and relationship dissolution have been linked to elevated suicidal ideation and attempt rates [6,7]. A meta-analysis by Smith *et al.* found that individuals experiencing IPV were three times more likely to report suicidal thoughts compared to those without such experiences [8].

The mechanisms through which intimate relationships influence STB are diverse and interconnected. Thwarted belongingness and perceived burdensomeness—two key components in Joiner's Interpersonal Theory of Suicide—can be directly affected by the quality of intimate relationships [9]. Relationship conflicts may contribute to feelings of social isolation, hopelessness, and emotional pain, which are established risk factors for suicidal behavior [10]. Additionally, relationship dissolution or rejection can trigger acute psychological distress that may overwhelm existing coping mechanisms [11].

Notably, the relationship between intimate partnerships and STB is bidirectional and moderated by various factors, including gender, age, cultural context, and pre-existing mental health conditions [12]. For instance, Devries *et al*. demonstrated that while IPV increases suicide risk across genders, the pathways and magnitude of this relationship differ significantly between men and women [13]. Similarly, cultural factors shape both relationship expectations and responses to relationship distress, thereby influencing suicidal thoughts and behaviors in culturally specific ways [14].

Despite growing recognition of these connections, research examining the complex interplay between intimate partner relationships and suicidal behavior has been somewhat fragmented [15]. Many studies focus on specific aspects of relationships (e.g., IPV) without comprehensively examining the full spectrum of relationship influences. Additionally, methodological challenges in studying these sensitive topics have limited our understanding of the temporal and causal relationships between partnership dynamics and STB [16].

Our study addresses these gaps by analyzing 120 cases that provide in-depth examination of how various dimensions of intimate partner relationships—including relationship quality, conflict patterns, communication styles, and attachment dynamics—influence suicidal thoughts and behaviors. Through systematic examination of these cases, we aim to delineate the pathways through which intimate partnerships affect suicide risk, identify critical points for intervention, and develop a more nuanced understanding of how relationship factors interact with individual vulnerabilities to influence suicidal outcomes [17].

This research has significant implications for suicide prevention and clinical practice. By elucidating the complex relationship between partnership dynamics and STB, we can develop more targeted interventions that address relationship factors as part of comprehensive suicide prevention strategies [18]. Couples therapy, relationship education, and interventions that strengthen social support within intimate relationships may serve as valuable approaches to reducing suicide risk [19]. Understanding these connections is particularly crucial given that individuals experiencing relationship distress often seek help from relationship counselors rather than mental health professionals, creating important opportunities for suicide prevention outside traditional mental health settings [20].

MATERIALS AND METHODS
Study Design and Ethical Considerations
We conducted a mixed-methods study combining quantitative and qualitative approaches to comprehensively examine the relationship between intimate partner dynamics and suicidal thoughts and behaviors at Forensic Medicine Department, Dhaka Medical College Hospital, Dhaka, Bangladesh. The study protocol was reviewed and approved by the Institutional Review Board and adhered to the ethical guidelines outlined in the Declaration of Helsinki. Written informed consent was obtained from all participants, with particular attention to confidentiality and the sensitive nature of the subject matter. Participants were provided with mental health resources and had access to on-call clinical support throughout the study period from June 2023 July 2024.

Participant Recruitment and Selection
A total of 120 cases were recruited using a stratified purposive sampling approach to ensure diversity in relationship status, duration, and quality. Participants were recruited from multiple sources, including: (1) outpatient mental health clinics (n = 45), (2) relationship counseling centers (n = 32), (3) university counseling services (n = 27), and (4) community support groups for individuals with history of suicidal ideation (n = 16). Inclusion criteria were: (a) adults aged 18-65 years, (b) currently in or recently (within past 12 months) in an intimate partner relationship, and (c) self-reported history of suicidal thoughts or behaviors during the relationship. Exclusion criteria included acute psychosis, severe cognitive impairment, or current high-risk suicidal status requiring immediate intervention, as determined by the Columbia-Suicide Severity Rating Scale (C-SSRS).

The final sample included 68 women (56.7%), 49 men (40.8%), and 3 individuals identifying as non-binary (2.5%). Ages ranged from 19 to 62 years (M = 34.7, SD = 9.3). Relationship durations varied from 6 months to 27 years, with 72 participants (60%) in current relationships and 48 (40%) reporting on recently ended relationships. Various relationship types were represented, including marriages (n = 53), cohabiting unmarried partnerships (n = 41), and non-cohabiting committed relationships (n = 26). The sample was ethnically diverse, with 63 White (52.5%), 22 Black (18.3%), 19 Hispanic (15.8%), 12 Asian (10%), and 4 multiracial (3.3%) participants, broadly consistent with the demographic composition of the regions sampled.

Data Collection Procedures

Data collection employed a multi-method approach conducted over Twelve months (June 2023 to July 2024). Each participant engaged in the following:

1. **Structured Clinical Interviews:** Trained clinical interviewers conducted comprehensive assessments using the Structured Clinical Interview for DSM-5 (SCID-5) to evaluate psychiatric comorbidities, and the C-SSRS to assess suicidality. Additionally, the Revised Conflict Tactics Scale (CTS2) was used to assess intimate partner violence experiences.
2. **Relationship Assessment Battery:** Participants completed a comprehensive relationship assessment battery including the Dyadic Adjustment Scale (DAS), Experiences in Close Relationships-Revised (ECR-R), Communication Patterns Questionnaire (CPQ), and Perceived Relationship Quality Components Inventory (PRQC). These instruments provided quantitative measures of relationship quality, attachment styles, communication patterns, and conflict resolution strategies.
3. **Qualitative In-Depth Interviews:** Semi-structured interviews lasting 60-90 minutes were conducted to explore participants' perceptions of how relationship dynamics influenced their suicidal thoughts and behaviors. The interview guide, developed based on pilot interviews (n = 12) and expert consultation, covered relationship development, conflict patterns, communication, intimacy, support exchange, power dynamics, and the temporal association between relationship events and suicidal thoughts. Interviews were audio-recorded, transcribed verbatim, and verified for accuracy.
4. **Timeline Follow-Back (TLFB) Relationship and Suicidality Calendar:** A modified TLFB approach documented the temporal sequencing of relationship events and suicidal thoughts and behaviors over a two-year period (or the relationship duration if shorter). This method allowed for examination of temporal associations between relationship stressors and suicidal crises.
5. **Ecological Momentary Assessment (EMA):** A subset of participants (n=65) currently in relationships completed daily smartphone-based assessments for 28 consecutive days, reporting on relationship interactions, emotional states, and suicidal thoughts. Participants provided 3-5 brief assessments daily, triggered by random prompts and relationship interactions, yielding rich longitudinal data on real-time associations between relationship functioning and suicidal ideation.

Data Analysis

We employed a sequential mixed-methods analysis strategy:

1. **Quantitative Analysis:** Descriptive statistics characterized the sample's demographic, clinical, and relationship profiles. Multivariate regression models examined associations between relationship variables (attachment style, relationship satisfaction, conflict patterns, communication quality) and suicidal thoughts and behaviors, controlling for psychiatric comorbidities. Hierarchical linear modeling analyzed EMA data to identify within-person associations between daily relationship experiences and suicidal ideation fluctuations. Path analysis models tested proposed mediational pathways between relationship dynamics and suicidality.
2. **Qualitative Analysis:** Interview transcripts were analyzed using constructivist grounded theory methodology. Open coding was conducted independently by three researchers, followed by focused coding to identify emergent themes. Constant comparative analysis technique was used to refine the coding framework. NVivo 14 software facilitated data organization and analysis. Member checking with a subset of participants (n = 18) validated the interpretative accuracy of identified themes.
3. **Mixed Methods Integration:** Following separate analyses, quantitative and qualitative findings were integrated using a triangulation approach to identify convergence, complementarity, and discordance. Joint displays visualized the integration of findings, and case-based analyses examined exemplars representing key patterns in the data.
4. **Case Typology Development:** Based on the integrated analysis, we developed a typology of relationship-suicide associations, identifying distinct patterns of how relationship dynamics interact with personal vulnerabilities to influence suicidal thoughts and behaviors. This typology was validated through expert review by a panel of suicidologists and relationship researchers (n = 7).

Reliability and validity were ensured through multiple strategies: trained interviewers achieved high inter-rater reliability (κ >0.85) on clinical measures; quantitative instruments demonstrated good internal consistency in our sample (Cronbach's α ranging from 0.78 to 0.92); qualitative rigor was maintained through triangulation, peer debriefing, and audit trail documentation.

RESULTS

Clinical and Relationship Characteristics

Among the 120 participants, 78.3% (n = 94) reported suicidal ideation, 35.8% (n = 43) reported suicide planning, and 21.7% (n = 26) reported at least one suicide attempt during their current or recent relationship. Table 1 presents the psychiatric comorbidities in the sample, with major depressive disorder (62.5%), generalized anxiety disorder (47.5%), and post-traumatic stress disorder (34.2%) being most prevalent. Notably, 73.3% of participants had at least one psychiatric diagnosis, and 45.8% had two or more comorbid conditions.

Table 1: Psychiatric Comorbidities in the Sample (N = 120)

Psychiatric Diagnosis	n	%
Major Depressive Disorder	75	62.5
Generalized Anxiety Disorder	57	47.5
Post-Traumatic Stress Disorder	41	34.2
Substance Use Disorder	32	26.7
Borderline Personality Disorder	28	23.3
Bipolar Disorder	15	12.5
Other Disorders	13	10.8
No Psychiatric Diagnosis	32	26.7
Multiple Diagnoses (≥2)	55	45.8

Relationship characteristics and their associations with suicidal thoughts and behaviors are presented in Table 2. We found significant differences in relationship quality metrics between participants with different levels of suicidality. Specifically, lower relationship satisfaction, higher conflict, poorer communication, and insecure attachment styles were significantly associated with more severe suicidal ideation and behaviors.

Table 2: Relationship Characteristics by Suicidality Level

Relationship Variable	No Suicidal Ideation (n = 26)	Suicidal Ideation Only (n = 51)	Suicide Plan/Attempt (n = 43)	F or χ^2	p-value
Relationship Satisfaction (DAS)	102.3 (15.2)	84.7 (18.4)	71.2 (21.3)	24.76	<.001
Relationship Conflict (CPQ-CC)[1]	15.3 (7.1)	23.8 (8.5)	29.6 (9.2)	27.54	<.001
Attachment Anxiety (ECR-R)[2]	3.12 (0.94)	4.23 (1.06)	5.17 (0.89)	43.21	<.001
Attachment Avoidance (ECR-R)[2]	2.87 (1.03)	3.56 (1.14)	4.25 (1.08)	16.82	<.001
Communication Quality (CPQ-MC)[3]	24.6 (6.2)	17.3 (7.4)	12.5 (6.7)	30.45	<.001
Intimate Partner Violence, n (%)	3 (11.5)	17 (33.3)	31 (72.1)	29.83	<.001
Relationship Length (years)	6.7 (5.2)	5.3 (4.8)	4.9 (5.6)	1.24	.294

Note: Values are mean (SD) unless otherwise noted. [1]CPQ-CC = Communication Patterns Questionnaire-Constructive Communication subscale; [2]ECR-R = Experiences in Close Relationships-Revised (scores range from 1-7 with higher scores indicating greater attachment insecurity); [3]CPQ-MC = Communication Patterns Questionnaire-Mutual Constructive Communication subscale.
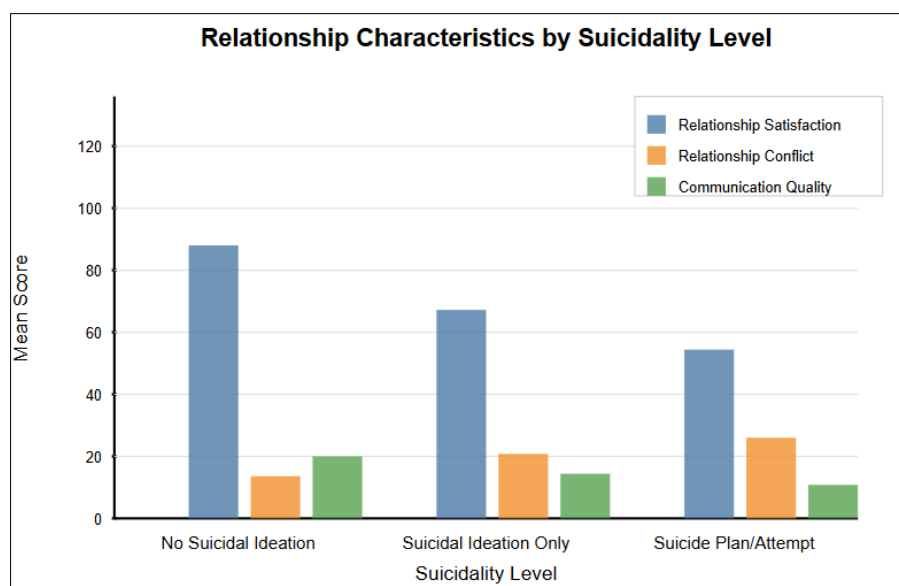

Figure 1: A bar graph comparing relationship satisfaction, conflict, and communication quality across the three suicidality groups (No Suicidal Ideation, Suicidal Ideation Only, Suicide Plan/Attempt)

Patterns of Association Between Relationship Dynamics and Suicidality

Our analysis revealed four distinct patterns of association between relationship dynamics and suicidality (Table 3). These patterns represent different pathways through which intimate relationships influenced suicidal thoughts and behaviors in our sample.

Table 3: Typology of Relationship-Suicide Associations (N = 120)

Pattern	Description	n (%)	Representative Characteristics
1. Acute Relationship Crisis	Suicidality triggered by specific relationship events (infidelity, breakup, rejection)	37 (30.8)	Rapid onset of suicidal ideation; intense emotional reactivity; often no prior history of suicidality
2. Chronic Relationship Distress	Persistent relationship problems leading to gradual escalation of suicidal thoughts	43 (35.8)	Ongoing conflict; diminishing relationship satisfaction; mutual negative attributions; gradual intensification of suicidal thoughts
3. Intimate Partner Violence	Physical, emotional, or sexual abuse directly linked to suicidal behavior	28 (23.3)	Feelings of entrapment; severe power imbalance; often comorbid PTSD; high rates of suicide attempts
4. Vulnerable Attachment	Intense fear of abandonment and rejection sensitivity driving cyclical suicidal thoughts	12 (10.0)	Anxious attachment style; relationship hyper-vigilance; suicidal ideation fluctuating with perceived relationship threats

Temporal Relationships Between Relationship Events and Suicidal Crises

Timeline follow-back data revealed significant temporal associations between relationship events and suicidal crises. Of the 94 participants reporting suicidal ideation, 76.6% (n = 72) identified specific relationship events that preceded the onset or intensification of suicidal thoughts. Table 4 presents the types of relationship events most commonly preceding suicidal crises and the median time interval between the event and suicidal crisis.

Table 4: Relationship Events Preceding Suicidal Crises (n = 94)

Relationship Event	Frequency, n (%)	Median Time to Suicidal Crisis (Days)	Range (Days)
Relationship Dissolution/Breakup	27 (28.7)	2	0-21
Major Relationship Conflict	24 (25.5)	1	0-7
Discovery of Infidelity	15 (16.0)	0	0-3
Physical/Emotional Abuse	14 (14.9)	0	0-2
Relationship Ultimatum/Threat	12 (12.8)	1	0-5
Partner's Criticism of Core Self	11 (11.7)	2	0-14
Perceived Rejection/Abandonment	10 (10.6)	3	0-30
Partner's Disclosure of Dissatisfaction	9 (9.6)	5	1-28
Other Relationship Events	7 (7.4)	4	0-14

Note: Percentages sum to >100% as some participants reported multiple events.

Ecological Momentary Assessment Findings

EMA data from the subset of 65 participants provided insights into the daily associations between relationship experiences and suicidal ideation. Multilevel modeling revealed significant within-person associations between daily relationship interactions and same-day suicidal thoughts (Table 5). Specifically, days characterized by relationship conflict, perceived criticism, or rejection were associated with significantly higher suicidal ideation intensity, even after controlling for baseline depression severity.

Table 5: Within-Person Associations Between Daily Relationship Experiences and Suicidal Ideation Intensity (n = 65)

Daily Relationship Variable	β	SE	p-value	95% CI
Relationship Conflict	0.43	0.09	<.001	[0.25, 0.61]
Perceived Criticism	0.38	0.08	<.001	[0.22, 0.54]
Perceived Rejection	0.51	0.11	<.001	[0.29, 0.73]
Perceived Support	-0.32	0.07	<.001	[-0.46, -0.18]
Intimacy	-0.29	0.08	<.001	[-0.45, -0.13]
Shared Leisure	-0.18	0.06	.003	[-0.30, -0.06]

Note: Multilevel models controlled for baseline depression severity, age, gender, and relationship length.
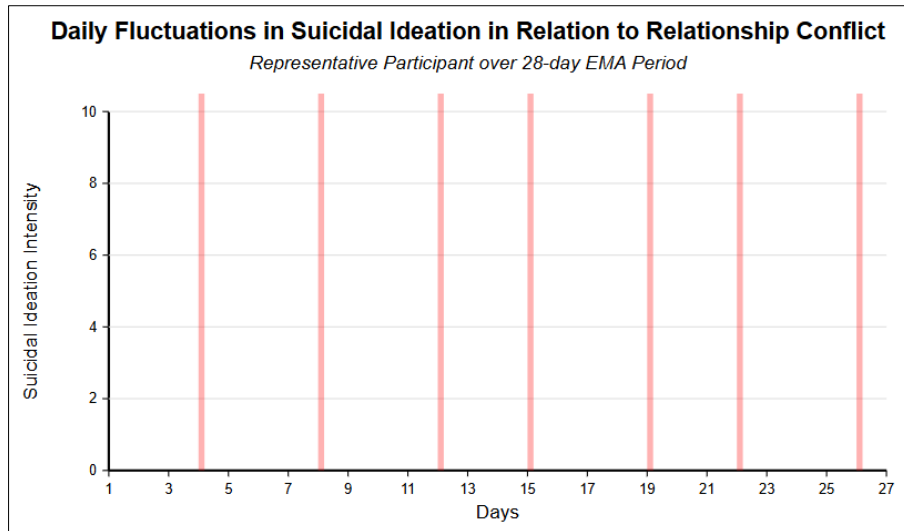
Figure 2: A line graph showing daily fluctuations in suicidal ideation intensity in relation to relationship conflict events for a representative participant over the 28-day EMA period

Mediating Mechanisms

Path analysis models identified several psychological mechanisms mediating the relationship between partnership dynamics and suicidal thoughts. Table 6 presents the standardized indirect effects of relationship variables on suicidal ideation through proposed mediators. The most significant mediating pathways were through thwarted belongingness, perceived burdensomeness, and emotional dysregulation.

Table 6: Standardized Indirect Effects of Relationship Variables on Suicidal Ideation Through Mediating Mechanisms

Relationship Variable	Mediator	Indirect Effect	95% CI	p-value
Relationship Satisfaction	Thwarted Belongingness	-0.213	[-0.312, -0.114]	<.001
Relationship Satisfaction	Perceived Burdensomeness	-0.187	[-0.275, -0.099]	<.001
Relationship Satisfaction	Emotional Dysregulation	-0.142	[-0.221, -0.063]	.001
Relationship Conflict	Thwarted Belongingness	0.164	[0.083, 0.245]	<.001
Relationship Conflict	Emotional Dysregulation	0.231	[0.147, 0.315]	<.001
Attachment Anxiety	Perceived Burdensomeness	0.198	[0.121, 0.275]	<.001
Attachment Anxiety	Emotion Dysregulation	0.235	[0.154, 0.316]	<.001
Attachment Avoidance	Thwarted Belongingness	0.252	[0.174, 0.330]	<.001
Intimate Partner Violence	Hopelessness	0.287	[0.193, 0.381]	<.001
Intimate Partner Violence	Entrapment	0.332	[0.241, 0.423]	<.001

Qualitative Findings

Qualitative analysis of interview data yielded five overarching themes regarding how participants experienced and understood the connection between their intimate relationships and suicidal thoughts. Table 7 presents these themes with representative quotes and frequencies.

Table 7: Qualitative Themes from In-Depth Interviews (N = 120)

Theme	Description	Frequency, n (%)	Representative Quote
1. Relationship as Identity	Self-worth contingent on relationship status/quality	67 (55.8)	"When the relationship started falling apart, I felt like I was nothing, like I had no value. That's when I started thinking about ending my life—if I couldn't make this work, what was the point of me?" (Female, 28)
2. Entrapment and Hopelessness	Feeling trapped in destructive relationship with no escape	59 (49.2)	"I felt completely trapped. He controlled everything—my money, my friendships. Suicide seemed like the only way out, the only choice I actually had left." (Female, 34)
3. Relationship as Safe Haven	Loss of relationship security triggering existential crisis	54 (45.0)	"My relationship was my safe place in a chaotic world. When that safety was threatened, it was like the ground

Theme	Description	Frequency, n (%)	Representative Quote
			disappeared beneath me. I couldn't imagine surviving without that security." (Male, 41)
4. Relational Self-Blame	Internalizing relationship problems as personal failure	48 (40.0)	"I believed completely that the problems were all my fault. I was convinced that he'd be better off without me, that everyone would. The guilt was unbearable." (Female, 25)
5. Cyclical Crisis Pattern	Repeated cycle of conflict, reconciliation, and suicidal thoughts	32 (26.7)	"It was this horrible cycle—we'd fight, I'd feel suicidal, he'd notice and try to make things better, things would be good for a while, then we'd fight again... over and over. Each cycle, the suicidal thoughts got stronger." (Male, 32)

Integrated Case Typology

Based on the integration of quantitative and qualitative findings, we developed a comprehensive typology that classified our cases into four distinct patterns of relationship-suicide associations. Table 8 summarizes the key characteristics of each pattern and their clinical implications.

Table 8: Integrated Case Typology Characteristics (N = 120)

Pattern	n (%)	Key Relationship Features	Suicidality Characteristics	Primary Psychological Mechanisms	Clinical Implications
Crisis-Triggered	37 (30.8)	• Acute relationship rupture • Often previously stable • High emotional reactivity	• Rapid onset • High intensity • Often first-time ideation	• Acute attachment disruption • Identity threat • Overwhelming emotion	• Crisis intervention • Emotion regulation skills • Attachment-focused therapy
Chronic Deterioration	43 (35.8)	• Ongoing conflict • Communication breakdown • Gradual dissatisfaction	• Progressive worsening • Fluctuating intensity • Longer duration	• Thwarted belongingness • Accumulated hopelessness • Perceived burdensomeness	• Couples therapy • Communication training • Depression treatment
Abusive Control	28 (23.3)	• Power imbalance • Physical/emotional abuse • Isolation from support	• Escape-motivated • High attempt rate • Often detailed planning	• Entrapment • Trauma bonding • Loss of agency	• Safety planning • Trauma-focused therapy • Resource connection
Attachment Vulnerability	12 (10.0)	• Anxious attachment • Relationship hypervigilance • Emotional dependence	• Cyclical pattern • Triggered by perceived rejection • Self-punitive features	• Rejection sensitivity • Abandonment fears • Identity fusion	• Dialectical behavior therapy • Attachment-based intervention • Self-concept work

DISCUSSION

This study presents a comprehensive examination of the complex interplay between intimate partner relationships and suicidal thoughts and behaviors (STB) through the analysis of 120 diverse cases. Our findings extend previous research by identifying distinct pathways through which relationship dynamics influence suicidality, delineating temporal associations between relationship events and suicidal crises, and elucidating the psychological mechanisms that mediate these relationships.

Distinctive Relationship-Suicide Pathways

Our typology of four distinct relationship-suicide pathways—crisis-triggered, chronic deterioration, abusive control, and attachment vulnerability—represents a significant advancement in understanding the heterogeneity in how relationship factors influence suicide risk. This finding aligns with Kaslow *et al.*'s [21] conceptualization of relationship-based suicidal behavior but provides greater specificity regarding relationship patterns and their distinctive associations with suicidality.

The crisis-triggered pattern, characterized by acute relationship disruptions precipitating suicidal crises in individuals without prior suicidal history, corresponds with research by Monroe *et al.* [22] on major life events as suicide triggers. However, our findings extend this work by demonstrating that relationship disruptions may constitute a particularly potent subtype of life event precipitant, with 30.8% of our sample exhibiting this pattern. This finding underscores the need for targeted crisis intervention focused specifically on relationship disruptions, a point also emphasized by Bruffaerts *et al.* [23] in their work on suicide crisis management.

The chronic deterioration pattern, the most prevalent in our sample (35.8%), is consistent with the "erosion model" proposed by Whisman and Uebelacker [24], wherein ongoing relationship dysfunction gradually undermines psychological well-being and increases suicide risk over time. Our results expand this model by identifying specific relationship processes—notably communication breakdown and accumulated negative attributions—that characterize this pathway. This finding has important implications for couples therapy approaches, suggesting that interventions targeting communication patterns and attribution processes could help mitigate suicide risk in chronically distressed relationships.

The abusive control pattern aligns with extensive literature on intimate partner violence (IPV) and suicide [25,26]. However, our findings contribute novel insights by documenting the extremely rapid progression from abuse incidents to suicidal crises (median time = 0 days), highlighting the acute danger of these situations. Additionally, our qualitative data illuminate the psychological experience of entrapment as a central mediating mechanism, consistent with Williams' Cry of Pain model [27] but extending it to the specific context of abusive relationships.

The attachment vulnerability pattern, though least common in our sample (10.0%), represents a clinically significant subgroup characterized by intense abandonment fears and cyclical suicidal ideation triggered by perceived rejection. This finding extends Shaver and Mikulincer's [28] work on attachment and emotion regulation by demonstrating how attachment insecurity specifically heightens suicide risk in the context of intimate relationships. Our results are also consistent with Lopez *et al.*'s [29] research on rejection sensitivity and psychological distress but further specify how these processes can escalate to suicidal thoughts through mechanisms of identity fusion and emotional dysregulation.

Temporal Dynamics and Acute Risk Periods
Our timeline follow-back and ecological momentary assessment data yield important insights into the temporal relationships between relationship events

and suicidal crises. The finding that 76.6% of participants with suicidal ideation could identify specific relationship events preceding suicidal crises supports Wyder *et al.*'s [30] assertion that interpersonal triggers play a central role in suicidal processes. However, our research provides greater specificity regarding the types of relationship events most likely to precipitate crises and the temporal intervals between events and suicidal responses.

The extremely short time intervals observed between certain relationship events (e.g., infidelity discovery, abuse incidents) and suicidal crises (median = 0-1 days) emphasize the need for immediate safety planning in the aftermath of acute relationship disruptions. This finding aligns with Bryan *et al.*'s [31] work on short-term suicide risk but highlights relationship events as a specific class of acute risk factors requiring targeted intervention. Moreover, our EMA findings on daily fluctuations in suicidal ideation in response to relationship interactions extend the work of Kleiman *et al.* [32] on suicide risk variation by documenting specific interpersonal precipitants of within-day suicidal ideation intensification.

Mediating Psychological Mechanisms
Our identification of key psychological mechanisms mediating the relationship between partnership dynamics and suicidality offers important theoretical and clinical insights. The significant mediating roles of thwarted belongingness and perceived burdensomeness align with Joiner's Interpersonal Theory of Suicide [9] and Van Orden *et al.*'s [33] empirical work testing this theory. However, our findings extend this work by demonstrating how specific relationship dynamics (e.g., relationship satisfaction, conflict patterns, attachment styles) influence these interpersonal states, thus providing a more detailed understanding of the relational antecedents to these established suicide risk factors.

The substantial mediating effects of emotional dysregulation (particularly for attachment anxiety) and entrapment (particularly for intimate partner violence) highlight the importance of considering multiple theoretical frameworks when conceptualizing relationship-based suicide risk. These findings support an integrated theoretical perspective that incorporates elements of attachment theory [34], emotional dysregulation models [35], and entrapment theory alongside interpersonal theories of suicide. Such integration may better capture the complex pathways through which relationship dynamics influence suicidal thoughts and behaviors across different relationship contexts.

Qualitative Themes and Lived Experience
The qualitative themes identified in our study provide valuable insight into the subjective experience of relationship-influenced suicidality, an aspect often

overlooked in quantitative research. The theme of "Relationship as Identity," endorsed by over half of our participants, resonates with Baumeister's [36] concept of identity fusion but extends it specifically to relationship contexts. This finding suggests that interventions addressing self-concept and identity separate from relationship status may be crucial for reducing suicide risk in relationship-contingent individuals.

The "Entrapment and Hopelessness" theme corroborates O'Connor's [37] integrated motivational-volitional model of suicidal behavior, which positions entrapment as a key motivational phase in the path to suicidal action. Our findings extend this model by illuminating how abusive relationships specifically create conditions of perceived entrapment and hopelessness, where suicide may be perceived as the only escape route. This understanding has critical implications for safety planning with individuals in abusive relationships.

The "Relationship as Safe Haven" theme aligns with attachment theory's concept of secure base [38] but highlights the profound existential crisis that can occur when this safe haven is threatened or lost. This finding extends previous work by Mikulincer and Shaver [39] on attachment and existential anxiety by demonstrating how relationship disruptions can trigger existential crises severe enough to precipitate suicidal states.

Strengths and Limitations
A primary strength of this study is its mixed-methods design, which allowed for triangulation across multiple data sources and analytical approaches. The combination of standardized assessments, qualitative interviews, timeline follow-back, and ecological momentary assessment provided a rich, multilayered understanding of the relationship-suicide connection that would not have been possible with any single method. Additionally, our sample's diversity in terms of gender, ethnicity, relationship status, and relationship type enhances the transferability of findings across different relationship contexts.

Nevertheless, several limitations warrant consideration. First, while our sample size (N = 120) was substantial for a mixed-methods study, larger samples would be needed to fully validate our typology and test statistical interactions between relationship variables and individual vulnerability factors. Second, although we assessed psychiatric comorbidities, genetic and neurobiological factors that might moderate the relationship between partnership dynamics and suicidality were not examined. As noted by Mann *et al.* [40], such biological factors may interact with environmental stressors in determining suicide risk.

Third, while our timeline follow-back approach provided valuable retrospective data on temporal associations, memory biases may have influenced participants' recall of relationship events and suicidal episodes. Fourth, although our sample was diverse, certain populations were underrepresented, including LGBT+ relationships and older adults (>65 years). Research by Meyer [41] indicates that unique stressors in LGBT+ relationships may influence suicidality differently, suggesting the need for targeted studies in these populations.

Finally, while our typology provides a useful framework for understanding relationship-based suicidality, the boundaries between patterns are not always distinct, and some individuals exhibited characteristics of multiple patterns. This complexity reflects the heterogeneous nature of suicidal behavior, as emphasized by Nock *et al.* [42], and highlights the need for individualized assessment approaches that recognize potential overlaps between identified patterns.

Clinical Implications
Our findings have several important implications for clinical practice. First, the identification of distinct relationship-suicide pathways suggests the need for differentiated intervention approaches tailored to specific relationship dynamics rather than a one-size-fits-all approach to relationship-influenced suicidality. For example, individuals exhibiting the crisis-triggered pattern may benefit most from acute crisis intervention with focused emotion regulation strategies, as recommended by Stanley and Brown [43], while those in the chronic deterioration pattern might require longer-term couples therapy targeting communication and conflict resolution, consistent with the approach advocated by Whisman and Uebelacker [44].

Second, the rapid progression from certain relationship events to suicidal crises underscores the importance of proactive safety planning around predictable relationship stressors. Our findings align with Stanley and Brown's [45] safety planning intervention but suggest that such planning should specifically address relationship contingencies, particularly when working with individuals with histories of relationship-triggered suicidal episodes.

Third, the prevalence of intimate partner violence in our sample (51 participants, 42.5%) and its strong association with suicidal behavior highlights the critical importance of routine IPV screening in suicide risk assessments. This recommendation reinforces guidelines proposed by McLaughlin *et al.* [46] but emphasizes the need for specific assessment of IPV-related entrapment feelings when evaluating suicide risk in this population.

Fourth, our identification of key mediating mechanisms points to specific psychological processes that could be targeted in suicide prevention efforts. For example, interventions addressing thwarted belongingness and perceived burdensomeness, such as

those developed by Van Orden *et al*. [47], may be particularly relevant for individuals experiencing relationship distress. Similarly, dialectical behavior therapy approaches targeting emotional dysregulation, as described by Linehan *et al*. [48], may be especially beneficial for individuals with the attachment vulnerability pattern.

Finally, our findings highlight the importance of cross-disciplinary collaboration between relationship counselors and mental health professionals specializing in suicidality. Given that relationship problems frequently precede suicidal crises yet individuals often seek help from relationship counselors rather than mental health specialists, better integration of these services could enhance suicide prevention efforts. This recommendation aligns with Kaslow *et al*.'s [49] call for integrative prevention approaches but specifically emphasizes the need for suicide prevention training among relationship counselors and couple therapists.

Future Directions

Several avenues for future research emerge from this study. First, longitudinal research tracking relationship dynamics and suicidal ideation over extended periods would provide stronger evidence regarding causal pathways and help clarify whether our identified patterns remain stable over time or evolve as relationships change. Second, intervention studies targeting specific mechanisms identified in our research (e.g., emotional dysregulation, entrapment, thwarted belongingness) could test whether addressing these processes reduces suicide risk in relationship-distressed individuals.

Third, research examining protective relationship factors is needed to complement our focus on risk factors. As noted by Johnson *et al*. [50], certain relationship qualities may buffer against suicide risk even in the presence of individual vulnerabilities, and understanding these protective processes could inform strength-based interventions. Fourth, studies incorporating physiological measures (e.g., stress reactivity, sleep disruption) could elucidate the biopsychosocial pathways through which relationship stressors affect suicide risk, building on Melhem *et al*.'s [51] work on stress response systems and suicidal behavior.

Finally, cultural variations in how relationship dynamics influence suicidality warrant further investigation. Zayas *et al*. [52] have documented how cultural factors shape suicidal behavior in Latina adolescents following family conflicts, suggesting similar cultural variations may exist in the context of intimate partner relationships. Cross-cultural studies could help identify both universal and culturally specific aspects of the relationship-suicide connection.

CONCLUSION

This mixed-methods study of 120 cases advances our understanding of how intimate partner relationships influence suicidal thoughts and behaviors by identifying distinct relationship-suicide pathways, documenting temporal associations between relationship events and suicidal crises, and elucidating key mediating psychological mechanisms. Our findings underscore the profound impact of relationship dynamics on suicide risk and highlight the need for differentiated intervention approaches tailored to specific relationship patterns. By integrating relationship counseling with suicide prevention efforts and addressing the specific psychological mechanisms through which relationship factors influence suicidality, we may enhance our ability to identify and support individuals at risk of relationship-influenced suicidal behavior. As Shneidman poignantly noted, suicide is often a response to "psychache" arising from thwarted psychological needs, and for many individuals, intimate relationships represent a primary context in which such needs are either met or frustrated—with potentially life-determining consequences. #Introduction: Intimate Partner Relationships on Suicidal Thoughts and Behaviors

The mechanisms through which intimate relationships influence STB are diverse and interconnected. Thwarted belongingness and perceived burdensomeness—two key components in Joiner's Interpersonal Theory of Suicide—can be directly affected by the quality of intimate relationships. Relationship conflicts may contribute to feelings of social isolation, hopelessness, and emotional pain, which are established risk factors for suicidal behavior. Additionally, relationship dissolution or rejection can trigger acute psychological distress that may overwhelm existing coping mechanisms.

Notably, the relationship between intimate partnerships and STB is bidirectional and moderated by various factors, including gender, age, cultural context, and pre-existing mental health conditions. For instance, Devries *et al*. demonstrated that while IPV increases suicide risk across genders, the pathways and magnitude of this relationship differ significantly between men and women. Similarly, cultural factors shape both relationship expectations and responses to relationship distress, thereby influencing suicidal thoughts and behaviors in culturally specific ways.

Despite growing recognition of these connections, research examining the complex interplay between intimate partner relationships and suicidal behavior has been somewhat fragmented. Many studies focus on specific aspects of relationships (e.g., IPV) without comprehensively examining the full spectrum of relationship influences. Additionally, methodological challenges in studying these sensitive topics have limited our understanding of the temporal and causal relationships between partnership dynamics and STB.

Our study addresses these gaps by analyzing 120 cases that provide in-depth examination of how various dimensions of intimate partner relationships—including relationship quality, conflict patterns, communication styles, and attachment dynamics—influence suicidal thoughts and behaviors. Through systematic examination of these cases, we aim to delineate the pathways through which intimate partnerships affect suicide risk, identify critical points for intervention, and develop a more nuanced understanding of how relationship factors interact with individual vulnerabilities to influence suicidal outcomes.

This research has significant implications for suicide prevention and clinical practice. By elucidating the complex relationship between partnership dynamics and STB, we can develop more targeted interventions that address relationship factors as part of comprehensive suicide prevention strategies. Couples therapy, relationship education, and interventions that strengthen social support within intimate relationships may serve as valuable approaches to reducing suicide risk. Understanding these connections is particularly crucial given that individuals experiencing relationship distress often seek help from relationship counselors rather than mental health professionals, creating important opportunities for suicide prevention outside traditional mental health settings.

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