



Suicidal ideation in an adolescent clinical sample: attachment patterns and clinical implications

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This study investigated the relationship between attachment patterns and suicidal ideation in a clinical sample of adolescents. Participants ($n=116$) were assessed on level of current ideation through self-report questionnaires. Lethality of methods contemplated was also rated on a subset of the sample ($n=16$) who, in addition to endorsing current suicidal ideation, presented a plan on a diagnostic interview. Quality of attachment to care-givers based on a semi-structured clinical interview was assessed using Bartholomew's two-dimensional, four-category model of attachment. Categorical analyses indicated that youth with predominantly fearful or preoccupied attachment were more likely to endorse suicidal ideation than were predominantly secure or dismissing youth. Severity of suicidal ideation was positively correlated with ratings of fearfulness and negatively correlated with ratings on the secure and dismissing patterns. Greater lethality in methods of contemplated suicide was positively correlated with preoccupied tendencies. The importance of attachment theory for understanding the factors underlying suicidal ideation in troubled youth is discussed and implications for therapeutic intervention are presented.

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Introduction

Statistics based on the past 30 years indicate that, by and large, youth suicide is on the rise. Researchers have documented increases in suicide rates among 15- to 19-year-olds ranging from 142% (Allberg and Chu, 1990) to 312% (Fingerhut and Kleinman, 1988). The frequency of attempts has been estimated to be five times greater than that of completed suicides, such that approximately 65 adolescent attempts are made each day in the United States (Henry *et al.*, 1993). A 1990 survey reported that 27% of American high school students thought about suicide, 16% developed a plan, and 8% made an attempt (cited in Rotheram-Borus *et al.*, 1994). The prevalence of adolescent suicidality is even higher in special populations, including psychiatric in- and outpatients (Martunen *et al.*, 1991) and gay youth (Savin-Williams, 1994).

These statistics underscore the need for clinicians to be aware of the potential for suicidality in adolescence and to have an understanding of its contributing factors. Studies have identified Axis I psychiatric conditions in at least 90% of adolescent suicide victims, indicating that these individuals commonly exhibit comorbid psychiatric disorders (Brown *et al.*, 1991; Brent *et al.*, 1994). In addition, Cluster B and C personality disorders (Brent *et al.*, 1994), as well as a myriad of intra- and extrapersonal factors, such as poor self-esteem, loneliness (De Wilde *et al.*, 1993), previous suicide attempts (Pfeffer *et al.*, 1994b), physical and sexual abuse (Bayatpour *et al.*, 1992), loss of a family member

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(Marttunen *et al.*, 1994), and parental psychopathology and suicidal behavior (Pfeffer *et al.*, 1994a) have been identified as a characteristic of suicidal youth.

Contribution of attachment theory

The bulk of research on suicidality in adolescents has been valuable in assisting in the identification of high-risk youth. Nonetheless, this literature provides relatively little understanding of the motivational factors that contribute to adolescent suicidality. Such an understanding could be valuable to clinicians in the tailoring of therapeutic interventions. Attachment theory (Bowlby, 1973, 1980, 1982), which emphasizes the importance of clarifying the psychological context and meaning of behavior, is a promising approach to working with suicidal adolescents. From an attachment perspective, suicidal gestures may be conceived as features of a more general underlying problem related to the development and maintenance of attachment.

A fundamental principle of attachment theory is that parental attunement and responsiveness to the child's emotional signals provides a critical context for the child's organization of affective experience (Sroufe and Waters, 1977). Bowlby's ethological theory of attachment posits that the child's biologically determined goal is to maintain a feeling of security. However, the specific strategies employed toward this end are expected to vary according to the individual's history of managing distress with attachment figures. If the attachment figure is available and responsive to the child's distress signals, then distress will likely be regulated with coping strategies that involve active seeking of comfort from that attachment figure. In conditions where the care-giver tends to be unavailable, rejecting, or inept at comforting the child, distress may come to be associated with negative outcomes, and alternative styles of coping with distress may subsequently evolve. Theoretically, failure to be comforted is expected to lead to anxiety or anger (Bowlby, 1973). Research on infant behavior in a laboratory setting referred to as the Strange Situation has provided evidence for the use of different strategies for regulating distress (see Ainsworth *et al.*, 1978).

Another basic premise of attachment theory is that attachment relationships continue to be significant throughout the life span. To explain this, Bowlby proposed the notion of "internal working models" that are developed based on the internalization of relationships with primary care-givers. He identified two critical aspects of internal working models: perceptions of the self (i.e. whether the self is perceived as worthy of receiving comfort and support in times of stress) and of others (i.e. how willing and able others are of rendering such care). These largely unconscious internal representations of attachment relationships provide the individual with guidelines for the personal appraisal of experience and the regulation of affect and behavior in a variety of social situations.

Drawing upon the work of Bowlby, Bartholomew (1990) developed and validated a model of individual differences in adult attachment representations. The intersection of two underlying dimensions of hypothetical internal working models, positivity of the Self (i.e. the degree of self-worth *vs.* anxiety and dependency on other's approval) and positivity of Other (i.e. the degree to which one tends to seek out or avoid closeness in relationships), yields four prototypic patterns: secure, preoccupied, fearful, and dismissing (see Figure 1). Based on interviews in which participants describe their experiences and feelings with respect to their family, individuals are rated according to how closely they correspond to each of the theoretical attachment prototypes. A person who is rated

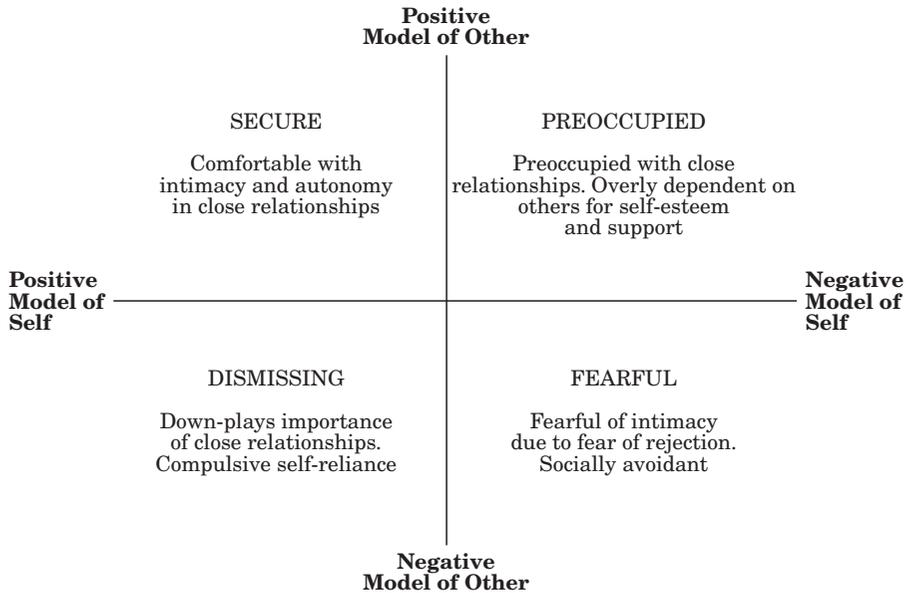


Figure 1. Bartholomew's two-dimensional, four-category model of adult attachment. (Figure provided courtesy of Kim Bartholomew.)

high on the secure style, for example, is one who indicates a positive view of the self (i.e. worthy and loveable) and a positive expectation of others (i.e. trustworthy and accepting). The secure pattern is typified by a capacity for intimacy while maintaining personal autonomy. In contrast, the fearful pattern is characterized by anxiety concerning loss and rejection in close relationships, resulting in withdrawal from intimacy. The preoccupied pattern is also characterized by anxiety in close relationships; however, preoccupation is associated with the active pursuit of closeness and reassurance from others. Finally, the dismissing pattern is typified by high self-esteem and a defensive maintenance of autonomy and distance in relationships.

Previous research has supported the construct validity (Griffin and Bartholomew, 1994a) and reliability of attachment patterns over a 2-year period (Scharfe and Bartholomew, 1994). Recently, this model has been validated on a clinical sample of adolescents (Scharfe, 1997). Bartholomew's model is advantageous in providing continuous ratings of theoretically discrete attachment prototypes, thus yielding an attachment profile for each individual. This allows the complexity of an individual's attachment organization to be captured and facilitates the examination of the relationship between the four attachment prototypes and other variables of interest (Griffin and Bartholomew, 1994b). Attachment classifications can also be assigned, thus allowing findings to be compared to other models that adopt a categorical approach (e.g. Main's Adult Attachment Interview, AAI; Main and Goldwyn, 1994). For example, good correspondence has been found between Bartholomew's and AAI coding systems with respect to secure, preoccupied, and dismissing classifications which are common to both systems (Bartholomew and Shaver, in press).

The limited literature to date examining the role of attachment organization in adolescent suicidality suggests that attachment representations may be helpful in distinguishing among a high-risk sample those at the greatest risk for suicidality (Adam, 1994). A recent study conducted by Adam and colleagues (1996) on adolescents in psychiatric treatment examined the overlap between a history of suicidal behavior and specific attachment patterns as assessed by the AAI. They hypothesized that youth who had failed to resolve attachment-related trauma (e.g. death of a parent, or abuse or separation from a parent), as evidenced by their disorganization in reasoning when discussing the trauma, would be more likely to have a history of suicidal behavior. They also predicted that preoccupied youth would be more likely than dismissing youth to have a history of suicidality. Results confirmed these predictions and showed that the preoccupied status, in interaction with unresolved-disorganized attachment, was significantly associated with a history of suicidality, whereas dismissing attachment was associated with an absence of such history in youth.

The goal of this study was to examine current suicidal ideation in a sample of clinic-referred adolescents using Bartholomew's attachment framework. We chose to focus our investigation on suicidal ideation because our clinical experience with this population indicates that this is a relatively common phenomenon that frequently must be addressed in providing therapeutic care for these youth. This focus is also supported by the findings of recent epidemiological research that the vast majority (i.e. 88%) of adolescent suicide attempts are premeditated, that suicidal ideation is a strong predictor of future suicide attempts even after controlling for its association with current depression, and that the presence of any degree of suicidal ideation serves as a risk factor for future attempts, with level of the risk augmenting linearly as a function of the intensity and duration of suicidal ideation (Lewinsohn *et al.*, 1996).

Like Adam *et al.*, we expected that preoccupied tendencies would be associated with a greater likelihood of youth endorsing suicidal ideation and that secure and dismissing tendencies would be associated with an absence of suicidal ideation. Based on Bartholomew's model, we also predicted that fearfulness would be associated with the expression of suicidal wishes. This prediction was based on the fact that, like predominantly preoccupied youth, youth with highly fearful tendencies hold a negative view of self. We also explored the potential relationship between the lethality of imagined suicide plans and patterns of attachment on a portion of the sample who reported a suicidal plan.

Method

Participants

Participants were recruited from a government-funded, provincial mental health facility in Burnaby, British Columbia, Canada. Adolescents who are referred from communities across the province of British Columbia reside at this facility for 1 month where they undergo multi-disciplinary assessments (see Holland *et al.*, 1993; or Moretti *et al.*, 1994, for a more detailed description of the assessment program). The single criterion for referral is the presence of severe conduct problems. Approximately 85% of youth meet criteria for conduct disorder; however, youth typically present with a wide range of

difficulties and frequently meet criteria for more than one psychiatric diagnosis (Reebye *et al.*, 1995; Moretti *et al.*, 1997). Youth with previously documented intellectual deficiencies are excluded from the program. At the end of the assessment period, youth typically return to their respective communities and guidelines are provided to care-givers and case managers to facilitate the youth's care.

Participants included 116 consecutive admissions (73 males and 43 females), between the ages of 10 and 17 years ($M=13.5 \pm 1.4$ years), to the facility over two periods of data collection including December 1993 through August 1994, and January through February 1995. At admission, approximately 57% of adolescents resided with their natural parents, 5% resided with their adoptive parents, 1% lived with a relative, 31% were in foster care, and 6% were in other care facilities such as group homes. Intellectual functioning based on the Wechsler Intelligence Scale for Children—Third Edition (WISC-III; Wechsler, 1991) ranged from 70 to 113 ($M=92.1 \pm 12.0$). There were no significant differences between males and females in age, $t(114) = -1.62$, n.s. mean IQ score, $t(70) = 0.86$, $p = \text{n.s.}$, living arrangement, $\chi^2(4, n = 108) = 7.22$, n.s. or geographic referral region, $\chi^2(4, n = 115) = 5.18$, n.s.

Sample representativeness. This sample represents 92.6% of adolescents admitted to the facility during the time of the study ($n = 126$). Reasons for excluding youth included findings of previously undetected significant intellectual deficiencies or technical difficulties resulting in no available attachment interview. Analyses comparing this sample to this facility's population between January 1989 through November 1993, and September through December 1994 ($n = 568$) revealed no significant differences in age upon admission, male to female ratio, intellectual functioning based on the mean or distribution of WISC-III full scale IQ scores, living arrangement, or geographic region from which they were referred. In addition, the current sample did not significantly differ from previous referrals in the mean levels of internalizing and externalizing symptoms endorsed on a variety of parent and self-report measures. Thus, on the basis of available information, this sample is deemed to be representative of the clinic-referred population at this provincial mental health adolescent facility.

Measures

Attachment. Semi-structured psychological intake interviews, modified in collaboration with Kim Bartholomew and Elaine Scharfe to address adolescents' attachment experiences with care-givers, were conducted with each youth within the first 2 weeks of admission by a clinical psychologist and assistant. Audiotaped recordings of these interviews were coded by Elaine Scharfe and Shanna Trinke using Bartholomew's (1990) attachment framework. Both raters had undergone over 200 hours of training with Kim Bartholomew and had extensive experience in applying the coding system to various normative and clinical samples prior to this study. Youth's degree of correspondence to each of four prototypic attachment patterns (secure, fearful, preoccupied, and dismissing) was rated on a 9-point scale. Alpha coefficients indicated that inter-rater reliability was good ($\alpha = 0.81, 0.80, 0.83, \text{ and } 0.88$ for secure, fearful, preoccupied, and dismissing patterns, respectively). The highest of the four ratings was used to identify youth's predominant attachment style, thus yielding a categorical measure of attachment.

Suicidal ideation. Severity of suicidal wish was assessed through the Youth Self Report of the Ontario Child Health Study Scales (YSR; Offord *et al.*, 1987) and the Beck Depression Inventory (BDI; Beck *et al.*, 1961). These measures were completed by youth within the first week of admission as part of a standard psychological assessment procedure.

The YSR is a modified version of the Child Behavior Checklist (Achenbach and Edelbrock, 1981) that was constructed to estimate the presence and severity of symptoms that mirror DSM-III-R (American Psychiatric Association, 1987) criteria for six of the common childhood and adolescent disorders, including conduct disorder, oppositional defiant disorder, attention-deficit hyperactivity disorder, overanxious disorder, separation anxiety disorder, and depression. This measure is normed on a large community sample of Ontario youth and has good psychometric properties (Boyle *et al.*, 1993). Respondents are asked to rate how true each item is of their experience in the past 6 months on a 0–1–2 scale (from *never* to *very often*). Youth's total response across two items (i.e. item 26, "I feel hopeless" and item 36, "I think about killing myself") yielded a subscale which was used as an estimate of suicidal ideation within the past 6 months.

The BDI is a 21-item self-report questionnaire that assesses the presence of symptoms and attitudes related to depression within the past 2 weeks. It is the most widely used self-report measure for depression and has high internal consistency (Beck *et al.*, 1988). Each item contains several self-evaluative statements that can be rated from 0 to 3 in terms of intensity. Two items addressing hopelessness about the future (item 2), and thoughts about killing oneself (item 9) were tallied for each youth, representing a measure of suicidal ideation within the past 2 weeks.

In addition, lethality of method was assessed on a subset of the sample ($n=16$) who were administered the Diagnostic Interview of Childhood and Adolescence–Revised (DICA-R; Reich *et al.*, 1991) and who, in addition to endorsing current suicidal ideation in the interview and on their questionnaires, admitted to having contemplated a plan. This subsample of youth represents 24.6% of the total group ($n=65$) who participated in this interview as part of a study described elsewhere (Reebye *et al.*, 1995). These youth were comprised of nine males and seven females with a mean age of 13.7 ± 1.5 years. The DICA-R was administered by either a psychiatrist or trained research assistant, Jocelyne Lessard, within the first 2 weeks of admission and audiotaped for research purposes. Lethality of contemplated method was rated on a 3-point scale from low, moderate, to high based on criteria that included specificity of the plan, how quickly enactment of a plan could produce death, availability of proposed means, and proximity of helping resources (Sommers-Flanagan and Sommers-Flanagan, 1995). In cases where more than one plan or attempt was presented, each event was rated separately and used to tabulate an average lethality of contemplated method score. The mean rating of lethality was 1.85 ± 0.78 . There was no sex difference in mean ratings of lethality, $t(14) = -0.53$, n.s.

Results

Sex differences on attachment and suicidal characteristics in the overall sample
Females on average reported higher levels of suicidal ideation than did males on both the YSR, $t(112) = -3.89$, $p < 0.001$, and BDI, $t(101) = -3.60$, $p < 0.002$ suicidal ideation

subscales. With respect to attachment characteristics, there were no significant sex differences in ratings of security, $t(114)=0.17$, n.s., or fearfulness, $t(114)=-0.73$, n.s. However, as has been found in other adolescent samples (e.g. Adam *et al.*, 1996; Rosenstein and Horowitz, 1996), males on average received significantly lower ratings on the preoccupied pattern $t(114)=-3.60$, $p<0.001$, and significantly higher ratings of dismissiveness, $t(114)=3.51$, $p<0.002$ in comparison to their female counterparts.

Relationship between attachment patterns and suicidal ideation

1. Categorical analyses. Characteristics of case and comparison groups: sixty-eight adolescents in the sample endorsed suicidal ideation on either or both the YSR and BDI subscales and were assigned to the case group.¹

Thirty-six adolescents who endorsed no suicidal ideation on either the YSR or the BDI comprised the comparison group. With respect to demographic characteristics, the case group differed from the comparison group only in its greater proportion of females (49.4% vs. 12.8%, $\chi^2(1, n=116)=14.81$, $p<0.0002$), a finding consistent with the existing literature on adolescent suicidality (e.g. Spirito *et al.*, 1989; Adam *et al.*, 1996).

A comparison of the distribution of predominant attachment styles revealed significant group differences between the case and comparison groups, $\chi^2(3, n=104)=14.83$, $p<0.002$. Results displayed in Table 1 showed that a greater proportion of youth who endorsed suicidal ideation were classified as predominantly fearful or preoccupied in comparison to their non-suicidal peers. Conversely, a dismissing or secure attachment style was more frequently assigned to those youth who reported an absence of suicidal ideation.

In order to better understand the relationship between attachment classification and suicidal ideation status, separate odds ratios were calculated comparing the frequency of attachment classifications hypothesized to be associated with case group status

Table 1 *Frequency of predominant attachment styles in youth endorsing current suicidal ideation relative to non-suicidal youth*

	Suicidal ideators (n=68)	Non-ideators (n=36)
Positive model of self		
Secure	4 (5.9%)	5 (13.9%)
Dismissing	8 (11.8%)	14 (38.9%)
Negative model of self		
Fearful	37 (54.4%)	9 (25.0%)
Preoccupied	19 (27.9%)	8 (22.2%)

$\chi^2(3, n=104)=14.83$, $p<0.002$.

¹Twelve of the 116 youth received equal ratings on more than one pattern of attachment and were unable to be classified into one category. Thus, these youth were excluded from categorical analyses.

(i.e. fearful and preoccupied) to classifications predicted to be associated to comparison group status (i.e. secure and dismissing). Two criteria were used to determine the significance of the odds ratios: statistical significance of the ratio as determined by the chi-square statistic, and clinical significance per the absolute value of the odds ratio (i.e. ≥ 2.5 ; Fleiss, 1981). Results indicated that youth who were classified as fearful were 6.5 times more likely than youth who were classified as secure or dismissing to endorse suicidal ideation, $\chi^2(1, n=77)=13.93, p<0.0002$. Similarly, youth who were classified as preoccupied were 3.8 times more likely than secure or dismissing youth to endorse suicidal ideation, $\chi^2(1, n=58)=5.81, p<0.02$. Finally, predominantly fearful youth were not significantly more likely to endorse suicidal ideation than were predominantly preoccupied youth (80.4% vs. 70.4%, odds ratio=1.73), $\chi^2(1, n=73)=0.96, n.s.$

II. Dimensional analyses. Dimensional analyses were also conducted to examine whether severity of suicidal ideation on the YSR and BDI based on subscales was related to particular attachment patterns in the expected directions.²

Pearson correlation coefficients, displayed in Table 2, indicated that degree of suicidal wish was significantly associated with higher ratings on the fearful pattern and lower ratings on the dismissing pattern. Ratings of security were inversely related to suicidal wish, approaching significance on the YSR subscale only. The slight positive correlation between severity of suicidal wish and preoccupied ratings was not significant.

III. Lethality of contemplated methods. In the subset of the sample for whom lethality ratings were available, elevated lethality of imagined method was found to be significantly correlated with higher ratings on the preoccupied pattern ($r=0.59, p<0.03$). Elevated lethality was also moderately associated with lower ratings of fearfulness ($r=-0.36, n.s.$) and security ($r=-0.33, n.s.$), however, due to the small sample size, these relationships did not achieve statistical significance. The association between lethality scores and ratings on the dismissing pattern was negligible, $r=-0.09, n.s.$ Similarly, only a slight relationship was found between lethality ratings and extent of suicidal wish in these youth ($r=-0.09, n.s.$ and $r=-0.19, n.s.$ on the BDI and YSR subscales, respectively).

Table 2 Pearson correlation coefficients for suicidal ideation and ratings of attachment

Attachment pattern	YSR (n=114)	BDI (n=103)
Positive self model		
Secure	-0.18 ⁺	-0.14
Dismissing	-0.26**	-0.25*
Negative self model		
Fearful	0.32**	0.28*
Preoccupied	0.13	0.09

⁺ $p<0.06$; * $p<0.05$; ** $p<0.01$.

²The correlation between the YSR and BDI subscales was high ($r=0.60, p<0.0001$). One of these two measures was missing for 15 participants. Thus, the sample size varies between 103 and 114 in analyses involving the BDI and YSR, respectively.

Discussion

Using Bartholomew's attachment framework, which yields continuous ratings of internalized attachment representations as well as classifications within four categories, we found support for the hypothesis that suicidal ideation would be related to attachment styles derived from a negative model of self (i.e. fearful and preoccupied). As expected, we found that the probability of suicidal ideators being classified as either fearful or preoccupied, rather than secure or dismissing, was both statistically and clinically significant. Results from dimensional analyses also indicated that degree of suicidal ideation was associated with higher ratings of fearfulness and lower ratings on the secure and dismissing patterns.

Perhaps of even greater clinical interest is the finding that the extent of one's correspondence to fearful or preoccupied prototypes was differentially related to two aspects of suicidal ideation; namely, severity of suicidal wish and lethality of contemplated methods. Whereas higher fearfulness was found to be correlated with elevated suicidal wish, preoccupied tendencies were associated with the contemplation of relatively more lethal methods of suiciding. In addition, we found little support in this sample for the interrelatedness of severity of wish and lethality of imagined methods of suiciding, suggesting that youth who fantasized about more dramatic suicides did not necessarily hold a greater wish to die.

Attachment theory proposes that the need to maintain felt security is universal and that attachment patterns represent different strategies for achieving this same goal (Bowlby, 1973; Sroufe and Waters, 1977). Equally important, however, is the potential that this perspective holds in clarifying how two phenotypically similar behaviors, or two behaviors that appear similar at face value (e.g. the consideration of suicide), may be rooted in different strategies of emotional regulation (e.g. approach *vs.* avoidance), thus representing somewhat different phenomena. It follows, then, that an attachment perspective expands the focus of assessment to include, in addition to a comprehensive history of suicidality, an attempt at understanding the *functional significance* of suicidal thoughts and behavior. What implication does attachment theory hold for understanding suicidal ideation associated with fearful *vs.* preoccupied tendencies? Both attachment patterns share the feature of an internalized representation of the self as impotent and undeserving of love. Feelings of despair and emotional pain that arise from a negative sense of self undoubtedly contribute to suicidal ideation. However, the valence of the underlying model of Other may distinguish these two patterns and the nature of their associated suicidal ideation in clinically relevant ways.

The fearful prototype, founded on a negative hypothetical model of Other, is characterized by a sense of hopelessness. Significant others are not likely to be blamed for one's distress; nor, however, are they expected to be an effective source of comfort. It is reasonable to suggest, therefore, that suicidal ideation associated with fearful tendencies may reflect a desire to withdraw or a temptation to relinquish efforts to connect with significant others. This notion is supported by the positive association found in this study between fearfulness and level of suicidal wish. In contrast, the preoccupied prototype, based on a positive hypothetical model of Other, is typified by a basic belief that others can respond and be of help, if only they were willing. Our albeit preliminary finding that preoccupied tendencies were associated with greater lethality in contemplated methods

but not with severity of suicidal wish suggests that this type of suicidal ideation may be more strongly motivated by a desire to attract the attention of attachment figures, who tend to be alternatively idealized as omnipotent and benevolent or experienced as neglectful and unresponsive, than by a wish to die.

An evaluation of a youth's attachment experiences in the course of suicide assessment may help clinicians to refine intervention goals for suicidal adolescents. For adolescents with predominantly fearful tendencies, fears of rejection in close relationships may be a critical focus of intervention. The more fearful the youth, the greater the likelihood that they will be hesitant with self-disclosure and have difficulty developing trust (Bartholomew, 1990; Bartholomew and Horowitz, 1991). Developing a strong alliance that creates a hope in the value of certain others as reliable sources of comfort and support may therefore be the essence of the therapeutic work with youth who display such tendencies. By showing interest and concern in the adolescent's feelings of hopelessness and sadness, the clinician may be in an excellent position to model approach-seeking rather than avoidant coping strategies. With a predominantly preoccupied adolescent, however, the focus of the intervention may be better placed on the youth's tendency to idealize and inappropriately seek out others. The primary goal of intervention with such individuals is likely to involve the development of more adaptive strategies for having attachment needs met, such as helping them to identify reliable care-givers, learning to modulate emotional expression, and building internal resources for coping. Exploring feelings of anger and disappointment towards care-givers and teaching anger management skills may be of particular importance with these youth. Also, it may be of therapeutic value to examine their idealized expectations of people's responses to their suicidal gestures and clarify any misconceptions they may have regarding death (Fremouw *et al.*, 1990).

Although we have focused our discussion on youth with predominant attachment patterns, it is important to note that 12 youth could not be classified into one category, manifesting "split" attachment representations instead. Within this group, six were rated as equally fearful and preoccupied and all endorsed suicidal ideation. Although this small number precludes statistical analyses, their mean scores on both suicidal ideation measures were somewhat higher than the means for the overall group of ideators ($M=1.8\pm 1.3$ vs. 1.4 ± 1.0 on the YSR and $M=2.1\pm 1.9$ vs. 1.6 ± 1.6 on the BDI, respectively). It is currently unclear how the presence of equally strong fearful and preoccupied tendencies within an individual influences his or her probability of experiencing suicidal ideation. It is possible that the lack of a predominant attachment pattern reflects the absence of an integrated internal representation of Other. The therapeutic issues involved in working with such youth are likely complex. We may speculate that, at times, these youth are likely motivated to avoid care-givers, yet at other times are drawn to them and hold idealized images and hopes of having their needs met. Understanding that their inconsistent behavior may reflect shifts in their internal working model of Other may be helpful in "navigating" the therapeutic relationship and responding to their needs.

To our knowledge, this study represents the second empirical effort to examine the link between attachment representations and adolescent suicidality in a clinical sample of youth (Adam *et al.*, 1996). Our results are in accordance with those of Adam and colleagues in showing that particular patterns of insecure attachment are associated with

suicidality in clinic-referred adolescents in predicted ways. We also found that the dismissing pattern was significantly associated with a clinical comparison group. However, in light of the fact that Adam *et al.* coded AAI interviewees for unresolved–disorganized attachment but not for fearfulness, our findings are not entirely comparable to theirs. The extent of overlap between fearfulness and unresolved–disorganized attachment is currently unclear and merits empirical investigation (Bartholomew and Shaver, in press).

In closing, it is important to recognize that this research was conducted on a clinic-referred sample of adolescents and, as such, findings may not apply to more normative samples of adolescents (Goodman *et al.*, 1997). In addition, the cross-sectional design of this study does not permit causal inferences, nor does it address the development of attachment representations or suicidal ideation. Rather, the results of this study may be best understood as addressing the relationship between internalized attachment representations and *concurrent* suicidal ideation in youth who come into contact with helping agencies. Furthermore, our investigation of the relationship between the preoccupied pattern and lethality of contemplated methods was exploratory in nature and limited by a small sample size. Certainly, replication with other adolescent samples using measures of suicidal and parasuicidal behavior is warranted before firm conclusions can be drawn. These limitations notwithstanding, we believe that our results lend credence to the clinical utility of an attachment framework in understanding suicidal ideation in troubled youth.

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