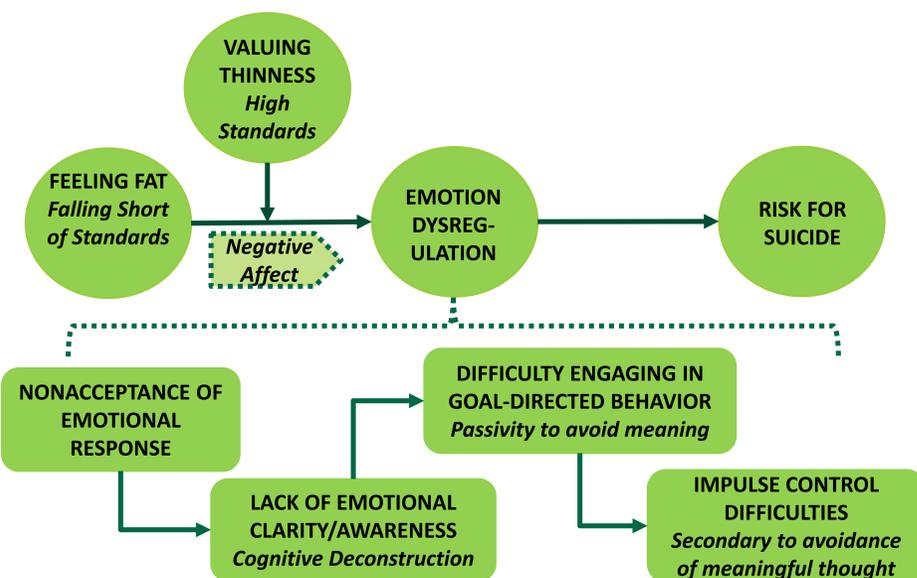


# Cognitive Symptoms of Disordered Eating Predicting Suicide Risk: Investigating a Theoretical Pathway

Ansley Bender, B.A., Maureen Monahan, M.A., Christa Labouliere, Ph.D., & Marc Karver, Ph.D.  
University of South Florida, Department of Psychology

## Background

- Disordered eating is associated with nonsuicidal self-injury (NSSI) (Brausch & Boone, 2015), suicidal ideation (SI) (Brausch & Decker, 2014), acquired capability for suicide (Fink et al., 2013), and suicidal behaviors (Skinner et al., 2017).
- Cognitive symptoms (e.g. drive for thinness) are severely understudied and the mechanism(s) by which they may confer risk for suicide is unclear.
- Nonetheless, prior research suggests they may be more closely related to shared vulnerabilities, such as emotion dysregulation, than behavioral symptoms (e.g. binge eating or excessive exercise) (Pisetsky et al., 2017).
- Consistent with an escape theory of suicide (Baumeister, 1990), it is possible that cognitive symptoms of disordered eating confer risk for suicide to the extent that they reflect an ideal for the self and a failure to meet this ideal. In this model, negative affect secondary to self-discrepancy would lead to emotion dysregulation, which in turn would elevate risk for suicide.



## Hypotheses

- H1:** Feeling fat will be associated with emotion dysregulation, only for individuals who value thinness.
- H2:** Feeling fat will be associated with risk for suicide, only for individuals who value thinness.
- H3:** The relationship between feeling fat and risk for suicide will be mediated by emotion dysregulation.

## Methods

### Measures

- Eating Disorders Examination- Questionnaire (EDE-Q)- Item 11
- Difficulty in Emotion Regulation Scale (DERS)
- Thinness and Restricting Inventory (TREI)
- Self-Harm Behavior Questionnaire (SHBQ)- Item 1

### Sample

- Approximately 1000 undergraduates from public university in southeastern U.S. completed relevant measures.

### Analyses

- A mediated logistic regression with moderation in the “a” and “c” pathways. EDEQ-11, TREI, and DERS were standardized prior to analyses.

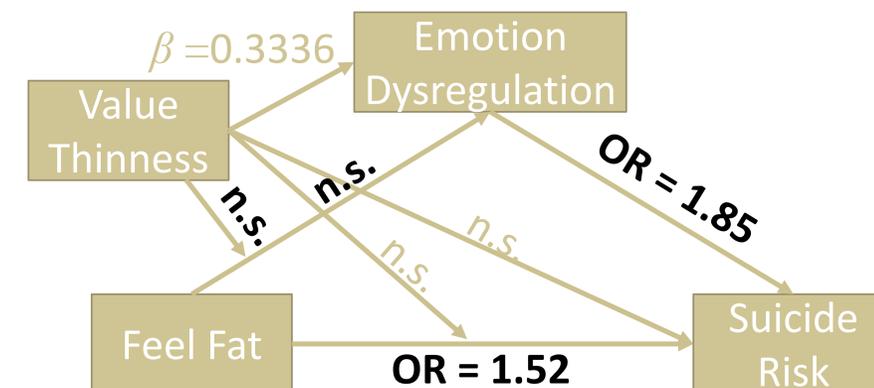
## Results

- Path “a”:
  - Feeling fat had no significant main effect on emotion dysregulation ( $\beta = 0.0413, p = .2934$ )
  - Valuing thinness was significantly related to emotion dysregulation ( $\beta = 0.3336, p < .0001$ ).
  - No significant interaction between feeling fat and valuing thinness in association with emotion dysregulation ( $\beta = 0.0211, p = .5232$ ).
- Path “c” and “b”:
  - Both emotion dysregulation ( $B = 0.6162, p < .0001$ ) and feeling fat ( $B = 0.4215, p = .0072$ ) were significantly associated with suicide risk.
  - Valuing thinness ( $B = 0.0754, p = .6804$ ) and moderation ( $B = -0.1570, p = .2782$ ) had no significant relationship with suicide risk.
- Nagelkerke  $R^2 = 0.11$

One SD Unit Increase in:	Odds Ratio	% Increase in Probability of Suicide Risk <sup>c</sup>
“Have you felt fat?” <sup>a</sup>	1.52	47.60
Emotion Dysregulation <sup>b</sup>	1.85	75.84
Both	2.82	153.44

<sup>a</sup>- controlling for emotion dysregulation; <sup>b</sup>- controlling for feeling fat. <sup>c</sup>- percent increase in probability per a one SD unit increase from the mean of the predictor.

## Results, cont’d



## Discussion

- An increase of 1 SD from mean of feeling fat increased probability of suicide risk nearly 48%. An increase of 1 SD from mean of emotion dysregulation increased probability of suicide risk nearly 76%. Effect of former was not mediated by latter. Other mechanisms may be responsible (ex. self-criticism), or this may be a direct effect.
- Lack of moderation suggests that even individuals with healthy attitudes towards weight may be at risk. Lack of mediation suggests targeting emotion dysregulation is unlikely to ameliorate risk.
- These results support the importance of evaluating and intervening in cognitive symptoms of disordered eating; feeling fat may relate to suicide risk and valuing thinness may relate to emotion dysregulation.
- Consistent with prior findings in which negative body attitudes predicted SI above depression, hopelessness, and past suicidal behavior (Brausch & Muehlenkamp, 2007).

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