Research Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry 2025; 17(Suppl 1):136-147
doi: 10.18863/pgy.1699651

Psychosocial Profiles of Patients Who Attempted Suicide: A Qualitative Analysis Based on Psychiatric Consultation Records

İntihar Girişiminde Bulunan Hastaların Psikososyal Profilleri: Psikiyatri Konsültasyon Kayıtlarına Dayalı Nitel Bir İnceleme

Caner Yeşiloğlu[1], Onat Yetim[2], Mine Bakır[1], Sinem Çetin Demirtaş[3]

[1]Çukurova University, Adana
[2]Toros University, Mersin
[3]5 Ocak State Hospital, Adana

ABSTRACT

Objective: The aim of this study was to qualitatively evaluate the psychosocial characteristics, triggering factors, and help-seeking behaviors of individuals who attempted suicide and to identify patterns that could inform clinical interventions.
Method: The sample of our study, which was designed as a retrospective thematic qualitative analysis, consists of 20 people with suicide attempt or suicidal ideation. The past records of all patients admitted to the university hospital who had attempted suicide or reported suicidal ideation were analyzed. Structured consultation records in the hospital electronic system were used in the analyses. Sociodemographic information, attempt triggers, method of attempt, psychiatric history and mental examination findings were analysed and manually coded according to Braun and Clarke's thematic analysis steps.
Results: Four main themes were identified: (1) triggering after interpersonal conflict, (2) accumulated stress and helplessness, (3) planned attempts and impulsive attempts, and (4) help seeking behaviour. Suicide attempts usually developed impulsively after sudden conflicts and regret and help-seeking behaviour were frequently observed. In a small number of individuals, attempts were planned, related to chronic family/economic problems and more determined. In older individuals, themes of loneliness, worthlessness and being a burden were prominent. Some patients described the suicide attempt as a 'final exit' or 'honourable withdrawal'.
Conclusion: Suicide attempts occur with different triggers and emotional dynamics from person to person. Therefore, sociodemographic characteristics and the presence of mental illness should be taken into account in clinical assessment and interventions; especially social support, crisis management and referral to psychiatric treatment should be individualised.
Keywords: Suicidal behaviour, interpersonal conflict, help-seeking behaviour, sense of burden, thematic analysis

ÖZ

Amaç: Bu çalışmanın amacı, intihar girişiminde bulunan bireylerin psikososyal özelliklerini, tetikleyici etmenlerini ve yardım arama davranışlarını nitel yöntemle değerlendirmek ve klinik müdahale süreçlerine katkı sunabilecek örüntüleri ortaya koymaktır.
Yöntem: Geçmişe dönük tematik nitel analiz olarak tasarlanan çalışmamızın örneklemi intihar girişimi ya da düşüncesi ile başvurmuş olan 20 kişiden oluşmaktadır. Üniversite hastanesine başvuran intihar girişiminde bulunmuş veya düşüncesini bildirmiş tüm hastaların geçmiş kayıtları ele alınmıştır. Hastane elektronik sistemindeki yapılandırılmış konsültasyon kayıtları analizlerde kullanılmıştır. Sosyodemografik bilgiler, girişim tetikleyicileri, girişim yöntemi, psikiyatrik öyküler ve ruhsal muayene bulguları analiz edilmiş Braun ve Clarke'ın tematik analiz adımlarına göre elle kodlanmıştır.
Bulgular: Dört ana tema saptanmıştır: (1) kişilerarası çatışma sonrası tetiklenme, (2) birikmiş stres ve çaresizlik, (3) planlı girişimler ve dürtüsel girişimler (4) yardım arayışı. İntihar girişimi genellikle ani çatışmalar sonrası dürtüsel olarak gelişmiş, pişmanlık ve yardım arama davranışı sık gözlenmiştir. Az sayıda kişide ise girişimler planlı, kronik ailevi/ekonomik sıkıntılara bağlı ve daha kararlı nitelikte gerçekleşmiştir. İleri yaştaki bireylerde ise yalnızlık, değersizlik ve yük olma temaları belirgindir. Bazı hastalar intihar girişimini "son çıkış" veya "onurlu geri çekilme" olarak tanımlamıştır.
Sonuç: İntihar girişimlerinin kişiden kişiye farklı tetikleyici ve duygusal dinamiklerle ortaya çıktığı görülmüştür. Bu nedenle klinik değerlendirme ve müdahalelerde sosyodemografik özellikler ve ruhsal hastalık varlığı dikkate alınmalı; özellikle sosyal destek, kriz yönetimi ve psikiyatrik tedaviye yönlendirme bireyselleştirilmelidir.
Anahtar sözcükler: İntihar davranışı, kişilerarası çatışma, yardım arama davranışı, yük olma hissi, tematik analiz

Address for Correspondence: Caner Yeşiloğlu, Çukurova University Faculty of Medicine, Department of Psychiatry, Adana, Türkiye **E-mail:** yesiloglucaner@gmail.com
Received: 15.05.2025 | **Accepted:** 10.07.2025

Introduction

Suicidal behavior is a significant public health concern that leads to the loss of more than 720,000 lives worldwide each year, and it is recognized as the third leading cause of death among individuals aged 15–29 (WHO 2021). Although various risk factors for suicide have been identified, theoretical frameworks have played a significant role in explaining suicidal behavior. The concept of suicide has been examined through various theoretical lenses, including Edwin Shneidman's Psychache Hypothesis, Thomas Joiner's Interpersonal Theory of Suicide, and Émile Durkheim's Sociological Theory of Suicide. In his studies of suicide notes, Shneidman emphasized that suicide cannot occur without psychological pain (psychache). Subsequent research has confirmed that psychological pain is strongly associated with suicide and is considered a core risk factor. It has been highlighted that individuals who experience unbearable emotional pain, even in the absence of a psychiatric diagnosis, are at elevated risk for suicide (Demirkol et al. 2019). Thomas Joiner's Interpersonal Theory of Suicide draws attention to the social dimensions of suicidal behavior. According to Joiner, the desire to die arises when two psychological states co-occur: perceived burdensomeness and thwarted belongingness. When people believe they are a burden to their loved ones and feel disconnected from others, they may come to view their lives as worthless and develop a desire to end their lives (Joiner 2005, Bulut & Demirbaş 2021).

From a sociological perspective, Émile Durkheim's theory conceptualizes suicide as both an individual and a social phenomenon. Durkheim categorized suicides into four types: egoistic suicide (resulting from weak social bonds and excessive individualism), altruistic suicide (stemming from excessive integration and self-sacrifice), anomic suicide (arising from the breakdown of social norms and uncertainty during periods of change), and fatalistic suicide (emerging under conditions of excessive regulation and oppression). The concept of egoistic suicide is particularly relevant in modern societies, highlighting how social isolation and loneliness can increase an individual's risk of suicide (Durkheim 1951).

Suicide attempts represent a significant public health concern, and understanding the underlying causes of such behaviors is critical for practical psychiatric assessment and intervention. It is well-established that the vast majority of individuals who attempt suicide have at least one psychiatric disorder (Lönqvist 2009). Mood disorders and personality disorders, in particular, are closely associated with suicide attempts; approximately 40% of individuals who engage in suicidal behavior are reported to have a comorbid personality disorder (Oldham 2006). However, findings from suicide research can offer insights that go beyond quantitative data, providing a deeper understanding of the phenomenon.

Qualitative studies have offered valuable clues about the experiences and processes that lead individuals to engage in suicidal behavior. Research conducted among young populations has identified a range of contributing risk factors, including individual (e.g., psychosocial problems, impulsivity, developmental changes), familial (e.g., low-income family communication, dysfunctional family structure), and environmental (e.g., exposure to suicide in one's surroundings, lack of support systems) dimensions (Bazrafshan et al. 2016). Similarly, suicide attempts among adolescents often emerge following a triggering event that occurs after a prolonged period of accumulated stress and results in intense emotional distress.

The most commonly observed pattern involves an interpersonal stressor—such as an argument or breakup with a family member or partner—followed by an overwhelming emotional reaction (most often anxiety, anger, or helplessness), combined with easy access to means. In such moments, individuals may impulsively engage in self-harming behavior. Indeed, the literature emphasizes that many cases encounter a specific "trigger" prior to the suicide attempt and that young women, in particular, may be susceptible to familial or romantic relationship stressors (Balaji et al. 2023).

The dynamics of suicide attempts may vary to some extent with advancing age. Compared to younger individuals, older adults are more likely to engage in suicide attempts that are carefully planned and involve more lethal methods. These attempts are frequently associated with experiences of loss, chronic physical illnesses, functional decline, and feelings of loneliness (De Leo 2022, Christensen et al. 2023). Qualitative studies have highlighted several prominent themes underlying suicidal ideation in older adults, including "loss of meaning in life," "loneliness and helplessness," and the belief that one has become a burden to others. In particular, elderly individuals who live alone, lack adequate social support, and have experienced successive bereavement may perceive their current state as unsustainable and begin to contemplate ending their lives (Christensen et al. 2023).

Assessing suicide risk is inherently complex and challenging. There is no universally accepted standardized method for risk assessment, and there are no pathognomonic signs or symptoms specific to suicidal behavior. As such, suicide risk evaluation largely relies on clinical judgment. Two primary approaches are commonly used:

the first involves assessing risk through clinical interviews, while the second utilizes standardized measurement tools such as rating scales or self-report instruments. Suicide risk factors are multifaceted and complex. From a temporal perspective, they can be classified as proximal or distal.

Proximal risk factors include suicidal ideation, planning, and preparation, recent exposure to acute stressful life events or crises, intoxication with alcohol or substances, anxiety, dysphoria, agitation, insomnia, psychotic symptoms, feelings of shame and guilt, anger, akathisia, hopelessness, and imitation (e.g., via media or peer influence). Distal risk factors, on the other hand, include previous suicide attempts, medical illnesses, living alone, inadequate social support, impulsivity, chronic aggression, personality disorders (particularly borderline personality disorder), a history of trauma or abuse, chronic stressors, significant losses, family history of suicide, substance use disorders, low educational and income levels, and rigid cognitive styles (Özgünen & Ünal 2023).

This study aims to gain a deeper understanding of the perspectives of individuals who have attempted suicide in order to inform suicide prevention and treatment strategies. The general hypothesis of our study posits that the triggering factors, emotional processes, and help-seeking behaviors of individuals who attempt suicide differ significantly across age groups. The thematic hypotheses are as follows: (1) In younger individuals, suicide attempts are closely associated with interpersonal conflicts and emotional reactivity, (2) Severe psychological pain and feelings of hopelessness serve as primary determinants across all age groups, (3) With increasing age, themes such as “feeling like a burden” and “loss of meaning in life” are more frequently expressed, (4) Individuals attempting suicide for the first time tend to be more open to seeking help and engaging in psychiatric treatment after the attempt.

Method

Sample and Design

This study employs a qualitative research methodology and is designed as a retrospective thematic analysis of psychiatric evaluation records and patient anamneses, as documented in the format of DSM–5–based diagnostic interviews. Historical records of all patients who were consulted for suicide attempt and ideation at the psychiatry clinic of Çukurova University Faculty of Medicine, a tertiary care hospital, in November and December 2024 were used as data source. Consultations were requested by the Emergency Medicine Department, which evaluated approximately 3,000 patients over the two-month study period. Psychiatric evaluation is routinely requested for all cases presenting to the emergency department with suicidal ideation or suicide attempts. All cases involving suicide attempts are also followed through forensic medical documentation.

The study sample included patients aged 18 and above who were clinically identified as having engaged in self-harming behavior with suicidal intent and who underwent psychiatric assessment for this reason. Except for one case, all participants included in the study had attempted suicide. One patient, although not having made a suicide attempt, was found to share similar thematic content in their suicidal ideation and was therefore deemed appropriate for inclusion in the study.

Procedure

The study was conducted after obtaining the necessary approvals from Çukurova University Faculty of Medicine Research Ethics Committee (Ethics Committee date 18.04.2025, Ethics Committee No: 154). Data were anonymized and processed to protect patient privacy. Retrospective structured psychiatric interview records were analyzed. These records included patients’ sociodemographic information (age, gender, marital status, education level, occupation, living situation), psychiatric history (previous psychiatric consultations and treatments), pre-attempt context (precipitating events, presence of a suicide note or stated intent), method of suicide attempt (means used and level of lethality), mode of hospital admission (e.g., via ambulance or brought in by family), personal and family medical history, physical examination findings, mental status examination during the consultation, and psychiatric recommendations. Patient statements were documented in their own words, and these original expressions were directly quoted in the study while preserving the content. Any identifying personal information, such as names or locations, was excluded; quotes were anonymized using age and gender identifiers.

Statistical Analysis

Since this study had a qualitative design, classical statistical tests were not applied; however, the analysis process was systematized, code agreement was ensured between the researchers, and themes were structured in

accordance with the data. Methods such as open coding and inter-coder agreement were taken as basis for validity and reliability in qualitative analysis.

Thematic analysis was conducted based on the method described by Braun and Clarke (2021). In the first phase, the researchers read all consultation records multiple times to ensure familiarity with the data. In the second phase, meaningful expressions related to the suicide attempt were coded from each case. These codes were grouped based on similarities and differences, leading to the formation of initial categories. A line-by-line analysis was conducted for each case to identify significant statements regarding the suicide attempt, which were marked as open codes. These codes were then grouped into preliminary themes. As a result, a total of 28 initial themes were identified, each supported by original quotations from patient narratives. In the subsequent stages of analysis, these initial themes were merged and refined into higher-level thematic constructs.

Among the initial themes, the following patterns emerged as particularly salient:

a. Ongoing parental conflict was frequently mentioned, especially by young female participants, often in connection with intense emotional outbursts preceding the suicide attempt.

b. Emotional crises related to romantic relationships, including breakups, infidelity, or sudden arguments with a partner, were commonly identified as precipitants.

c. Marital discord and accumulated relationship distress were prominent among middle-aged participants, particularly in cases where long-standing relationship problems co-occurred with financial difficulties.

d. Feelings of loneliness and worthlessness were the most prominent themes among older adults and were often accompanied by weakened social ties and hopelessness following significant losses.

e. The perception of being a burden to family or society was a central theme expressed by both elderly individuals and those with chronic physical illnesses, often cited as justification for their death wish.

f. The unbearability of psychological pain was frequently emphasized by younger participants, described through direct expressions of life losing meaning and emotional suffering becoming intolerable.

g. A distinction was observed between planned suicide attempts and impulsive acts. While some individuals reported prolonged planning, others described acting in the heat of the moment, driven by acute anger or helplessness.

h. Post-attempt remorse and help-seeking behavior emerged in many cases as a turning point, particularly among first-time attempters, who were more likely to seek psychiatric support following the attempt.

i. In contrast, resistance to psychiatric treatment and feelings of hopelessness were more prevalent among individuals with a history of repeated attempts or substance use, often manifesting as reluctance toward care after the incident.

j. Intense grief following the loss of a loved one was identified as a core emotional burden triggering suicide attempts in older adults, often following recent bereavement experiences.

These initial themes were organized into a code–theme matrix, which documented the specific cases and narrative excerpts from which each theme emerged. In subsequent phases, the interrelationships among themes were evaluated, resulting in the identification of more comprehensive and higher-order thematic constructs. In the third phase, codes and potential themes were examined in a comparative manner. In the fourth phase, themes were reviewed to assess how well they fit the data, and, where necessary, themes were merged or subdivided into subthemes. In the final stage, representative and concise quotations were selected for each theme and included in the reporting.

The researchers conducted the coding process. In the initial stage, the researchers independently reviewed the consultation records and performed line-by-line open coding of statements related to the suicide attempt. Coding was conducted in an inductive and data-driven manner; no pre-existing codebook was used. Code lists generated by each researcher were then compared, and overlapping codes were consolidated. Discrepancies were resolved through discussion and consensus. Care was taken to remain faithful to the data, and the codes were grouped into higher-order concepts to support the development of themes. To guide theme organization, a code–themed matrix was created manually, documenting the source participant for each code. To enhance inter-rater reliability, five cases were double-coded at the beginning of the process, yielding 85% agreement. No computer-assisted qualitative data analysis software was used; all steps were carried out manually and systematized by thematic analysis standards.

Results

The total number of cases reviewed was 20. The mean age of female participants was 33.6 years, while the mean age of male participants was 38 years. The demographic characteristics of the participants are presented in the Table 1.

Table 1. Demographic characteristics of participants

Name	Age	Gender	Marital Status	# of children	Education Level	Occupation	Residence	Psychiatric Disorder	Physical Illness
SK	34	Female	Married	3	Primary	Cleaning	Adana	-	Dystonia
ZK	48	Female	Married	3	Primary	Unemployed	Hatay	-	-
AG	52	Male	Married	3	High School	Retired	Hatay	Depressive Disorder	-
DK	32	Female	Married	2	High School	Unemployed	Adana	-	-
SK	41	Female	Single	4	Primary	Unemployed	Adana	-	-
ÖD	30	Male	Married	1	Middle School	Unemployed	Adana	-	Eczema
AY	26	Female	Single	0	Dropped Out (HS)	Retail	Adana	-	-
FT	29	Female	Married	0	Associate	Unemployed	Adana	-	-
CE	32	Male	Single	0	Dropped Out (Grade 7)	Agriculture	Adana	-	-
MA	28	Male	Single	0	Middle School	Textile	Adana	-	-
AÖ	24	Female	Single	0	Bachelor's	Unemployed	Adana	-	-
BE	48	Female	Married	3	Primary	Unemployed	Adana	-	Diabetes Mellitus
Yİ	26	Female	Single	1	Literate	Catering	Hatay	-	Arachnoid cyst
EU	24	Female	Married	2	Middle School	Unemployed	Adana	-	-
GÇ	33	Female	Single	3	Primary	Unemployed	Adana	-	-
AB	36	Female	Single	0	Middle School	Unemployed	Hatay	Schizophrenia	Epilepsy, Diabetes Mellitus
RU	66	Male	Married	1	Unknown	Unemployed	Adana	-	Laryngeal cancer
ZA	49	Female	Married	1	Primary	Unemployed	Adana	-	-
ÖEG	27	Male	Single	0	Unknown	Unemployed	Adana	-	-
OSM	31	Male	Single	0	Unknown	Unemployed	Adana	-	-

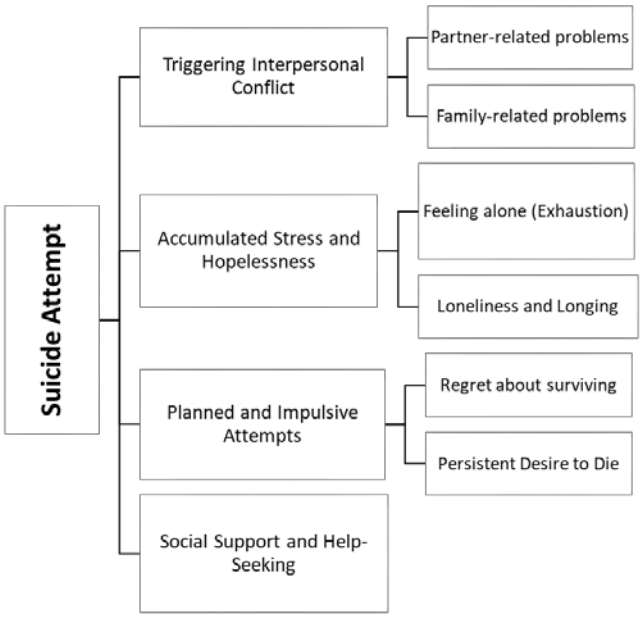

Figure 1. Prominent themes in suicide attempters

Thematic Analysis

As a result of the thematic analysis, the prominent themes that emerged from the narratives of individuals who had attempted suicide included interpersonal conflict as a trigger, accumulated stress and hopelessness, planned versus impulsive attempts, and social support and help-seeking behavior. These overarching themes were further divided into subthemes (Figure 1.)

1. Triggering Interpersonal Conflict:

In the majority of cases, the suicide attempt was precipitated by a sudden argument or disappointment involving family members or a romantic partner. Patients frequently reported acting impulsively in the aftermath of these emotionally overwhelming interactions, using whatever substances or means were readily available. For instance, a 26-year-old single female patient described the events following a severe conflict with her parents:

> *"That night, I had another fight with my mom and dad. I felt like they never truly valued me. I was so full of anger and sadness in that moment—I swallowed whatever I could find. When I woke up in the hospital, I couldn't believe what I had done. I was deeply regretful." (26 years old, female)*

Similarly, a 21-year-old male patient recounted threatening to shoot himself following an argument with his girlfriend. He stated that he had not actually intended to die but had acted impulsively in the heat of the moment:

> *"After we fought in the car, I grabbed the gun and put it to my head out of anger. I didn't really want to die—I just wanted to see how she'd react. The gun accidentally went off, and I shot myself in the shoulder. I regret it so much—I'll never do anything like that again." (21 years old, male)*

As illustrated in these cases, feelings such as anger, resentment, and worthlessness are often exacerbated by interpersonal conflicts—typically within familial or romantic relationships—and manifest in impulsive suicide attempts. Most attempts in this group were unplanned and characterized by sudden and uncontrolled emotional reactions.

In some of the patients who participated in the study, marital problems or family-related conflicts emerged as the primary triggers for the suicide attempt. These individuals frequently reported longstanding issues within their marriages or family life and described being trapped in chronically unhappy relationships. The suicide attempt often followed an acute event such as a severe argument, infidelity, an impending divorce, or an economic crisis that escalated familial tension.

A 48-year-old married female patient reported longstanding incompatibility with her spouse and described the argument on the night prior to her attempt as the final breaking point:

> *"I haven't known peace since the day we got married. Every day it's fighting, every day it's stress... That night, we argued again, and he insulted me. I couldn't take it anymore, so I swallowed all the medication I had been storing for years." (48 years old, female)*

In this case, the suicide attempt appears to have been the result of chronic marital distress that culminated in an explosive emotional crisis. Similarly, a 52-year-old male patient who was on the verge of separating from his spouse reported taking a high dose of sedatives after another intense morning argument. He stated that he did not feel any regret and questioned the meaning of continuing to live under such conditions:

> *"We're going through a court case, always fighting. That morning, we argued again, and she threatened me. I finally said 'Enough' and took a handful of pills. I don't feel any regret—because for me, there's no point in living like this anymore." (52 years old, male)*

As age advances, the pre-attempt conflicts tend to be longer-lasting and more deeply rooted. Problems appear more chronic, and the sense of hopelessness is more entrenched. In this sense, middle-aged individuals may be attempting suicide as a way to end prolonged emotional suffering that they perceive as insoluble.

2. Accumulated Stress and Hopelessness:

This theme was found to be common across all cases, although the individual narratives varied in their details.

Some participants had pre-existing psychiatric diagnoses such as persistent depressive symptoms, anxiety disorders, or attention-deficit/hyperactivity disorder (ADHD). These individuals reported experiencing psychological difficulties from an early age, with a noticeable worsening or recurrence of symptoms leading up to the suicide attempt.

For example, a 24-year-old married woman with two children explained that she had struggled with depressive symptoms since adolescence but had hesitated to seek help. The mounting responsibilities of marriage and motherhood had intensified her distress to an unmanageable level. Her narrative reflects the overwhelming sense of helplessness often reported by young adults:

> *"I had been carrying it all inside for a long time... No matter what I did, I couldn't feel happy. I was constantly having problems with my husband, and I was taking care of the kids all by myself—I was exhausted. That night, we argued again, and I took my mother's heart medication. Looking back, I wish I had found another solution. (24 years old, female)*

This quote clearly illustrates the participant's sense of isolation and helplessness in the face of accumulated stressors. Many young adults in the study described similar difficulties in coping with pressures across multiple life domains (e.g., work, education, family), often viewing suicide as a form of "last resort."

In the majority of cases involving individuals over the age of 40, there was a current or past diagnosis of depressive disorder. Some patients had been prescribed antidepressants for years but had discontinued treatment due to side effects, perceived inefficacy, or irregular usage. According to consultation records, many of these individuals experienced significant impairments in daily functioning prior to their attempt, frequently presenting with symptoms such as depressed mood, anhedonia, and sleep disturbances.

A 43-year-old housewife described feeling emotionally and physically drained due to her ongoing cancer treatment. She recounted her suicide attempt as a response to a profound sense of hopelessness:

> *"I've been battling illness for two years, and the pain just won't stop. My life is spent mostly in hospitals and at home—there's nothing else. No one at home seems to understand what I'm going through. That day, I took the pills because I felt like I had no other way out." (43 years old, female)*

This account reflects intense feelings of hopelessness and emotional exhaustion. Older individuals often described having contemplated suicide over an extended period, during which they re-evaluated their lives. For some, the act carried connotations such as “leaving with dignity” or “not becoming a burden to others.” For instance, a 64-year-old retired male patient attempted suicide by ingesting agricultural chemicals, believing that his financial hardships and health problems had made him a burden to his wife and children. He explained his reasoning as follows:

> *“I couldn’t provide for my household properly or hold a job—we ended up buried in debt. I thought my family was suffering because of me. I didn’t want to burden them any longer. I thought if I died, maybe they would be free.” (64 years old, male)*

This case illustrates how feelings of worthlessness and being a burden can form the psychological groundwork for suicidal ideation. In the face of stressors such as unemployment, serious illness, or financial crisis—especially when individuals feel unable to fulfill familial responsibilities—they may engage in extreme self-blame and perceive suicide as a form of relief for those around them.

The narrative of a 71-year-old female patient involved a deepening grief process and profound loneliness following the recent deaths of multiple close relatives. Having lost her husband a decade earlier and one of her adult children more recently, she now lives with her only surviving grandchild. Consultation notes indicated that the patient occasionally muttered the names of deceased loved ones and questioned whether they were truly gone, often followed by tears. After ingesting a few tranquilizers, she notified her grandchild. When asked by the psychiatrist why she had wanted to end her life, she responded:

> *“All my life, I lived for others. Now I have no one left. My husband is gone, I lost my daughter... I’m all alone. I wanted to die because this loneliness hurts too much.” (71 years old, female)*

This account reveals that the patient’s suicide attempt was driven by intense feelings of loneliness and longing. Her affect during psychiatric evaluation was described as depressed, and she made repeated references to missing her deceased husband and daughter. Her statements reflect common themes in elderly populations, including social isolation, bereavement, and existential sorrow.

Another case involved a 65-year-old woman with metastatic cancer who had been hospitalized in the oncology unit for an extended period. She was experiencing severe physical suffering and reported deep despair after learning that her illness had entered a terminal phase. She expressed concerns about becoming a burden:

> *“If I become bedridden, who will take care of me? I don’t want to ruin my children’s lives. It would be better if God just took me now rather than live like this.” (65 years old, female)*

This case highlights the fear of becoming a burden, which is widely recognized in the literature as a critical factor in elderly suicide (Lin et al. 2024). Older adults may experience intense feelings of worthlessness and shame as their physical abilities decline and the prospect of dependency increases. In our study, two participants—aged 65 and 71—either explicitly attempted suicide or verbalized suicidal ideation, expressing the belief that continuing to live no longer held meaning for them at this stage of life.

3. Planned and Impulsive Attempts

In some cases, it was notable that patients did not express regret for having survived the suicide attempt and did not report persistent suicidal ideation afterward. Many young participants indicated that their intention to die was not absolute at the time of the attempt; instead, they sought to escape an unbearable situation or send a "message" to those around them. For instance, a 29-year-old university-educated woman described taking an overdose of painkillers during an emotional crisis related to her divorce, later expressing immediate regret:

> *"I was scared the moment I swallowed the pills. I didn't want to die—I didn't want to keep living like that. I'm glad I survived. I won't try again." (29 years old, female)*

On the other hand, a small subset of patients—particularly those with one or more prior suicide attempts—showed no regret and expressed an ongoing desire to die. A 22-year-old male patient, who had been planning suicide for months, described his perspective as follows:

> *"Honestly, I had made up my mind a long time ago. I don't regret what I did. I wish they hadn't intervened—I wish I had succeeded." (22 years old, male)*

This patient had made multiple prior suicide attempts and was suspected to have borderline personality organization. His account points to a subgroup of young adults with persistent suicidal ideation. Unlike most participants, individuals in this subgroup reported low motivation to continue living and displayed resistance to offers of help.

Although a portion of the attempts were impulsive reactions to panic or anger, a significant number were premeditated or at least contemplated beforehand. For example, a 37-year-old male patient, who was in the process of separating from his wife, stated that he had been collecting rat poison at home for weeks and had waited for the right moment. He described his attempt as follows:

> *"I had been thinking about it for a while. I made a plan—I mixed the poison into water and drank it while the kids weren't home. When blood started coming from my nose, I realized how serious it was and got scared—I called 911." (37 years old, male)*

This account illustrates that even a planned suicide attempt can devolve into panic at the last moment. Some individuals who engaged in premeditated attempts reported feeling indifferent about surviving—neither regretful nor relieved. In contrast, patients who acted more impulsively, such as by ingesting medication without prior planning, often expressed immediate regret and sought help.

For example, a 54-year-old married woman working as a teacher described taking a large number of pills following an argument with her husband. Shortly afterward, she informed a neighbor, who called for an ambulance. She expressed her emotions as follows:

> *"At that moment, I couldn't stop myself—I took whatever I could find. Just a few minutes later, I was overwhelmed with fear, thinking, 'What have I done?!' Our neighbor rushed in and called the ambulance. I'm so glad they arrived in time… I'll never make such a mistake again."(54 years old, female)*

These findings suggest that planned and impulsive suicide attempts may coexist within the same clinical spectrum. Planned attempts are often associated with more lethal methods and a more apparent intention to die. In contrast, impulsive acts are typically triggered by acute emotional distress and are more likely to be followed by help-seeking behavior.

4. Social Support and Help-Seeking

A significant number of younger participants expressed a willingness to seek help following the suicide attempt. Especially among those who had attempted suicide for the first time and expressed regret, there was a higher tendency to accept follow-up through psychiatric outpatient services and to state their intention to pursue future psychological support. For instance, the 29-year-old female patient previously quoted remarked, "From now on, I want to receive regular support—I don't want to end up like this again." clearly expressing her motivation for help-seeking. In contrast, a 30-year-old male patient with a history of substance abuse refused inpatient psychiatric care even after his suicide attempt, stating that he wanted to solve his problems on his

own. These contrasting cases suggest that among younger individuals, help-seeking behaviors may vary based on personality traits and prior experiences.

In summary, suicide attempts among younger individuals are often characterized by intense emotional reactions to sudden triggers and are frequently impulsive. Underlying psychiatric conditions—such as depression, anxiety, or personality disorders—were identified in most cases. However, it appears that the primary driver at the moment of the attempt was an overwhelming sense of emotional distress and a perceived inability to cope. While many patients demonstrated a renewed desire to live after the attempt, persistent suicidal ideation and resistance to treatment were more frequently observed in those with a history of repeated attempts.

Many patients reported feeling regret and even expressed a sense of being "lucky" to have survived, showing openness toward treatment. These individuals accepted psychiatric hospitalization or outpatient follow-up. Notably, those who had previously received treatment but discontinued it stated that this time, they intended to adhere to their treatment. For example, in one case involving a 52-year-old male patient, he made an earnest request for help following previous suicide attempts, stating: *"Please admit me—I want to get treated. Otherwise, I'll do it again."*. This patient was subsequently admitted to the psychiatric inpatient unit and received intensive treatment.

Conversely, some patients maintained a resistant attitude toward psychiatric care. The 48-year-old male patient refused hospitalization, stating: *"No one can save me—I need to deal with this on my own"* and was discharged. This case highlights a familiar pattern, particularly among male patients, of reluctance to seek help and emotional withdrawal. Some individuals expressed fears of being stigmatized by psychiatric hospitalization or doubted its effectiveness. For instance, a 32-year-old male patient stated: *"I think I'd feel worse if I were hospitalized. I'd rather continue as an outpatient."* and refused inpatient care.

Among our patients, a notable profile emerged of individuals experiencing an internal conflict between life and death following a suicide attempt. While some patients stated, *"I would never do it again,"* others expressed that they "*might attempt it again."* It was observed that with increasing age, suicidal ideation tends to be more entrenched and resolute in psychiatric evaluations, indicating the need for heightened caution during risk assessment in older adults.

A 71-year-old patient, for instance, ingested a relatively low dose of medication and called for help shortly thereafter. This raises the possibility that, in some elderly individuals, a suicide attempt may function more as a "cry for help" than a lethal act. Indeed, following the consultation, this patient appeared to regain a desire to live, stating, "*I will keep going for my grandchild*." In contrast, the 65-year-old patient primarily expressed a desire to die without explicitly describing suicidal intent or planning. Instead, she communicated her wish for death through spiritual expressions, saying she prayed to God to take her life. In both cases, psychiatric evaluations led to discharge planning with outpatient follow-up. In addition, family members were provided with counseling to help strengthen the patients' social support systems.

Discussion

The findings of this study largely align with the predictions of psychological and sociological theories regarding suicidal behavior. Prominent themes in participant narratives—such as psychological pain, hopelessness, and helplessness—are consistent with Shneidman's theory of psychache. According to Shneidman, intolerable psychological pain is a necessary precondition for suicide (Shneidman 1993). In our study, participants frequently identified a lack of meaning in life, emotional exhaustion, and unbearable psychological suffering as the core drivers of suicidal ideation. These findings support Shneidman's view that psychological pain is not merely a trigger but plays a central and organizing role in the suicidal process.

Moreover, the recurring themes of life losing its meaning and death being perceived as the only solution point to the depth of psychological pain and reinforce the notion of suicide as a perceived escape or solution. This finding aligns with the literature suggesting that psychological pain accelerates the impact of other motivating factors for suicide (Uzer 2022).

Previous research has indicated that many individuals who survive a suicide attempt experience remorse and begin to view life as a second chance (Giner et al. 2016). Consistent with this, most participants in our study expressed a desire not to repeat such behavior and accepted the offer of psychiatric support. However, some studies suggest that this initial improvement is often temporary, particularly among young adults, and that suicidal thoughts may intensify again over time (Frost et al. 2022). Recurrent suicidal behavior has been shown to be strongly associated with psychiatric disorders (Riera-Serra et al. 2023). (Riera-Serra et al. 2023). In our

sample, individuals with a history of repeated suicide attempts and personality disorders were less likely to report regret and more likely to express a continued desire to die. This finding supports existing evidence of the relationship between personality disorders and suicidal behavior. In particular, borderline personality disorder has been associated with both frequent and recurrent suicide attempts, often driven by identity disturbance and intense fears of abandonment (Soloff et al. 2000). Additionally, individuals with borderline traits may have difficulty anticipating future regret, which can contribute to repeated suicidal actions (O'Connor & Portzky 2018). Factors predicting suicide attempt repetition in individuals with borderline personality disorder include early age at first attempt, female gender, and comorbid depression (Paris 2002). These findings underscore the critical importance of identifying high-risk subgroups among individuals who attempt suicide and tailoring targeted intervention programs accordingly. Such efforts are essential for preventing potentially fatal behaviors (Oldham 2006, Yen et al. 2021).

The underlying reasons for suicide attempts appear to shift with age. In later life, they are often associated with chronic stressors and cumulative life difficulties. Long-standing marital conflicts, family responsibilities, financial hardship, and health-related issues may contribute to feelings of exhaustion and a diminished sense of life satisfaction (Carr 2023). In our study, older individuals frequently described their suicide attempts as a "last resort" and emphasized themes such as feeling worthless and being a burden to loved ones. These findings suggest that suicidal behavior in older adults may carry a more deterministic and deliberate character. Supporting this, the literature indicates that suicide in later life is more likely to result in death and often reflects a stronger intent compared to younger individuals (WHO 2021). Moreover, suicidal behavior in this age group is sometimes premeditated over weeks, involving actions such as stockpiling poison or waiting for an opportune moment (Lee et al. 2021).

Depression and loss of functioning play a critical role in the occurrence of suicidal behavior. In our study, individuals with a history of chronic depression often demonstrated poor treatment adherence, and some experienced relapses despite ongoing psychiatric care. These patients showed considerable impairment in daily functioning prior to the attempt. These findings support existing research that identifies depression as a significant risk factor for suicide—even in those under treatment (Sousa et al. 2022). Particularly in men, a decline in socioeconomic status has been shown to markedly increase suicide risk. For instance, one of our patients, a 64-year-old male, attempted suicide following a financial collapse within the context of depression. This case illustrates how the loss of a traditional provider role may exacerbate depressive symptoms and heighten suicide risk (Walther et al. 2021). Effective treatment of psychiatric disorders and support for social roles are essential for suicide prevention (O'Connor & Portzky 2018).

Our study also revealed notable variability in how adult patients approached psychiatric care following a suicide attempt. Some individuals expressed gratitude and remorse for having survived and were receptive to treatment, while others remained hopeless and resistant to help. These findings highlight the heterogeneity of post-attempt responses and the need for flexible clinical approaches. Particularly among male patients, cultural norms surrounding emotional restraint and self-reliance may reduce help-seeking behavior (Eggenberger et al. 2024). Traditional masculinity has been cited as a barrier to seeking professional support after a suicide attempt (O'Donnell et al. 2025). Therefore, healthcare providers must approach individuals with nonjudgmental, supportive, and motivating attitudes (O'Connor & Portzky 2018). The literature further emphasizes that family support enhances treatment adherence and that strong social bonds can facilitate recovery (Spahn et al. 2022). Although older adults were underrepresented in our sample, the suicide narratives of those aged 60 and above commonly featured themes of loneliness, grief, and loss of life purpose. In one case, a patient in her 70s expressed the belief that "life no longer had any meaning" following successive bereavement. Among older adults, suicide often represents a deliberate decision to end life and may be more carefully planned than in younger populations. However, as seen in our case, some older individuals may experience regret at the last moment and seek help. This suggests that suicidal intent in later life may still be ambivalent to a degree. A qualitative review noted that older adults with suicidal ideation may simultaneously wish to die and hope for improvement in life circumstances (Christensen et al. 2023). In our study, one elderly patient expressed a renewed will to live by focusing on her grandchild. This finding underscores the potential protective role of strengthening family bonds and reducing loneliness in later-life suicide prevention.

One important factor that increases suicide risk in older adults is the presence of physical illnesses and the resulting state of dependency (Christensen et al. 2023). In our study, a 65-year-old woman with metastatic cancer did not make a direct suicide attempt but explicitly expressed a wish to die. Such situations are addressed in the literature under the concept of "voluntary death wish" and are particularly significant in the context of palliative care. In the management of such cases, psychosocial support, palliative care services, and, when necessary, psychiatric evaluation of mental state are essential.

This study has several limitations. First, since no direct interviews were conducted, specific details may not have been captured. Second, the limited number of elderly participants makes it difficult to draw generalizable conclusions about late-life suicide attempts. Third, the study was conducted at a single center, which means that regional and cultural characteristics may have influenced the results; different geographic and sociocultural contexts may yield different thematic findings. Finally, the interpretation of qualitative data is inherently influenced by the researcher's subjectivity, and the identification and analysis of themes may vary among researchers. Despite these limitations, this study is based on real clinical cases and reflects patients' authentic narratives as expressed during psychiatric evaluations after their suicide attempts. In this regard, it is believed that the study sheds light on specific emotional and cognitive patterns that may remain invisible in quantitative research.

One of the key strengths of this study is the detailed analysis of data obtained from individuals with diverse clinical profiles, assessed after undergoing emergency examinations and intoxication protocols following suicide attempts. Investigating such a sensitive topic through patients' narratives allowed for a qualitative perspective that goes beyond quantitative data, offering rich and in-depth insights into the emotional and cognitive worlds of the cases.

Conclusion

The findings of this study highlight the need for age-specific interventions for patients who have attempted suicide. In clinical practice, brief interventions focused on emotional regulation and crisis management may be prioritized for younger individuals. In contrast, in older adults, the effective treatment of depression and the strengthening of social support systems gain greater importance. Given that themes of loneliness and loss are more prominent in the elderly, interventions that aim to reduce social isolation and improve quality of life should be prioritized in this group. For researchers, this study underscores that suicidal behavior is not solely linked to psychiatric disorders but is also closely related to life events and psychosocial factors, thereby offering new avenues for future research.

References

Balaji M, Mandhare K, Nikhare K, Shah AK, Kanhere P, Panse S et al. (2023) Why young people attempt suicide in India: a qualitative study of vulnerability to action. SSM Ment Health, 3:100216.

Bazrafshan MR, Sharif F, Molazem Z, Mani A (2016) Exploring the risk factors contributing to suicide attempt among adolescents: a qualitative study. Iran J Nurs Midwifery Res, 21:93–99.

Braun V, Clarke V (2021) Thematic Analysis: A Practical Guide. London, Sage.

Bulut BP (2021) Kırılma noktası: ikinci nesil intihar kuramları. Nesne Psikoloji Dergisi, 9:418–431.

Carr D (2023) Midlife and mental health In Encyclopedia of Mental Health (Third Edition) (Eds HS Friedman, CH Markey):512-519. Cambridge, MA, Academic Press.

Christensen M, Chan HY, Chan YY, Cheng KY, Cheung TY, Li TY et al. (2023) Suicide ideation in older people: a qualitative review and meta-aggregation of Asian studies. Front Psychiatry, 14:1169820.

De Leo D (2022) Late-life suicide in an aging world. Nat Aging, 2:7–12.

Demirkol ME, Namlı Z, Tamam L (2019) Psikolojik acı. Psikiyatride Güncel Yaklaşımlar, 11:205–213.

Devrimci Özgüven H, Özdamar Ünal G (2022) İntihar Davranışına Müdahale Kılavuzu. 2. baskı. Ankara, Türk Psikiyatri Derneği Yayınları.

Durkheim É (1951) Suicide: A Study In Sociology. New York, The Free Press.

Eggenberger N, Hepp U, Schnyder U (2024) Exploring the role of masculinity in male suicide: a systematic review. Int J Environ Res Public Health, 21:2.

Frost R, Bevington D, Woolston C et al. (2022) “I wanted it to stop”: a qualitative study exploring the experiences of young adults who self-harm and seek help. Int J Environ Res Public Health, 19:7880.

Frost R, Casey L, Viney R (2022) The trajectory of suicidal ideation in youth after a suicide attempt: a longitudinal mixed-methods study. Arch Suicide Res, 26:278–290.

Giner L, Guija JA, Montes JM (2016) Suicidal ideation and suicide attempts: the predictive value of the MINI suicidality subscale. Int J Psychiatry Clin Pract, 20:239–242.

Joiner T (2005) Why People Die By Suicide. Cambridge, MA, Harvard University Press.

Lee SU, Park JI, Lee SY, Oh IH (2021) What was associated with suicide planning in middle-aged and older adults? Arch Public Health, 79:1–10.

Lin IF, Lin JD, Chen YY (2024) Frailty and suicidal ideation among community-dwelling older adults living alone: the role of perceived burdensomeness. Front Public Health, 12:1392424.

Lönnqvist J (2009) Major psychiatric disorders in suicide and suicide attempters. In: Oxford Textbook of Suicidology And Suicide Prevention (Eds D Wasserman, C Wasserman):275-286. Oxford, Oxford University Press.

Nicolopoulos A, Almeida J, Rosen RK, Aguinaldo LD, O'Brien KHM (2021) Why adolescents attempt suicide: a qualitative study of the transition from ideation to action. Suicide Life Threat Behav, 51:699–710.

O'Connor RC, Portzky G (2018) Looking to the future: a synthesis of new developments and challenges in suicide research and prevention. Front Psychol, 9:2139.

O'Donnell S, Richardson N, McGrath A (2025) Suicide literacy, suicide stigma, and help-seeking attitudes among men in a university setting in Ireland. Health Promot Int, 40:daae209.

Oldham JM (2006) Borderline personality disorder and suicidality. Am J Psychiatry, 163:20–26.

Paris J (2002) Chronic suicidality among patients with borderline personality disorder. Psychiatr Serv, 53:738–742.

Ribeiro JD, Franklin JC, Fox KR, Bentley KH, Kleiman EM, Chang BP et al. (2016) Self-injurious thoughts and behaviors as risk factors for future suicide ideation, attempts, and death: a meta-analysis of longitudinal studies. Psychol Med, 46:225–236.

Riera-Serra P, Navarra-Ventura G, Castro A, Gili M, Salazar-Cedillo A, Ricci-Cabello I et al. (2023) Clinical predictors of suicidal ideation, suicide attempts and suicide death in depressive disorder: a systematic review and meta-analysis. Eur Arch Psychiatry Clin Neurosci, 274:1543–1563.

Shneidman ES (1993) Suicide As Psychache: A Clinical Approach To Self-Destructive Behavior. Northvale, NJ, Jason Aronson.

Soloff PH, Lynch KG, Kelly TM, Malone KM, Mann JJ (2000) Characteristics of suicide attempts of patients with major depressive episode and borderline personality disorder: a comparative study. Am J Psychiatry, 157:601–608.

Sousa RD, Gouveia M, Silva CN, Rodrigues AM, Cardoso G, Antunes AF et al. (2022) Treatment-resistant depression and major depression with suicide risk—The cost of illness and burden of disease. Front Public Health, 10:898491.

Spahn C, Kranz S, Teismann T, Forkmann T, Schönfelder A, Rath D et al. (2022) Gender-specific aspects of suicide-related communication in a high-risk sample of psychiatric inpatients. J Mens Health, 18:1–12.

Üzer A (2022) İntihar davranışının habercisi "psikolojik acı". In Güncel Psikiyatri Çalışmaraı (Ed L Tamam): 33-40. Ankara, Akademisyen Kitabevi.

Walther A, Peter L, Loerbroks A, Ehlert U (2021) Status loss due to COVID-19, traditional masculinity, and the prediction of suicidal ideation and recent suicide attempts. Psychiatry Res, 295:113623.

WHO (2021) Suicide Worldwide in 2019: Global Health Estimates. Geneva, World Health Organization.

Yen S, Peters JR, Nishar S, Grilo CM, Sanislow CA, Shea MT et al. (2021) Association of borderline personality disorder criteria with suicide attempts: findings from the collaborative longitudinal study of personality disorders over 10 years of follow-up. JAMA Psychiatry, 78:187–194.

Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared.

Financial Disclosure: No financial support was declared for this study.