



Suicide from the Perspective of Islam and Psychology with an Emphasize on the Models Explaining the Relationship between Impulsivity and Suicidal Behaviors

Soraya Ghotbi ^{*1}; Ali Bozorgmehr²; Shima Razian³

¹ Department of the Quran Sciences and Hadith, Faculty of Human Sciences, Shahed University, Iran

² Department of Neurosciences, Faculty of Advanced Technologies in Medicine, Iran University of Medical Sciences, Iran

³ Department of Clinical Psychology, Faculty of Humanities, University of Science and Culture, Iran

*sghotbi@shahed.ac.ir

<http://dx.doi.org/10.18415/ijmmu.v6i3.776>

Abstract

Suicide is the act of taking one's own life which is made within the framework of a voluntarily action by an informed individual. Impulsivity is one of the most reasons for the emergence of suicidal behaviors. Impulsivity takes place without considering the possible consequences of the action and for a fast access to a reward.

The purpose of the present study is to study suicide in the perspective of Islam and psychology with an emphasize on the models explaining the relationship between impulsivity, suicidal behaviors and to discuss each model as well. Due to the multilayer nature of suicide, the research methodology is in documentation-based, analytical and meta-analytical forms.

In order to study the models explaining the relationship between impulsivity and suicidal behaviors, different data bases and with key words such as: impulsivity, impulsive behaviors, suicidal behaviors and as likes were broadly reviewed and upon completion of data collection, the related studies were closely examined.

The research findings indicate that in the perspective of Islam, suicide is in connection with components such as: the weakness of ideological and ethical bases, the lack of positive perception and disappointment with God, the lack of thinking on the belongings, magnifying the hardships and shortages, and considering the life as something meaningless.

In psychology, based on the personality model, the impulsive individuals have a greater inclination towards experiencing the provocative and painful incidents. From the viewpoint of idea to practice framework, the forecasting factors of suicide are classified based on the rate of risk of suicidal ideations and also the rate of action risk for suicide. In the integrated conceptual model, the evaluation of the suicide risk is made integrally and during the treatment process. The model of addiction to suicide, considers the suicidal behaviors as a kind of addiction. The three-step theory states that in the event that

the sense of pain is associated with disappointment, and the lack of dependence on life and companions, the individual will make suicidal behaviors.

The result is that in the perspective of Islam, the growth of awareness and increase of intellectual skills aiming at gaining knowledge and improving the relationship between human and God, reinforcing the basic beliefs and monotheistic doctrine are the most basic and effective steps to deter the suicidal behaviors.

In psychology, opposite to the prevailing beliefs, it seems that impulsivity is not considered as a trustable forecaster for suicidal actions and the personality feature of impulsivity does not have a strong and noticeable relationship with suicidal actions.

Keywords: Islam; Psychology; Impulsivity; Suicidal Behaviors; Elaborating Models

1. Introduction

Suicide is to take human own life and a voluntarily action. The Arabic equivalent word for this act is “intiḥār”. Committing suicide in the Islamic culture meaning a setback to achieve the ultimate perfection and fall into the valley of regret and frustration. (Golabbaksh and Kazemifshar, 2014, v. 16)

Researches have shown that religious faith and beliefs, conducting religious obligations such as performing the prayers and fasting in Ramadan month and also standing to do the religious rituals have important roles in reducing and preventing from committing suicide among religious individuals. (Elmi and Shavrani, 2012, pp 163-189)

The role of Islamic beliefs in making life meaningful, hope in God’s graces, being optimistic towards the future, considering hardships as a divine test, reliance upon God and patience in hard times are some of the factors which are considered to be effective in preventing suicide.

In psychology, the suicidal behaviors refer to a range of behaviors in which the intentional intention of killing oneself is the common element among all of them. The suicide ideation, suicide plan and suicide attempt are three important suicidal behaviors. (American Psychiatric Press, 2013) The suicide ideations or thoughts are considered important forecasters for taking action to commit suicide.

Studies have shown that most of the suicides are occurring when the individuals have suicide ideation. (Sareen, J. et al, 2005, p.1249-57) Psychotropic disorders, suicide family record, drug abuse, sudden changes in health and family conflicts have been considered as the risk factors for suicide ideation. Amid these, impulsivity has been also considered as one of the most risk factors for suicidal behaviors.

The impulsive or risky behaviors are applied to the acts -which besides possible damages- will provide possibility of access to a sort of reward and usually hold three characteristics: 1. Selecting a choice out of two or many choices with a possible reward, 2. Association of one of the options with the possibility of unfavorable outcomes and 3. The lack of clarity of unfavorable outcomes at the time of behavior occurrence. (Lane and Cherek, 2006, p. 179-87)

Drug abuse, misdemeanor, Obsessive Compulsive Disorder, aggression and violation, pathologic gambling, risky sexual behaviors and also suicide attempts are considered to be among the impulsive behaviors. (Reynold B. et al, 2006, pp. 305-315)

Impulsivity has been considered as a factor for the risk of suicide for a long time. Mann et al in their own clinical model has defined impulsivity as a factor which increases the possibility of emergence of sensations related to suicide in individuals. (Mann, J.J. et al, 1999, p. 181-9) Also Bryan and Rudd have stated that impulsivity can be considered as an indicator that shows the possibility of suicide occurrence more than suicide ideation. (Brayan and Rudd, 2006, pp 185-200)

The American Association of Suicidology has assumed the impulsivity as a risk factor for the possibility of emergence of suicide either in a short term or a long term. (American Association of Suicidology, 2013) However, as it will be discussed, this subject has not undergone accurate investigation yet.

This claim that impulsivity facilitates the transfer of suicide ideation to attempt to commit suicide in one way or another suggests that the feature of impulsivity is significantly greater and stronger among the individuals who had committed suicide as compared with the individuals who have only experienced the suicide thoughts. However, as this subject has been studied through many studies, but despite expectations, the results do not clearly support this idea.

For example, in a study which was conducted in 2007 by Brezo et al on young mature individuals who had committed suicide at least for once showed that the scores of these individuals in Barratt Impulsiveness Scale do not have a noticeable difference from the scores of individuals who had never committed suicide. (Brezo J, et al, 2007, pp.1551-62) Klonsky in his studies in 2010 examined a military population and learned that though the individuals who had committed suicide for once and individuals with suicide ideations, have greater impulsivity as compared with the individuals who had never been exposed to suicide and the related thought, but the rate of impulsivity among the individuals who had committed suicide and the individuals who had only the suicide idea in mind do not have a noticeable difference. (Klonsky and May, 2010, pp.612-619)

One reason for this conclusion can be the lack of presence of a united definition of impulsivity at the time of performing the mentioned study.

In line with this ideal, the developers of Urgency, Premeditation, Perseverance, Sensation Seeking (UPPS), i.e. Whiteside and Lynam believed that impulsivity is a heterogeneous factor. (Whiteside and Lynam, 2001, pp.669-689) Using different psychological analyses, they identified and introduced four characteristics related to impulsivity: Urgency (inappropriate responses to negative sensations), premeditation (difficulty in forecasting the results of a behavior), perseverance (lack of inclination to continue a behavior) and sensation seeking.

Using the shortened version of UPPS, this group in a big sample of the youth and young adults noticed that the individuals who had committed suicide for once and those who had only the suicide ideation in mind, have a similar performance in three dimensions of impulsivity, i.e. urgency, perseverance and sensation seeking and only the individuals who had a record of committing suicide could gain higher scores in the dimension of previous intention.

Thus, in general, it can be concluded that the attribute of impulsivity which has been defined by Whiteside and Lynam, has no difference among the individuals who have committed suicide once and the individuals who have only had an intention to commit suicide.

Certain studies have also been made on the direct role of impulsivity in suicide. Here, it is initially necessary to describe the practical impulsivity. Many definitions have been presented for the term of practical impulsivity. For example, it has been defined as the ability of an individual in forecasting the results. Some also have mentioned it as a distance between decision making and performing the action and some as the time being spent for decision making.

Therefore, with regard to the broad definitions which exist about the practical impulsivity, it is not strange that the results of related studies are to some extent in conflict with each other. For example, suicide attempt related to impulsivity in different studies has been estimated to be between 20 to 85 percent (Bagge and Lee, 2013, pp.559-64), (Witte T.K. et al, 2008, pp. 107-116).

Perhaps one of the most interesting findings on impulsivity is that the impulsivity behavioral feature and practical impulsivity are two unconnected features. In other words, the individuals who have committed suicide and those who have gained higher scores in the viewpoint of impulsivity personality feature, were not exactly those who had committed suicide. This finding has been confirmed in two separate studies. (Wyder & De Leo, 2007, pp.167-173), (Anestis M.D. et al, 2014, pp. 366-386).

In general, the studies which have been done on the relationship between impulsivity and suicide are facing with two basic limitations: The lack of presence of significant relationship between clinical symptoms of impulsivity and suicide and the finding resulted from new researches. It is such that many impulsivity symptoms which have been considered as the alerting factors for suicide, have not been confirmed by the research findings. On the other side, no significant relationship has been found between the impulsivity personality feature and practical impulsivity.

Recently, reviewing the data of 70 studies, Anestis et al have studied the relationship between impulsive behaviors and suicide behaviors (the deadly attempts and attempts leading to death). (Anestis M.D. et al, 2014, pp. 366-386) (Almost in all studies, a slight relation has been found between these two behaviors. However, most of the concerned studies have been sectional and, impulsivity has been used there in order to forecast the suicidal behaviors in the future.

In these types of studies, less relationship has been reported. Researches have concluded that the role of impulsivity in suicide, despite what was imagined is insignificant and indirect.

This study is an attempt to study the suicide in the perspective of Islam and psychology with an emphasize on the explaining models of relationship between impulsivity and suicidal behaviors. It is clear that the results of this study can provide a comprehensive viewpoint on suicide in the viewpoint of Islam and mentioned models and also the relationship between impulsivity and suicide.

In addition to clarification of the viewpoints of Islam towards suicide, this study will refer to the weak and strength points of each model in psychology and will pave ground for the future studies.

2. Research Methodology

The review of some studies, researches and the existing and accessible statistical and experimental documents indicate the relationship among some of the factors such as: depression, illegal sexual relations, family weakness and alcoholic drinks with suicide.

Due to the multilateral nature of the issue of suicide, the research methodology is documental, analytic and meta-analytic one. Some of the studies in the Quran and traditions, with an emphasize on the role of Islamic beliefs on making life meaningful such as the gift of life, repentance, hope and optimism, test and affliction, patience, reliance, remembrance of death and hereafter were reviewed.

In psychology, for the sake of a review on elaborating models for the relationship between impulsivity and suicidal behaviors, the scientific data bases such as Elsevier, Wiley, Francis, Tylor, PubMed and Google Scholar were deeply searched by key words such as: suicide, suicidal behaviors, suicide ideation, impulsivity and impulsive behaviors.

In the process of search, the papers related to the objective of this study were collected and finally all relevant researches and reviews were carefully examined without considering the time of publications.

3. Suicide in Islam

In the perspective of Islam, life is a deposit which has been granted to humans by the God. As humans have a relative possession on their own bodies rather than an absolute possession, so that, they cannot capture in their lives and death without permission of the absolute entity-granting owner, i.e. the God and take their own lives.

In addition, no one can send someone towards death, though they might have incurable diseases. (Asgari & Khanabadi & Salehi, 2014, pp. 103-130) The real owner of humans, is their creator and lord, giver of life and death, i.e. the Almighty God. Humans and their reality and existence are not only limited to their bodies to be able to release it optionally. Their reality and truth is their speaking souls and spirit and that will not be annihilated by death.

So, as long as it has not reach perfection, it needs to remain in the world, despite the fact that it might bear difficulties and hardships. It is likely that these difficulties cause their spiritual

perfection. Indeed, committing suicide prior to regular death and picking an unripe fruit from the tree before putting it into effect, is like to take away the speaking soul from the body. (Hosseini Tehrani, 1427 A.H., p.163)

The significance of this issue increases when we could know that suicide in the perspective of Islam is one of the capital sins and assisting the suicide in the viewpoint of Islamic criminology laws has been considered as an assistant to a sin. (Jafarzadeh & Ari & Abulhosseini & Alitabar Firouzjaei, 2017, pp. 57-70)

In the Surah Nisa, Verses 29-30, the Holy Quran states, “

يَا أَيُّهَا الَّذِينَ آمَنُوا لَا تَأْكُلُوا أَمْوَالَكُمْ بَيْنَكُمْ بِالْبَاطِلِ إِلَّا أَنْ تَكُونَ تِجَارَةً عَنْ تَرَاضٍ مِنْكُمْ وَلَا تَقْتُلُوا أَنْفُسَكُمْ إِنَّ اللَّهَ كَانَ بِكُمْ رَحِيمًا،
وَمَنْ يَفْعَلْ ذَلِكَ لِيَكْ غَدُوًّا وَظُلْمًا فُتُوفِ نُصْلِيهِ نَارًا وَكَانَ ذَلِكَ عَلَى اللَّهِ يَسِيرًا

[O you who have believed, do not consume one another's wealth unjustly but only [in lawful] business by mutual consent. And do not kill yourselves [or one another]. Indeed, Allah is to you ever Merciful.],

[And whoever does that in aggression and injustice - then we will drive him into a Fire. And that, for Allah, is [always] easy.]

In the perspective of Islam, suicide is an unfruitful attempt to be free from frustration and deadlock in life. The phrase of the verse which reads “[And whoever does that in aggression and injustice] displays that committing suicide is an aggressive and injustice action. The word “وَلَا تَقْتُلُوا” is a negative command and provides for the necessity of leaving the action. Tabarsi comments that one of the meanings of this word is suicide. (Allah Yazdi Tabatabaei & Dar Tabarsi, 1408 A.H., p.59) It is learnt from this Verse that suicide through injustice is a capital sin and its perpetrator will be surely driven into the Fire.

In interpretation of this Verse, some of the commentators have referred to the illogical and unlawful status of suicide and emphasize that suicide will afflict humans with the divine torment. (Rezaei Isfahan, 2008, p.106) In some of the Quran interpretations, the reason for unlawfulness of suicide has been mentioned as the respectability status of human life. Extending the meaning of suicide term, Tabarsi believes that if someone puts himself/herself exposed to murder, it is also an act equal to suicide. (Allah Yazdi Tabatabaei & Dar Tabarsi, 1408 AH, p.59)

Taking into consideration the Quran commentaries and traditions of infallible Imams (A.S.), it is possible to enumerate these cases as examples of suicide: ablution [a ceremonial act of washing parts of the body] in the cold weather despite the life risk, single attack on the group of infidel enemy by a Muslim and exposing oneself to murder, fighting without any power and ability to survival and refraining from charity and leaving financial support to Jihad. (Hashemi Rafsanjani, 2004, p.305)

Another verses by which it is possible to infer the unlawfulness of suicide is the Verse 195, Surah Baqara, where the God states:

وَأَنْفِقُوا فِي سَبِيلِ اللَّهِ وَلَا تُلْقُوا بِأَيْدِيكُمْ إِلَى التَّهْلُكَةِ وَأَحْسِنُوا إِنَّ اللَّهَ يُحِبُّ الْمُحْسِنِينَ

[And spend in the way of Allah and do not throw [yourselves] with your [own] hands into destruction [by refraining]. And do good; indeed, Allah loves the doers of good.]

In the viewpoint of some of the commentators, the individuals who find themselves in a dead-end and commit suicide due to the lack of faith, reliance upon God, tolerance and patience are like those who move out of the hole and fell into a well. (Gharati, 2007, p. 115)

It should be noticed that suicide is one of the examples of self-murder. In Surah Maidah, Verse 32, God states:

مَنْ أَجَلٌ ذَلِكَ كَتَبْنَا عَلَى بَنِي إِسْرَائِيلَ أَنَّهُ مَنْ قَتَلَ نَفْسًا بِغَيْرِ نَفْسٍ أَوْ فَسَادٍ فِي الْأَرْضِ فَكَأَنَّمَا قَتَلَ النَّاسَ جَمِيعًا وَمَنْ أَحْيَاهَا فَكَأَنَّمَا أَحْيَا النَّاسَ جَمِيعًا

[Because of that, We decreed upon the Children of Israel that whoever kills a soul unless for a soul or for corruption [done] in the land - it is as if he had slain mankind entirely. And whoever saves one - it is as if he had saved mankind entirely. And our messengers had certainly come to them with clear proofs. Then indeed many of them, [even] after that, throughout the land, were transgressors.

In the viewpoint of Islam, some of the backgrounds and causes for the emergence of suicide can be traced in the following factors:

1. Ignoring the affliction of life with hardships: If human knows that the presence of difficulties, calamities and problems in life is a kind of divine test and an experiment by the God to make human grow up and all affairs in the universe is the product of divine expediency, then he/she can confront with the problems and incidents of the age easily.

Imam Sadegh(A.S.) told to Sodair:

إذا احب عبدا غته بالبلاء غتا و اا و اياكم يا سدير لتصبح به و نمسى

When God likes a servant, He will make him afflicted with a calamity and Oh, Sodair, we and you spend our lives with calamities in the mornings and at nights. (Rayshahri, no date, p. 5)

The Messenger of God (p.b.u.h.) stated, إذا اراد الله بقوم خيرا ابتلاهم When God desire a grace for a nation, He will make them afflict with calamities. (Majlesi, no date, p. 236). He also stated, “ لا يزال البلاء فى ” المومن و المومنه فى جسده و ماله و ولده حتى يلقى الله و ما عليه من خطينه Calamity and entanglement clutches the collars of faithful men and women and they observe shortage in their own assets and bodies or lose their children and these are for this reason that whenever they will be present in the presence of creator, they will have no sins. (Majlesi, no date, p. 236)

Imam Sadegh (A.S.) stated: (Majlesi, no date, p. 237)

ان الله تبارك و تعالى ليعاهد المومن بالبلاء اما بمرض فى جسده او بمصيبه فى اهل او مال او مصيبه من مصائب الدنيا لياجره عليها

Almighty God makes the believers afflicted with calamity or a disease in body or a disaster in the household or assets or a disaster of the world catastrophes so that the believers could be rewarded by that.

Imam Sadegh (A.S.) said: (Majlesi, no date, p. 237)

ان فى الجنة لمنزله لا يبلغها العبد الا ببلاء فى جسده

There is a position in the heaven and nobody will attain it unless he/she has a disease or entanglement in his/her body.

The Messenger of God stated, “ لا تكون مومنا حتى تعد البلاء نعمه و الرخاء محنه لان بلاء الدنيا نعمه فى الاخره و رخاء الدنيا محنه فى الاخره

(Majlesi, no date, p. 237)

A believer should consider a calamity as a grace and consider a grace as a calamity, because entanglement of the world brings the grace of Hereafter and the grace of world will bring about calamities and entanglements in Hereafter.

Imam Bagher (A.S) stated, “ ان المومن بتلى بكل بليه و يموت بكل ميتة الا انه لا يقتل نفسه ” (Majlesi, 1403 A.H, p.7) It is likely that a believer to be afflicted with any calamity and die in any types but will never kill himself/herself.

Distrust towards God. One who commits suicide takes the life which has been granted to him/her by God as the main grantor of life and also His wisdom in giving continuity to life. This action is in opposition with the good trust in God. The Prophet of God (p.b.u.h.) says:

و الذى لا اله الا هو ، لا سحسن ظن عبد مومن بالله الا كان الله عند ظن عبده المومن ، لان الله كريم بيده الخيرات ، يستحيى ان يكون عباده المومن قد احسن به الظن ثم يخلف ظنه و رجاء ، فاحسنوا بالله الظن و ارغبوا اليه (Mohammadi Rayshahri, no date, p. 575)

Oath upon God that there is no God but Allah. Every believer who has a good trust upon God, God also will treat him/her the same, because God is generous and all goodness is under His control and will be ashamed if His believer has a good trust Upon him and He treats the believer opposite to the hope and assumption of the servant. So, have good trust upon God and turn towards Him.

As for the significance of favorable opinion, Imam Ali (A.S.) stated:

حسن الظن راحة القلب و سلامه الدين والبدن

Favorable opinion will cause the tranquility of heart and health of religion and body. This type of thought and interpretation will make an individual have hope in God assistances and a bright future.

2. Disappointment about the graces of God and His power to open the ties: One who commits suicide is disappointed about the divine grace and opening the ties by God, while in Islamic teachings, one of the great sins is to be disappointed on the graces of God. In Surah Zumar, Verse 53, God states: Say,

قُلْ يَا عِبَادِيَ الَّذِينَ أَسْرَفُوا عَلَىٰ أَنفُسِهِمْ لَا تَقْنَطُوا مِن رَّحْمَةِ اللَّهِ إِنَّ اللَّهَ يَغْفِرُ الذُّنُوبَ جَمِيعًا إِنَّهُ هُوَ الْغَفُورُ الرَّحِيمُ

["O My servants who have transgressed against themselves [by sinning], do not despair of the mercy of Allah. Indeed, Allah forgives all sins. Indeed, it is He who is the Forgiving, the Merciful."]

3. Sense of inner absurdity: One who attempts to commit suicide feels vain inside. This status is opposite to the sense of religious people who consider themselves under the support and multilateral favors of God and have a deep assurance, peace and spiritual joy.

They consider the God as the source of goodness and blessing. The religious human believes that having enjoyed faith, it is possible to bear the difficulties and consider it as an introduction to attain perfection. They consider the God as their supporters and are assured that the incidents and events of the age are transient and will be rewarded for their patience. Such an individual is not facing distress due to unfavorable incidents and failures and does not think about suicide.

4. *Suicide In Psychology And Explaining Models*

In psychology, different studies have been conducted on the relationship between impulsivity and suicide and it has finally led to five different models in order to elaborate this relationship: Personality mole and style of emotion focused coping, idea to practice framework, integrated conceptual model, addiction to suicide model and the three-steps theory model for suicide and suicide risk. In the continuation of this study, all mentioned models will be discussed.

A. Personality model and emotion focused coping

Personality disorders in particular personality disorders of Type B as a part of psychotherapy disorders are the identified risk factors for suicide. (Nock et al, 2008, pp. 133-54) It is estimated that more than 30 percent of individuals who die as a result of suicide and about 40 percent of individuals who attempt to commit suicide and about 50 percent of the psychotherapy patients who lose their lives due to suicide suffer from Borderline Personality Disorder (BPD) . (Ibid)

The main structure in BPD which has a connection with the suicidal behavior is impulsivity. Impulsivity and aggression as two main personality attributes in the individuals who had the record of suicide attempt significantly are greater than those who are in lack of suicide attempt. In general, BDP and impulsivity along with aggression are among the strong forecasters of suicide. (Maloney E. et al, 2009, pp 16-21) According to the existing studies, the impulsive individuals have a greater tendency to experience the provocative and painful incidents and this situation leads to their habituation with fear and pain and finally causes the creation of capacity to be involved in suicidal behaviors (Bender et al, 2011, pp. 301-7).

The coping style of a person with stressing situations is another component which can be in connection with the mental distresses. Coping style is applied to the efforts which is made by a person to change the stressful situation or the situations which in his/her view are suffering. (Rothmann & Van Rensburg, 2002, vol. 28) In general, coping styles are divided into two categories of Problem Focused Style and Emotion Focused Style (Marty & Segal, & Coolidge, 2010, pp 1015-23).

In the Problem Focused Style, a person is working on stressful situations and in this way, he/she reduced the suffering effects resulting from the situation over oneself. Manipulating the stressful situation, identifying the ways to solve the problem and seeking social support are some samples of actions in the Problem Focused Style. In Emotion Focused Style, a person is seeking to adjust the emotional responses to the stressful situations (Marty & Segal, & Coolidge, 2010, pp 1015-23).

In the Emotion Focused Style, a person is pursuing to reduce the emotional effects of stressful incidents with the help of methods such as relaxation, using alcohol and drugs, social activities or defensive mechanisms. (Rothmann & Van Rensburg, 2002, vol. 28). Different studies show that the Emotion Focused Style is specified by denying and avoiding the problems and has a negative relationship with mental health. But in the Problem Focused Style, an individual face with the problem actively and it has a positive relationship with the mental health (Lee Y.S., S. Suchday and Wylie-Roset, 2012, pp 174-85).

Researches show that using the Problem Focused Style has a negative relation with the suicidal ideations and some of the psychological problems such as emotional fatigue and psychological disorders. Researchers believe that the suicidal behaviors might be a type of coping method with emotional discomforts. Different studies show that the intentional self-harm and suicidal ideation have been mostly observed among those who employ the Emotion Focused Style.

So, in summary, in elaborating the causes of suicide in the individuals afflicted with the personality disorder, a few points can be mentioned:

First of all, various types of personality disorders have a relationship with negative emotions intensively and these individuals are seeking a way to release from painful emotions. Also these individuals might use different methods to reduce their own mental pains including the drug abuse or self-harm.

The frequent self-harm and drug abuse both are risk factors in suicide attempts. Another elaboration for the causes of suicidal attempts for the individual affiliated with the personality disorder of cluster B is impulsivity. The impulsive individual has an inclination to do an action without thinking and without considering the consequences of that action.

Having this feature, it increases the suicide risks in these individuals. (Trull et al, no date, pp. 235-53)

Different studies indicate that there is a significant relationship between Borderline Personality Disorder, Impulsivity and Emotion Focused Style Coping with the suicidal behaviors.

B. Idea to Action Framework (Model)

Though factors such as impulsivity, depression, disappointment and many mental disorders which are put forth as the risk factors for suicidal behaviors in the individual with suicide attempts are more than other individuals of the population in average, but the intensity of these factors among the individual who had committed suicide at least for a once and those who had only had the idea of suicide, are significantly different (Klonsky & May, 2014, pp. 1-5).

In other words, when it is specified that an individual has a suicide ideation, the assessment of depression, disappointment, impulsivity and mental disorders in him/her will not make a noticeable help with the possibility of suicide actions. This is a very important issues, because most of the individuals who has a suicide idea in mind, will not attempt to suicide. Findings of different studies have led to the proposal of Idea to Practice Framework.

In the perspective of Idea to Practice, the suicide forecasting factors are classified based on the rate of the risk of suicide ideations and also the risk rate of attempt to suicide in the individual with suicide ideation. For example, it has been specified that depression, disappointment, impulsivity and mental disorders mostly are put forth as forecasters of suicide ideation. (Kessler & Walters, 1999, pp.617-26) (Apter et al, 2001, pp 70-75), (Rudd, Joiner and Rajad, 1996, p. 541).

Oppositely, it seems that the indifference and reduction of sensitivity to pain, even in the individuals who had not previous idea to commit suicide, is a strong forecaster for suicide actions, but in the individuals who has only the suicide ideation in mind, it is not considered to be a strong forecaster for suicide attempt (Smith et al, 2010, pp 871-7).

Other risk factors, such as self-harm forecast the emergence of suicide ideas and are strongly related to suicide attempts. (Klonsky & May & Glenn, 2013, pp 231-7). Thus, the conceptual and clinical models based on Idea to Practice Framework can improve to some extent the risk models of suicide and their use to forecast and preventing the suicide.

C. An Integrated Conceptual Model

According to the existing standards of care and treatment, the evaluation and treatment actions in confrontation with the individuals who attempt to suicide is considered an essential issue and these evaluations and cares are in general divided into four categories:

A) Detection, B) Assessment, C) Treatment and D) Care (Rudd & Joiner, 1998, pp 489-98)

This model has noticeable differences from the regular approaches which has existed by that time in connection with suicide in which it connected the trend of treatment to some extent dependent on the decision of therapist and the nature of the individual who was exposed to suicide.

In this model, the risk evaluation and selection of the method of long term care after the individuals who are exposed to suicide is performed in an integrated form during the treatment trend. Factors such as impulsivity and inability in self-control are among the most risk factors in this model.

The treatment process is divided into three stages:

1) Starting stage 2) Middle stage 3) Ending stage.

Each stage has its own specific treatment program (i.e. interference in critical stage, short term interference and long term interference), specific treatment objectives and specific treatment techniques. On this basis, in each phase, the orientation of therapist can be different.

The treatment stages are basically hierarchal and in the process of treatment sessions, each of the mentioned cases allocate specific time frame to themselves. In the starting phase of treatment, usually a greater time is spent on critical interventions. Thus, in primary sessions, a less time is spent on practicing and improving the individual's skills on individual relations, anger management, reduction of impulsive behaviors and bearing the environmental stresses.

However, it seems that in the event that initially the individual skills to be increased, passing the critical phases will be made easier. In the treatment trend, with the increase of individual skills, therapist tries to deal with the reinforcement of increased skills in an individual and stabilizes them in him/her.

Another point which is noticed in this model is that all individuals pave a similar trend, whereas today, we know that different individual factors and even genetic ones can have influence on vulnerability of individual and their capacity to take the treatment.

D. Model of Addiction to Suicide

In 1998, Tullis put forth the theory of addiction to suicide. He said that factors such as the damages of childhood period, mood disorders and diverse addictions can cause the addition of an individual to damaging behaviors. (Mynatt, 2000, pp 24-33). In 2012, Fontecilla et al suggested that the individual with at least 5 times of suicide records, show in fact an addiction-like behaviors. (Blasco Fontecilla et al, 2016, v. 7). It seems that the review of the frequency of suicide attempts in individuals with suicide records is another domain which has not tackled so much.

In 1998, Kreitman and Casey studied more than 3000 cases of suicides. They placed the individuals in three groups. The individuals who had committed suicide only once, the individual who had committed suicide for 2 to 4 times in their life length and those with 4 times of suicide attempts and almost 10 percent of the individuals were placed in the last group. Finally, it was specified that the greater records of suicide in the past is considered to be a stronger forecaster for the suicidal behaviors in the future. (Kreitman&Casey, 1988, pp 792-800). In the first study of the mentioned group, which took place in 2014, they compared the group with more than 4 times of suicide records from the phenotype perspective with the groups with less than four times of suicide attempts. It was specified that in the first group, the disorders in appetite, eating and addition to drugs are seen more than the second group significantly. (Blasco Fontecilla et al, 2014)

In the following study in 2015, it was specified that individuals with more than four times of suicide attempts, are greatly pursuing behaviors which are associated with positive reinforcements, because in one way or another, they feel absurdity and hollowness. In this study, evaluation of individuals by psychotherapist showed that all individual with more than 4 times of suicide attempts and also 93% of the individuals with less than four times of suicide attempts are in a way afflicted with the Axis I [mental] disorders and mostly with Borderline Personality Disorder. However, no significant difference was observed among the groups statistically.

In general, it was specified that the sense of absurdity and hollowness is even greater than Axis 1 [mental] disorders in connection with suicide. (Blasco Fontecilla et al, 2015, pp 117-119). This is a very important issue, because opposite to the previous studies, self-harm, if is not intended for suicide, usually takes place with an objective to remove the negative emotions (negative reinforcement). (Victor, Glenn&Klonsky, 2012, pp 73-77). The study of Fontecilla shows that the high frequency of suicidal behaviors is usually made aiming at highlighting the emotions (positive reinforcement as an example of release from absurdity). However, it should be noticed that in some individuals, first the behaviors along with negative reinforcement is seen and then the behaviors associated with positive reinforcement is seen in them.

In the third study, Fontecilla et al reviewed 118 individuals with the high frequency of suicide attempts. (Hilaruo et al, 2014.) In this study, it has been specified that the individuals with a high frequencies of suicide are in a greater possibility affiliated with the disorders of panic and Borderline Personality Disorder and in general disorders along with impulsivity. Also, employing the 7 standards of addition including forbearance, drug rehabilitation, impulsivity, problems resulting from drug withdrawal, time spending, reduction of general activities and noticeable physiologic/physical consequences, the addiction of individuals with suicidal behaviors were assessed. (Ibid)

Here, it is noticeable to know that individuals afflicted with Borderline Personality Disorder are facing with serious problems in adjusting emotions and this is one of the factors which place them exposed to highly risky behaviors and in particular suicide. (Weiss, Sullivan & Tull, 2015, pp 22-29) The study of Gordon et al (2014) has shown that the individuals afflicted with the Borderline Personality Disorder display risky and impulsive behaviors for eight times more than healthy individuals. This issue is to a great extent resulting from disorder in adjusting emotions in them. (Dixon-Gordon et al ,2014, pp 616-25). Gratz et al also have shown that in the group therapy sessions, the adjustment of emotion can noticeably reduce the risky and damaging behaviors in the individuals afflicted with Borderline Personality Disorder. (Gratz, Levy &Tull, 2012, p. 365-80)

E. Three-step theory model for suicide and suicide risk

The new theory of suicide which in one way or another is placed in the Ideation to Practice Framework is the Three-step Theory (3ST). This theory puts forth three central claims which all of them are in agreement with the available evidences and are supported by the recent findings. (Klonsky&May,2015, pp 114-29) Firstly, the combination of pain and disappointment is something which brings about the ideas of suicide. The nature of pains is not usually specific. Any type of pain which makes the life difficult, irrespective of its source can lead to suicide ideations.

When efforts to live is associated with physical and mental or emotional pains, the individual will try to release from these pains in any ways and one of the most prevailing ways ahead is to put an end to one's own life. In addition, if this experience of pain is associated with disappointment (this belief that the individual will never release from pain), then the suicide ideations will start. However, if an individual is hopeful that his/her situation might improve, he/she will continue his own life. In fact, if pain and disappointment are associated with each other, they can cause the emergence of suicide ideation in an individual. (May & Klonsky, 2013, pp 532-46)

Anestis et al based on Joiner studies who has suggested that for a suicide attempt leading to death, the person should have the capacity for that behavior, presented a model for suicide. (Joiner, 2007) They proposed that the pain and fear of death are put forth as obstacles for suicide attempt and some of these experiences can permit the individuals to bear the pain and overcome the fear of death. These experiences have been put by Joiner as painful and provocative incidents and include different experiences and incidents such as being exposed to violation, damages resulting from suicide and drug abuse.

Anestis et al have suggested that impulsivity has connection with suicide indirectly. It is such that it facilitated bearing the pains and exposing to painful incidents for an individual. (Anestis et al, 2014, pp 366-86) In other words, studies have shown that the provocative and painful incidents establish connection between impulsivity and suicide. Thus, it seems that opposite to today clinical beliefs, the rate of impulsivity is not considered a suitable factor for forecasting the possibility of suicide in individuals.

More precisely, recent studies suggest that it is the combination of pain and disappointment which matters in patients. It is such that the results show that if one of the two factors of pain or disappointment is intensive and the other one is not so intensive, then the risk of emergence of suicide ideation is insignificant. Oppositely, if both of the mentioned factors are intensive and noticeable, then the risk of emergence of suicide ideations increases intensively. (Burke& Alloy, 2016, pp 26-30) On the other side, the 3ST Model suggests that connection to life, job, or dependency and interest in companions can prevent from the ideations of suicide seriously. However, if pain moves beyond a certain threshold, it will overcome the connection and dependency.

Studies show that connection to life and life and dependency upon the companions can modify the risk of emergence of suicide ideations and studies in this connection have not confirmed the relationship among these factors. (Ibid) Finally, 3ST Model states that the strong suicide ideation will lead to suicide attempt only if they could create the capacity to action in an individual.

Three specific groups of variables are involved in creating the capacity of suicide attempt. Dispositional, Acquired and Practical variables. The recent studies show that these three variables, even when the factors related to suicide ideations are not considered, can be used in forecasting the suicide behaviors. (Smith et al, 2012, pp 60-65). Dispositional variables like rate of sensitivity to pain, are mainly determined by genes. For example, a person who is born with a low threshold of pain, might take a suicide attempt in a higher possibility. In fact, the recent studies of Smith et al show that the capacity to take action for suicide can dependent on genetic factors to a great extent. The acquired variables are in fact the experiences related to pain, fear and death and gradually can increase the capacity of action for suicide in individuals. The practical variables are the variables which facilitate the action for suicide. These factors in general are related to the rate of awareness of death and its acceptance. Various ways have been identified to increase the practical capacity of suicide in individuals. Each of these dispositional, acquired and practical factors, in their turn play a role in capacity for a suicide attempt and in fact, an individual with a strong suicide ideation will take action only if these three factors are high in him/her noticeably.

One of the reasons which has converted 3ST into a useful model is that this model can be used in clinical issues considerably. For example, this model suggests that in order to reduce the risk of suicide, the clinical experts can reduce the pain, keep hope in the patient and establish connection to life and companions. Though this domain is in need of further studies, but at the present time, this model is put forth as one of the most perfect models in forecasting the risk of suicide in individuals with suicide ideas and it has been confirmed in many studies.

Discussion and Conclusion

Suicide in the perspective of Islam is one of the capital sins. One who believes in metaphysics and does not consider the creation system limited to the world, does not feel loneliness in the darkest moments of life and sees the God to be always besides himself/herself. According to the Islamic teachings, the presence of problems in life is a kind of divine test to grow humans. If humans be assured that all affairs of the universe are administrated by the divine wisely expediency, they can easily face with the difficulties of the age and have no sense of disappointment, because they see the God as their protectors. They are assured that these incidents and events are transient and they will be rewarded for their patience. One who makes a suicide attempt has mistrust towards the life-granting and wisdom God in continuity of life and feels hollow inside. The faithful human believes that through faith, it is possible to bear the hardships and consider it as an introduction to achieve perfection.

Though many studies in psychology have shown that impulsivity and impulsive behaviors are the main core of many mental disorders such as Attention deficit hyperactivity disorder, personality disorder, learning disorder, conduct disorder, impulse control disorder and drug abuse, but despite the present regular beliefs, many researches show conflicting results in connection with impulsivity and suicide. Thus, it can be said that impulsivity is not considered a reliable forecaster for suicidal actions. Though the confirmation of this subject-matter is in need of further studies. The future studies based on the Ideation to Practice Model should focus on the rate of relationship between impulsivity and suicide and review the impact of impulsivity on pain and disappointment which is in one way or another connected with the suicide ideations.

Therefore, perhaps a broader and more accurate review of factors such as pain and disappointment, rate of connection to life and dependency upon others and the capacity of an individual to make a suicide attempt could better identify the suicide forecasting factors.

References

- Allah Yazdi Tabatabaei , Beirut, Dar Tabarsi , Fazl ibn Hassan, 1408 A.H.,Majmal al Bayan fi Tafsir al Quran , Edited by Hashem Rasuli and Fazl al Marifa , Volume 3, p. 59.
- Allah Yazdi Tabatabaei, Beirut, Dar Tabarsi, Fazl ibn Hassan, 1408 A.H., Majma al Bayan fi Tafsir al Quran, Edited by Hashem Rasuli and Fazl al Marifa, volume 3, p. 59.
- Anestis, M.D., et al., Reconsidering the link between impulsivity and suicidal behavior. *Personality and Social Psychology Review*, 2014. 18(4): p. 366-386.
- Anestis, M.D., et al., Reconsidering the link between impulsivity and suicidal behavior. *Pers Soc Psychol Rev*, 2014. 18(4): p. 366-86.
- Apter, A., et al., Relationship between self-disclosure and serious suicidal behavior. *Comprehensive Psychiatry*, 2001. 42(1): p. 70-75.

- Asgari Reza, Khadri Khanabadi, Abdulreza, Salehi, Seyed Mehdi, 2014, Prohibition of Suicide in the Quran and Tradition and the Quranic Approaches to Prevent from It, The Holy Quran Interdisciplinary Researches, Spring and Summer, Year Five, No. 1, pp. 103-130.
- Bagge, C.L., A.K. Littlefield, and H.J. Lee, Correlates of proximal premeditation among recently hospitalized suicide attempters. *J Affect Disord*, 2013. 150(2): p. 559-64.
- Bender, T.W., et al., Impulsivity and suicidality: the mediating role of painful and provocative experiences. *J Affect Disord*, 2011. 129(1-3): p. 301-7.
- Blasco-Fontecilla, H., et al., A Cross-Sectional Study of Major Repeaters: A Distinct Phenotype of Suicidal Behavior. *The Primary Care Companion for CNS Disorders*, 2014. 16(4): p. 10.4088/PCC.14m01633.
- Blasco-Fontecilla, H., et al., Horror Vacui: Emptiness Might Distinguish between Major Suicide Repeaters and Nonmajor Suicide Repeaters: A Pilot Study. *Psychother Psychosom*, 2015. 84(2): p. 117-119.
- Blasco-Fontecilla, H., et al., The Addictive Model of Self-Harming (Non-suicidal and Suicidal) Behavior. Vol. 7. 2016.
- Brezo, J., et al., Identifying correlates of suicide attempts in suicidal ideators: a population-based study. *Psychol Med*, 2007. 37(11): p. 1551-62.
- Bryan, C.J. and M.D. Rudd, Advances in the assessment of suicide risk. *J Clin. Psychol.*, 2006. 62(2): p. 185-200.
- Burke, T.A. and L.B. Alloy, Moving Toward an Ideation-to-Action Framework in Suicide Research: A Commentary on May and Klonsky (2015). *Clinical psychology: a publication of the Division of Clinical Psychology of the American Psychological Association*, 2016. 23(1): p. 26-30.
- Diagnostic and Statistical Manual of Mental Disorders V. 2013, Washington, DC: American Psychiatric Press.
- Dixon-Gordon, K.L., et al., A Preliminary Examination of the Role of Emotion Differentiation in the Relationship between Borderline Personality and Urges for Maladaptive Behaviors. *J Psychopathol Behav Assess*, 2014. 36(4): p. 616-625.
- Elmi, Ghorban, Shavarani, Masoud, 2012, Function of Islamic Beliefs and Rituals in Reducing the Suicidal Bed Ground, *Islamic Philosophy and Theology Quarterly, Mirror of Knowledge, Years Ten, No. 32*, pp. 163-189.
- Gharati, Mohsen, 2007, The Quranic Questions and Answers, Cultural Center for Lessons from the Quran, Volume 2, p. 115.
- Golab Baksh, Maryam, Kazemi Afshar, Hajar, 2014, Suicide, *Encyclopedia of the World of Islam, Volume 16*.

- Gratz, K., R. Levy, and M. Tull, Emotion Regulation as a Mechanism of Change in an Acceptance-Based Emotion Regulation Group Therapy for Deliberate Self-Harm Among Women with Borderline Personality Pathology. Vol. 26. 2012. 365-380.
- Hashemi Rafsanjani, Akbar, 2004, The Quran Culture, A Key to Access to the Holy Quran Subjects and Concepts, Qom, Bustan-e Kitab , Volume 11, p. 350.
- Hilario, B.-F., et al., Are Major Repeater Patients Addicted to Suicidal Behavior? *Adicciones*, 2014. 26(4).
- Hosseini Tehrani, Mohammad Hossein, 1427 A, H, The Quran Heaven Light, Holy Mashhad, Allameh Tabatabaei , volume 1, p. 163.
- Jafarzadeh, Jafar, Ari, Mahmoud, Abulhoseini, Ali Abkar, Alitabar Firuzjaei, Mohammad Bagher, 2007, Evidence of Prohibition of Suicide and its Position in Penal Laws of Iran, *Islamic Jurisprudence and Laws Researches*, No., 49, pp 57-70.
- Joiner, T., *Why People Die by Suicide*. 1 ed. 2007, USA: Harvard University Press.
- Kessler, R.C., G. Borges, and E.E. Walters, Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. *Archives of general psychiatry*, 1999. 56(7): p. 617-626.
- Klonsky, E.D. and A. May, Rethinking impulsivity in suicide. *Suicide Life Threat Behav*, 2010. 40(6): p. 612-9.
- Klonsky, E.D. and A.M. May, Differentiating suicide attempters from suicide ideators: a critical frontier for Suicidology research. *Suicide Life Threat Behav*, 2014. 44(1): p. 1-5.
- Klonsky, E.D. and A.M. May, The Three-Step Theory (3ST): A New Theory of Suicide Rooted in the "Ideation-to-Action" Framework. *International Journal of Cognitive Therapy*, 2015. 8(2): p. 114-129.
- Klonsky, E.D., A.M. May, and C.R. Glenn, The relationship between nonsuicidal self-injury and attempted suicide: converging evidence from four samples. *J Abnorm Psychol*, 2013. 122(1): p. 231-7.
- Kreitman, N. and P. Casey, Repetition of parasuicide: an epidemiological and clinical study. *Br J Psychiatry*, 1988. 153: p. 792-800.
- Lane, S.D. and D.R. Cherek, Analysis of risk taking in adults with a history of high risk behavior. *Drug Alcohol Depend*, 2000. 60(2): p. 179-87.
- Lee, Y.S., S. Suchday, and J. Wylie-Rosett, perceived social support, coping styles, and Chinese immigrants' cardiovascular responses to stress. *Int J Behav Med*, 2012. 19(2): p. 174-85.
- Majlesi, Mohammad Bagher, Bihar al Anwar, Dar al Ehya al Torath, Volume 64, p. 236.
- Majlesi, Mohammad Bagher, Bihar al Anwar, Dar al Ehya al Torath, Volume 64, p. 236.
- Majlesi, Mohammad Bagher, Bihar al Anwar, Dar al Ehya al Torath, Volume 64, p. 237.

- Majlesi, Mohammad Bagher, Bihar al Anwar, Dar al Ehya al Torath, Volume 64, p. 237.
- Majlesi, Mohammad Bagher, Bihar al Anwar, Dar al Ehya al Torath, Volume 64, p. 237.
- Majlesi, Mohammad Bagher, 1403 A.H., Bihar al Anwar, Moasesat al Vafa, Volume 56, p. 7.
- Maloney, E., et al., Impulsivity and borderline personality as risk factors for suicide attempts among opioid-dependent individuals. *Psychiatry research*, 2009. 169(1): p. 16-21.
- Mann, J.J., et al., Toward a clinical model of suicidal behavior in psychiatric patients. *Am J Psychiatry*, 1999. 156(2): p. 181-9.
- Marty, M.A., D.L. Segal, and F.L. Coolidge, Relationships among dispositional coping strategies, suicidal ideation, and protective factors against suicide in older adults. *Aging Ment Health*, 2010. 14(8): p. 1015-23.
- May, A.M. and E.D. Klonsky, Assessing motivations for suicide attempts: development and psychometric properties of the inventory of motivations for suicide attempts. *Suicide Life Threat Behav*, 2013. 43(5): p. 532-46.
- Mohammadi Ray Shahri, Mohammad, Mizan al Hikmah, Volume 2, p. 5.
- Mohammadi Ray Shahri, Mohammad, Mizan al Hikmahj, Volume 6, p. 575.
- Mynatt, S., Repeated suicide attempts. *J Psychosoc Nurs Ment Health Serv*, 2000. 38(12): p. 24-33.
- Nock, M.K., et al., Suicide and suicidal behavior. *Epidemiol Rev*, 2008. 30: p. 133-54.
- Reynolds, B., et al., Dimensions of impulsive behavior: Personality and behavioral measures. *Personality and individual differences*, 2006. 40(2): p. 305-315.
- Rezaei Isfahani, Mohammad Ali, 2008, *The Interpretation of the Affectionate Quran*, Qom, *The Quran Commentaries and Sciences Researches*, Edition 1, volume 4, p. 106.
- Rothmann, S. and P. van Rensburg, Psychological strengths, coping and suicide ideation in the South African Police Services In The North West Province. *SA Journal of Industrial Psychology*; Vol 28, No 3 (2002) DO - 10.4102/sajip. v28i3.64, 2002.
- Rudd, M.D. and T.E. Joiner, Jr., An integrative conceptual framework for assessing and treating suicidal behavior in adolescents. *J Adolesc*, 1998. 21(4): p. 489-98.
- Rudd, M.D., T. Joiner, and M.H. Rajad, Relationships among suicide ideators, attempters, and multiple attempters in a young-adult sample. *Journal of abnormal psychology*, 1996. 105(4): p. 541.
- Sareen, J., et al., Anxiety disorders and risk for suicidal ideation and suicide attempts: a population-based longitudinal study of adults. *Arch Gen Psychiatry*, 2005. 62(11): p. 1249-57.

- Smith, A.R., et al., An examination of environmental and genetic contributions to the determinants of suicidal behavior among male twins. *Psychiatry Research*, 2012. 197(1-2): p. 60-65.
- Smith, P.N., et al., The acquired capability for suicide: a comparison of suicide attempters, suicide ideators, and non-suicidal controls. *Depress Anxiety*, 2010. 27(9): p. 871-7.
- Suicidology, A.A.o., Risk factors for suicide and suicidal behaviors. Portal of American Association of Suicidology, 2013.
- The Holy Quran.
- Trull, T.J., et al., Borderline personality disorder and substance use disorders: a review and integration. *Clin Psychol Rev*, 2000. 20(2): p. 235-53.
- Victor, S.E., C.R. Glenn, and E.D. Klonsky, Is non-suicidal self-injury an "addiction"? A comparison of craving in substance use and non-suicidal self-injury. *Psychiatry research*, 2012. 197(1): p. 73-77.
- Weiss, N.H., T.P. Sullivan, and M.T. Tull, Explicating the role of emotion dysregulation in risky behaviors: A review and synthesis of the literature with directions for future research and clinical practice. *Current opinion in psychology*, 2015. 3: p. 22-29.
- Whiteside, S.P. and D.R. Lynam, The five factor model and impulsivity: Using a structural model of personality to understand impulsivity. *Personality and individual differences*, 2001. 30(4): p. 669-689.
- Witte, T.K., et al., "Impulsive" youth suicide attempters are not necessarily all that impulsive. *J Affect Disord*, 2008. 107(1-3): p. 107-16.
- Witte, T.K., et al., "Impulsive" youth suicide attempters are not necessarily all that impulsive. *J Affect Disord*, 2008. 107(1-3): p. 107-16.
- Wyder, M. and D. De Leo, Behind impulsive suicide attempts: Indications from a community study. *Journal of affective disorders*, 2007. 104(1): p. 167-173.

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal. This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).