



Social anxiety and suicidal ideation: Test of the utility of the interpersonal-psychological theory of suicide[☆]



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ABSTRACT

Social anxiety is related to greater suicidality, even after controlling for depression and other psychopathology. The Interpersonal-Psychological Theory of Suicide (IPTS; Joiner, 2005) proposes that people are vulnerable to wanting to die by suicide if they experience both perceived burdensomeness (sense that one is a burden to others) and thwarted belongingness (a greater sense of alienation from others). Socially anxious persons may be especially vulnerable to these interpersonal factors. The current study tested whether interpersonal IPTS components independently and additively mediate the social anxiety-suicidal ideation (SI) relation among 780 (80.5% female) undergraduates. Social anxiety was significantly, robustly related to SI and to thwarted belongingness and perceived burdensomeness. Social anxiety was indirectly related to SI via thwarted belongingness and perceived burdensomeness. The sum of these indirect effects was significant. Moderated mediation analyses indicated that perceived burdensomeness only mediated the relation between social anxiety and SI at higher levels of thwarted belongingness. Findings highlight that difficulties in interpersonal functioning may serve as potential pathways through which social anxiety may lead to greater suicidality.

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1. Introduction

Social anxiety disorder is related to high rates of suicidal ideation (SI) even after controlling for co-occurring depression and other psychopathology (e.g., Sareen et al., 2005). Yet few studies have identified factors that may increase suicide risk among this vulnerable population. The Interpersonal-Psychological Theory of Suicide (IPTS; Joiner, 2005) proposes that two factors in particular appear related to the desire to die by suicide: perceived burdensomeness (i.e., sense that one is a burden to others) and thwarted belongingness (i.e., a greater sense of alienation from others). Perceived burdensomeness and thwarted belongingness are robustly related to SI (see Van Orden et al., 2010). In fact, loneliness was not predictive of suicidal behavior after accounting for variance attributable

to other variables (Conner, Britton, Sworts, & Joiner, 2007), suggesting perceived burdensomeness and thwarted belongingness may be more robust suicide vulnerability factors than other putative risk factors.

Socially anxious persons may be especially vulnerable to perceived burdensomeness and thwarted belongingness. Social avoidance could result in thwarted belongingness (i.e., a greater sense of alienation from others). In fact, socially anxious adults are 73% more likely to live alone and are more likely to be unmarried/unpartnered than depressed individuals than the general population (Teo, Lerrigo, & Rogers, 2013). Low self-esteem, which is associated with social anxiety (Ritter, Ertel, Beil, Steffens, & Stangier, 2013; Westenberg, 1998) and perceived burdensomeness (Van Orden, Cukrowicz, Witte, & Joiner, 2012), could lead to feeling underserving of others' support, resulting in a feeling of perceived burdensomeness.

Despite theoretical and indirect evidence, the utility of the interpersonal components of the IPTS in understanding SI among high-risk socially anxious persons has not been tested in a comprehensive theoretical context and the extant data are somewhat mixed. Social anxiety is significantly related to both perceived burdensomeness and thwarted belongingness (Davidson, Wingate, Grant, Judah, & Mills, 2011). In fact, social anxiety is robustly related

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to thwarted belongingness after controlling for theoretically relevant variables (e.g., demographics, co-occurring psychopathology) but may not be to perceived burdensomeness (Davidson et al., 2011; Silva, Ribeiro, & Joiner, 2015). Thwarted belongingness mediated the relation between social anxiety and SI in one study (Chu, Buchman-Schmitt, Moberg, & Joiner, 2016) but not another (Davidson et al., 2011). In the only known mediational test of perceived burdensomeness, this component did not mediate the social anxiety-SI relation (Davidson et al., 2011).

Although these studies lend partial support for the utility of the IPTS in understanding SI among socially anxious persons, the IPTS model theorizes that it is not the IPTS components in isolation that predict SI but rather their combination that predict SI (Joiner, 2005; Van Orden et al., 2010). Thus, the current study is the first known study to test whether the combination of perceived burdensomeness and thwarted belongingness mediates the relation between social anxiety and SI. This hypothesis was examined among undergraduate students given that 12% of college students experience SI (Wilcox et al., 2010) and 31% of students who visit counseling centers endorsed seriously considering suicide (Center for Collegiate Mental Health, 2015). In fact, suicide is the second leading cause of death for this age group (Centers for Disease Control & Prevention, 2015). Social anxiety was assessed continuously given that social anxiety exists on a continuum (Crome, Baillie, Slade, & Ruscio, 2010) and individuals higher on this continuum are vulnerable to greater SI (e.g., Chu et al., 2016; Davidson et al., 2011).

2. Method

2.1. Participants and procedures

Participants were recruited through the psychology participant pool from a large state university in the southern United States. The university's Institutional Review Board approved the study and participants provided informed consent prior to data collection. The consent form explained that participants' names would not be linked to their responses, assuring anonymity of responses. Participants completed computerized self-report measures using a secure, on-line data collection website (surveymonkey.com). All participants received referrals to university-affiliated psychological outpatient clinics and the telephone number for the local crisis intervention hotline as well as research credit for completion of the survey.

Of the 789 students who completed the survey, 3 were excluded due to reporting their ages as under 18 and 6 due to questionable validity of their responses (described below). The final sample of 780 was predominately female (80.5%) and the racial/ethnic composition was 11.3% non-Hispanic African American, 0.1% Hispanic African American, 4.7% Asian American, 74.9% Non-Hispanic Caucasian, 3.6% Hispanic Caucasian, 0.4% non-Hispanic Native American, 0.1% Hispanic Native American, 2.8% multiracial, and 2.1% "other". The mean age was 19.9 ($SD = 2.0$). Regarding suicidality, 40.0% endorsed lifetime SI, 27.8% endorsed past-year SI, 11.4% endorsed past-two week SI, and 3.2% endorsed lifetime suicide attempt.

2.2. Measures

2.2.1. The social interaction anxiety scale

The Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998) was used to assess social anxiety. The SIAS contains 20 items scored from 0 (*not at all characteristic or true of me*) to 4 (*extremely characteristic or true of me*). The SIAS has shown adequate specificity for social anxiety relative to other forms of anxiety (e.g., trait

Table 1
Descriptive Data.

	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
Social anxiety	22.41	14.33	0.79	0.19
Perceived burdensomeness	7.90	4.71	3.30	11.89
Thwarted belongingness	21.82	12.56	0.81	-0.58
Suicidal ideation	1.19	0.59	3.48	12.50
Depression	41.73	13.36	0.87	0.39
# Cannabis problems	2.49	3.19	1.90	4.83
# Alcohol problems	3.10	3.72	1.81	3.89

anxiety; Brown et al., 1997). Internal consistency of the SIAS was excellent in the current sample ($\alpha = 0.94$).

2.2.2. The interpersonal needs questionnaire

The Interpersonal Needs Questionnaire (INQ; Van Orden et al., 2012) was used to assess perceived burdensomeness and thwarted belongingness. The measure contains 15 items (6 assessing perceived burdensomeness, 9 assessing thwarted belongingness) scored from 1 (*not at all true for me*) to 7 (*very true for me*). Internal consistency for the perceived burdensomeness ($\alpha = 0.94$) and thwarted belongingness ($\alpha = 0.89$) subscales were good in the current sample.

2.2.3. The inventory of depression and anxiety symptoms

The Inventory of Depression and Anxiety Symptoms (IDAS; Watson et al., 2007) was used to assess SI in the past two weeks with the question, "I had thoughts of suicide". The 20-item depression subscale was used to assess current depression. IDAS items were rated from 1 (*not at all*) to 5 (*extremely*). The depression subscale of the IDAS demonstrated excellent internal consistency in the current sample ($\alpha = 0.92$).

2.2.4. Other covariates

Other Covariates. The Marijuana Problems Scale (MPS; Stephens et al., 2004) is a 19-item questionnaire used to assess problems associated with cannabis use experienced in the past 90 days from 0 (*no problem*) to 2 (*serious problem*). The MPS demonstrated adequate internal consistency ($\alpha = 0.85$). The Rutgers Alcohol Problem Index (RAPI; White & Labouvie, 1989) is a 23-item questionnaire used to assess problems associated with alcohol use in the past 30 days from 0 (*never*) to 4 (*more than 10 times*). The RAPI demonstrated good internal consistency ($\alpha = 0.85$). Number of problems was calculated by totaling the number of problems participants endorsed for each measure.

2.2.5. Four questions from the infrequency scale

Four questions from the Infrequency Scale (IS; Chapman & Chapman, 1983) were used to identify random responders who provided random or grossly invalid responses. As in prior online studies (Cohen, Iglesias, & Minor, 2009), individuals who endorsed three or more items were excluded ($n = 6$).

2.3. Data analyses

As has occurred in other studies of INQ subscales and SI (e.g., Davidson et al., 2011), inspection of the data (Table 1) revealed that some variables were not normally distributed ($skew > 3.0$; $kurtosis > 10$; Kline, 2005).

Hypotheses were tested using maximum likelihood bootstrapping (10,000 samples were drawn) within the structural equation modeling program AMOS 22, which is robust against violations of assumptions of normality (Erceg-Hurn & Mirosevich, 2008). First, we tested whether social anxiety was related to SI after controlling for the following covariates: age, gender, depression, cannabis problems, and alcohol problems. Second, we tested whether social

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