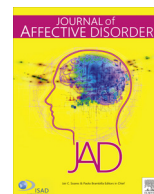




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## Research paper

## Associations between eating disorder symptoms and suicidal ideation through thwarted belongingness and perceived burdensomeness among eating disorder patients ☆



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## ABSTRACT

**Background:** Suicidal ideation is relatively common among people with eating disorders (EDs). The Interpersonal–Psychological Theory of Suicide holds that suicidal ideation has two proximal causes: thwarted belongingness and perceived burdensomeness. It is unknown which ED symptoms are positively associated with suicidal ideation, and whether thwarted belongingness and perceived burdensomeness explain those associations.

**Method:** We tested two parallel mediation models to determine whether current and lifetime ED symptoms were positively related to suicidal ideation through thwarted belongingness and perceived burdensomeness among ED patients ( $n=98$ ), controlling for current depression. In each model, ED symptoms and depression were predictors, thwarted belongingness and perceived burdensomeness were mediators, and suicidal ideation was the outcome.

**Results:** The first model included current symptoms; current body dissatisfaction ( $ab=0.04$ , 95% CI [0.01, 0.06]) and fasting ( $ab=0.12$ , 95% CI [0.01, 0.22]) were indirectly related to increased suicidal ideation through higher burdensomeness, controlling for depression. The second model included lifetime symptoms; lifetime fasting ( $ab=0.18$ , 95% CI [0.07, 0.29]) was indirectly related to increased suicidal ideation through higher burdensomeness, controlling for depression.

**Limitations:** The sample size prevented the use of latent variables for thwarted belongingness and perceived burdensomeness, and the cross-sectional data prevented testing for bidirectional relations among ED symptoms, thwarted belongingness, perceived burdensomeness, and suicidal ideation.

**Conclusions:** Results underscore the importance of exploring transdiagnostic ED symptoms, including body dissatisfaction and fasting in particular, that may intensify burdensomeness and thereby contribute to suicidal ideation over and above depressive symptoms in this high-risk population.

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## 1. Introduction

Suicidal ideation affects approximately one-fifth to one-half of people with eating disorders (EDs; Crow et al., 2014) and suicide is

a leading cause of death among people with EDs (Chesney et al., 2014; Crow et al., 2009; Keshaviah et al., 2014). Suicide risk transcends discrete ED diagnoses and is elevated among those with current and lifetime diagnoses (Guillaume et al., 2011). Interpersonal dysfunction is theorized to affect suicide risk (Joiner, 2005; Van Orden et al., 2010), and people with EDs often experience impaired interpersonal functioning that persists after ED recovery (Bardone-Cone et al., 2010). Currently, there is limited theoretical understanding of why interpersonal dysfunction and

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suicide risk persist past the acute stages of EDs. Through the lens of the Interpersonal–Psychological Theory of Suicide (IPT; Joiner, 2005; Van Orden et al., 2010), the present study tested whether current and lifetime ED symptoms were associated with suicidal ideation, and its interpersonal determinants, among ED patients.

The IPTS proposes that lethal or nearly lethal suicide attempts occur only when someone desires suicide and is capable of engaging in suicidal behavior. The capability for suicide (hereafter referred to as *acquired capability*) is acquired through repetitive painful and/or provocative (e.g., risky and impulsive) experiences, which habituate individuals to the inherent fear and pain associated with suicide. Those with EDs often have repeated exposure to painful events, given that many symptoms at the core of EDs are extremely painful (e.g., severely restricting calories). Considering this, most ED–suicide investigations have focused on how the physiological and psychological effects of ED symptoms accumulate and influence acquired capability. Indeed, certain ED symptoms are associated with acquired capability and lifetime suicidal behavior among those with EDs (Selby et al., 2010; Smith et al., 2013; Witte et al., in press; Zuromski and Witte, 2015). However, some research has failed to find the expected associations between ED symptoms and acquired capability (Witte et al., in press; Zuromski and Witte, 2015). For example, although fasting is associated with suicide attempts, restrictive eating is *not* associated with pain tolerance or fearlessness about death among undergraduates and ED patients (Witte et al., in press; Zuromski and Witte, 2015). Although the link between suicide and EDs is clear, it is less clear whether acquired capability fully accounts for this relation. In fact, these disparate findings raise the possibility that ED symptoms could affect suicidal behavior through a different path, such as suicidal ideation.

According to the IPTS, thwarted belongingness and perceived burdensomeness (hereafter referred to as *burdensomeness*) are the proximal causes of suicidal ideation. Loneliness and the absence of reciprocally caring relationships define thwarted belongingness, while perceptions of being a liability to others and self-hatred define burdensomeness (Van Orden et al., 2010).

### 1.1. Thwarted belongingness, EDs, and ED symptoms

Few studies have directly examined thwarted belongingness or burdensomeness in ED groups, but evidence suggests that proxies of each construct are prevalent among those with EDs. For example, people with EDs often have disturbed psychosocial relationships (Bohn et al., 2008), and multiple theories propose that poor interpersonal functioning is central to the maintenance of eating pathology (Fairburn, 2008; Rieger et al., 2010). Many of the interpersonal difficulties people with EDs experience appear to relate to interpersonal disconnection. For instance, women with EDs report feeling lonely (Harney et al., 2014), having few social supports, and perceiving poor quality of existing relationships (Fairburn et al., 1999; Tiller et al., 1997). People with versus without EDs also report less pleasure from social interactions (Harrison et al., 2014). Considering these interpersonal difficulties, thwarted belongingness may be a transdiagnostic problem for those with EDs.

Suicidal ideation and interpersonal disconnection among people with EDs could stem from or exacerbate particular ED symptoms. For example, body dissatisfaction predicts suicidal ideation (Kim and Kim, 2009). Semi-starvation is associated with later social withdrawal, even in those without initial eating pathology (Keys et al., 1950), and dietary restraint indirectly predicts thwarted belongingness through negative life events (Dodd et al., 2014). Low social support predicts body dissatisfaction (Bearman et al., 2006) and binge eating (Stice et al., 2002), which in turn may lead to more negative interpersonal interactions (Rieger et al.,

2010). Higher purging frequency is associated with reduced social support among community samples (Bentley et al., 2014). Thus, specific ED symptoms appear to relate to thwarted belongingness and could thereby increase suicidal ideation.

### 1.2. Burdensomeness, EDs, and ED symptoms

In addition to feeling disconnected from others, ED symptoms also may lead people with EDs to feel ineffective to such an extent that they perceive their lives to be burdensome to others. For example, the economic costs of EDs are substantial (Crow, 2014) and could contribute to perceived liability among ED patients. In addition, people with EDs often struggle with low self-esteem and shame, and some conceptualize these negative emotional experiences as ED maintenance factors (Fairburn, 2008; see discussion in Kelly and Carter, 2013). Given that EDs can be difficult and expensive to treat and that the components of self-hatred may maintain symptoms, burdensomeness may be pervasive among those with EDs.

Just as specific ED symptoms may drive thwarted belongingness, a similar pattern may hold for ED symptoms and burdensomeness. For example, body dissatisfaction predicts low self-esteem (Tiggemann, 2005). Dietary restraint indirectly predicts burdensomeness through negative life events (Dodd et al., 2014). Bingeing is often followed by negative emotional experiences, including guilt and shame (American Psychiatric Association [APA], 2013), which are related to self-hatred (Van Orden et al., 2010). Additionally, caregivers of ED patients who purge versus who do not purge report higher caregiver burden (Sepulveda et al., 2014), and ED patients who purge may thus perceive that they are a burden. Taken together, findings suggest that specific ED symptoms may be associated with burdensomeness and thereby increase suicidal ideation.

### 1.3. The present study

We used parallel mediation path modeling to test whether specific ED symptoms were associated with suicidal ideation, and if thwarted belongingness and burdensomeness mediated those associations. The first model used *current* ED symptoms as predictors, while the second model used *lifetime* ED symptoms as predictors, as people with EDs have lifetime elevated suicide risk (Guillaume et al., 2011).

We hypothesized that current and lifetime fasting, bingeing, and purging would positively relate to suicidal ideation through thwarted belongingness and burdensomeness. Additionally, in the *current* symptoms model, we hypothesized that body dissatisfaction would positively relate to suicidal ideation through thwarted belongingness and burdensomeness. To our knowledge, no studies have examined associations between over-exercise or body mass index (BMI) and thwarted belongingness or burdensomeness among those with EDs. However, there is mixed support for over-exercise and BMI relating to suicidal ideation among individuals with bulimia nervosa (BN) and the general population, respectively (Crow et al., 2014; Goldney et al., 2009; Dutton et al., 2013); it is possible that over-exercise and BMI may relate to the interpersonal determinants of suicidal ideation. We therefore included current and lifetime over-exercise and current and lifetime lowest BMI in each model, given that the goal of the current study was to examine the previously unexplored link between ED symptoms and suicidal ideation through thwarted belongingness and burdensomeness.

## 2. Method

The proposed study is a secondary analysis of a larger dataset from a parent study that is detailed in Witte et al. (in press).

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