



# Body dysmorphic disorder symptoms and risk for suicide: The role of depression



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## ABSTRACT

Body dysmorphic disorder (BDD) is associated with elevated suicidality. Little is known about why BDD patients are at increased risk. The interpersonal-psychological theory of suicide (IPTS) could clarify suicidality in BDD, and theorizes that perceived burdensomeness and thwarted belongingness lead to suicidal desire, while an acquired capability for suicide is necessary to attempt suicide. No study has investigated how BDD symptoms relate to IPTS constructs or mediators of the relationship between BDD and suicidality. Individuals ( $N = 235$ ) enrolled in [Amazon.com](http://Amazon.com)'s Mechanical Turk (MTurk), who had appearance concerns, completed questionnaires about BDD, depression, eating pathology, and suicide risk. MTurk is an online data collection platform in which participants complete surveys for payment. BDD symptoms predicted suicidal desire, but not acquired capability for suicide. Depression mediated the relationship between BDD and suicidal desire. Research should examine how fluctuations in BDD affect suicide risk. Replication in a clinical sample may inform treatments for BDD.

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## Introduction

Body dysmorphic disorder (BDD) is a psychiatric disorder characterized by a severe preoccupation with an imagined or slight defect in one's appearance ([American Psychiatric Association, 2013](#)). BDD is a debilitating disorder associated with extreme occupational and social impairment ([Phillips, 2000](#)). It is relatively common, with an estimated 12-month prevalence of 1.8% of the population ([Buhlmann et al., 2010](#)). The extant literature suggests a particularly strong link between BDD and elevated rates of suicidal thoughts and behaviors. Up to 75% of individuals with BDD report experiencing lifetime suicidal ideation and 25% of patients with BDD report a history of making a suicide attempt. All together the data suggest a rate of completed suicide up to 45 times that of the general population ([Phillips & Menard, 2006](#)). Given the marked impairment and high rates of suicide attempts associated with BDD, further research is warranted to understand the concerning link between BDD and increased suicide risk.

Despite the high levels of suicidal ideation and attempts among individuals with BDD reported in literature, there are only two empirical studies that have begun to explore which comorbidities and associated features predict suicidal ideation and attempts in BDD. Specifically, [Phillips et al. \(2005\)](#) and [Witte, Didie, Menard, and Phillips \(2012\)](#) utilized data from a naturalistic longitudinal study about the course of BDD to examine predictors of endorsing a history of suicidal ideation and previous suicide attempts. They found that comorbid depression strongly predicted suicidal ideation, whereas post-traumatic stress disorder, substance use disorder, and restrictive food intake each predicted suicide attempts. Lifetime functional impairment due to BDD strongly predicted both suicidal ideation and attempts. Poor social support ([Phillips, 2000](#)) and high levels of impulsivity ([Phillips & Menard, 2006](#); [Simeon, Hollander, Stein, & Cohen, 1995](#)), often related to BDD, have also been hypothesized to confer a high vulnerability to suicidal thoughts and behaviors in BDD.

When trying to understand why a particular subgroup of the population might be at risk for suicide, it is helpful to use a theory of suicide as a framework. The interpersonal-psychological theory of suicide (IPTS; [Joiner, 2005](#)) has recently emerged as one of the most prominent theories for understanding suicide, and can be a helpful lens through which to better understand risk for suicide in BDD. The IPTS posits that an individual's risk for suicide stems from a sense of hopelessness, a desire for death, and an acquired capability to engage in suicidal behaviors. Hopelessness refers to

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the sentiment that one's life has no possibility of improvement, and can lead to an increased desire for suicide. Two constructs referred to as thwarted belongingness and perceived burdensomeness are thought to play an important role in this suicidal desire. Perceived burdensomeness can be conceptualized as the perception that one is a liability to others and a burden on friends or family members, coupled with a sense of self-hatred and low self-esteem (Van Orden et al., 2010). Thwarted belongingness implies a state in which the need for social connectedness is unmet (Van Orden et al., 2010). A person experiencing thwarted belongingness may endorse a strong sense of loneliness, disconnection, and an absence of reciprocal care (Van Orden et al., 2010).

Although perceived burdensomeness and thwarted belongingness can interact to lead to this suicidal desire, the theory operates on the idea that suicidal thoughts in themselves are not sufficient for an individual to go on to engage in suicidal behavior (Van Orden et al., 2010). Suicidal behavior at its core goes against our most basic evolutionary desire to live. As such, for this extreme action to take place, the person must first possess an acquired capability for suicide (Smith & Cukrowicz, 2010). This acquired capability is thought to be comprised of a heightened physical pain tolerance and a lowered fear of death (Van Orden et al., 2010). These capabilities may be attained through previous painful or fear-inducing experiences. It is important to assess one's acquired capability for suicide when assessing suicide risk, as the majority of people who die by suicide have not made a previous suicide attempt (Zonda, 2006). Empirical studies have supported the theory that acquired capability for suicide is positively associated with past suicide attempts (Conner, Britton, Sworts, & Joiner, 2007; Rimkeviciene, Hawgood, O'Gorman, & De Leo, 2015; Van Orden, Witte, Gordon, Bender, & Joiner, 2008). One study also found that higher belongingness and lower perceived burdensomeness scores were associated with a lower probability of having a previous suicide attempt (Conner et al., 2007). In sum, the theory highlights three core constructs that should be considered when investigating risk for suicide: (1) perceived burdensomeness, (2) thwarted belongingness, and (3) acquired capability for suicide.

When considering the clinical presentation of BDD, it seems plausible that BDD patients would be elevated on each component of the model. First, in terms of perceived burdensomeness, patients with BDD often endorse low self-esteem, particularly about how they look (Phillips, Pinto, & Jain, 2004). They also have high levels of functional impairment and unemployment, which could lead them to feel like a burden on others. Second, patients with BDD are likely to experience high levels of thwarted belongingness because they engage in social avoidance, often live alone, often are housebound, and experience strained romantic relationships (Didie, Loerke, Howes, & Phillips, 2012). Third, patients with BDD are likely to have a high acquired capability for suicide due to elevated rates of painful experiences, plastic surgery, and hypothesized elevated physical pain tolerance due to these experiences (Joiner, 2005). Thus, studying suicidal constructs in BDD from an IPTS framework could elucidate why BDD is associated with elevated suicide risk.

One study to date has used the IPTS as a framework for examining suicidal ideation and attempts in BDD (Witte et al., 2012). This was an important foundational study for examining suicide risk in BDD, but there are some limitations regarding what variables were available in the dataset. For instance, the study did not utilize any direct measures of the IPTS's main constructs such as perceived burdensomeness and thwarted belongingness. Rather, they examined whether painful and provocative BDD behaviors (e.g., restrictive food intake and plastic surgery) would predict history of suicide attempts and whether social functional impairment related to BDD symptoms would predict suicide attempts and suicidal ideation. Restrictive food intake was a significant predictor of history of

suicide attempts, but no other significant findings emerged. One limitation of this study was that variables used to capture suicidal thoughts and behaviors were collected from a semi-structured interview with unknown psychometric properties and history of suicidal ideation was measured as a dichotomous rather than continuous variable. Using continuous measures of suicidal ideation that directly target the constructs outlined in the theory may help to further elucidate the processes involved in suicidal behavior in BDD. Furthermore, although two studies have examined predictors of suicidal ideation and attempts in BDD patients, no study has utilized mediation models to examine which factors could explain the link between BDD symptoms and suicide risk. Depression has been found to be associated with both BDD symptoms (Phillips et al., 2004) and suicide risk (Hawton, Casanas, Haw, & Saunders, 2013) and has been found to predict suicidal ideation in BDD patients (Phillips et al., 2005). However, no studies have examined the role of depression in mediating the associations between BDD symptoms and suicide risk. Elucidating the role of depression in the relationship between suicidal desire and BDD could be informative for prioritizing treatment targets in patients with BDD.

The current study utilized the IPTS as a framework for examining the relationship between BDD symptoms and suicide risk in a large sample of persons from Amazon's Mechanical Turk (MTurk) who endorsed being concerned about their appearance. Since previous research has found that MTurk participants experience elevated rates of clinical symptomatology compared to other community samples (Arditte, Cek, Shaw, & Timpano, 2015; Shapiro, Chandler, & Mueller, 2013), it presents a unique opportunity to study the relationships between BDD symptoms, suicide risk, and depression in a large, general population sample. MTurk has recently become a commonly used recruitment method to examine psychological constructs, because researchers can obtain data with superior psychometric properties compared to other online sources, and participants are more representative and diverse than undergraduate samples and other online samples (Chandler & Shapiro, 2016). Additionally, the MTurk platform allows participants to more comfortably report on their psychological experience than they might when interviewed face-to-face (Shapiro et al., 2013). Thus, MTurk allowed us to examine BDD symptoms, depressive symptoms, and IPTS constructs in a sample with a full range of symptoms, from nonclinical to clinically-significant symptomatology.

Our first aim examined how BDD symptoms related to three suicide risk factors outlined in the IPTS: (1) perceived burdensomeness, (2) thwarted belongingness, and (3) acquired capability for suicide. We predicted that greater BDD symptoms would be associated with greater levels of all three suicide risk variables. We also examined the robustness of the proposed relationships, controlling for age, gender, and eating pathology. Age and gender were selected as covariates since they are considered well-established risk factors for suicide (Brown, Beck, Steer, & Grisham, 2000; Zhang, McKeown, Hussey, Thompson, & Woods, 2005). We also controlled for drive for thinness and bulimia symptoms to ensure that the relationships were not better accounted for by eating pathology. Our second aim was to examine whether depressive symptoms mediated the relationships between BDD symptom severity and suicidal desire (perceived burdensomeness and thwarted belongingness). We predicted that depressive symptoms would mediate the relationship between BDD symptom severity and suicidal desire.

## Method

### Participants

A sample of 418 participants was recruited using Amazon's MTurk website. MTurk provides an online platform to collect data,

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