



PTSD symptoms and suicide ideation: Testing the conditional indirect effects of thwarted interpersonal needs and using substances to cope



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ABSTRACT

Posttraumatic stress disorder (PTSD) symptoms and substance use have been associated with increased suicide ideation, but have rarely been examined within a larger theoretical context of suicide risk. The interpersonal theory of suicide posits that feeling disconnected from others (i.e., thwarted belongingness) and feeling like a burden on others (i.e., perceived burdensomeness) are associated with increased suicide ideation. We hypothesized that perceived burdensomeness and thwarted belongingness would mediate the relation between PTSD symptoms and suicide ideation, and that using substances to cope would moderate these relations. Participants were 254 college students reporting exposure to potentially traumatic experiences. Findings from a moderated mediation analysis indicated that perceived burdensomeness, but not thwarted belongingness, mediated the relation between PTSD symptoms and suicide ideation, and using substances to cope moderated this relation. Therapeutic interventions aimed at reducing suicide ideation might benefit from decreasing perceived burdensomeness and the use of substances to cope.

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1. Introduction

Elevated suicide risk is prevalent among college-aged individuals (Centers for Disease Control and Prevention [CDC], 2013). In 2010, suicide was the third leading cause of death among college-aged young adults, accounting for 14.1% of deaths in this age group (CDC, 2013). Furthermore, 24% of college students reported suicide ideation (Westefeld et al., 2005), a much higher percentage than the general population (3.3% experienced suicide ideation; Kessler, Berglund, Borges, Nock, & Wang, 2005). Taken together, these data indicate an imperative need to examine risk factors for suicide among college-aged individuals.

1.1. The interpersonal theory of suicide

The interpersonal theory of suicide (Joiner, 2005) has been proposed as a theoretical model to understand suicide risk. This theory posits two proximal risk factors that are associated with increased

suicide ideation: thwarted belongingness and perceived burdensomeness. Thwarted belongingness occurs when an individual lacks reciprocal caring relationships and feels socially isolated (Joiner, 2005). Perceived burdensomeness occurs when one feels like a burden or liability to others (Joiner, 2005). When thwarted belongingness and perceived burdensomeness are concurrently elevated, suicide ideation will ensue (Joiner, 2005). Importantly, Van Orden et al. (2010) posited that perceived burdensomeness and thwarted belongingness are proximal risk factors for suicide, such that other suicide-related risk factors confer risk through these variables. Stated differently, other risk factors for suicide (e.g., posttraumatic stress disorder [PTSD] symptoms) will indirectly affect suicide ideation through thwarted belongingness and perceived burdensomeness.

To date, studies with various samples, including college students, have found empirical support for the interpersonal theory of suicide (e.g., Monteith, Menefee, Pettit, Leopoulos, & Vincent, 2013; Nsamenang, Webb, Cukrowicz, & Hirsch, 2013). Research examining the mediating effects of thwarted belongingness and perceived burdensomeness on suicide ideation provides initial support for the postulation that thwarted interpersonal needs are more proximal indicators of suicide ideation compared to other

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risk factors (e.g., Rasmussen, Sligh, Wingate, Davidson, & Grant, 2012). In a cross-sectional study Jahn, Cukrowicz, Linton, and Prabhu (2011) found that perceived burdensomeness was a mediator of the relation between depressive symptoms and suicide ideation, indicating that perceived burdensomeness might be a more proximal indicator of increased suicide thoughts than increased depressive symptoms. Similarly Rasmussen and colleagues (2012), found that perceived burdensomeness significantly mediated the relation between maladaptive traits of perfectionism and suicide ideation. These data indicate that thwarted interpersonal needs may be more crucial risk factors for suicide ideation compared to other risk factors for suicide (e.g., depressive symptoms).

1.2. Trauma exposure, PTSD symptoms, and substance use as risk factors for suicide

Trauma-related research suggests that college-aged adults who report exposure to traumatic events (Briere, Kaltman, & Green, 2008), individuals who experience PTSD symptoms (Tarrrier & Gregg, 2004), and those who have substance use issues (Kolves, Varnik, Tooding, & Wasserman, 2006) are at higher risk for suicide. Dube and colleagues (2001) found a dose–response relation between exposure to adverse childhood experiences (e.g., rape, physical abuse) and history of suicide attempts; however, this relation was partially explained by other factors (e.g., substance use, PTSD symptoms). Similarly, the World Health Organization Mental Health Surveys indicated that there was a significant dose–response relation between number of traumatic events and increased odds for suicidal thoughts and history of suicide attempts (Stein et al., 2010). PTSD symptoms have also been found to increase risk for suicide. In a longitudinal study, PTSD symptoms were associated with elevated risk for future suicide attempts beyond the risk associated with depressive symptoms (Wilcox, Storr, & Breslau, 2009), suggesting that PTSD symptoms may be a unique predictor of suicide risk. Similarly, Tarrrier and Gregg (2004) found that 38.3% of civilians who reported PTSD symptoms also reported suicide ideation. These findings suggest that risk for suicide may be greater among individuals with a history of trauma exposure and PTSD symptoms.

The interpersonal theory of suicide suggests that exposure to trauma (e.g., child abuse, combat exposure) may be related to increased perceived burdensomeness and thwarted belongingness (Joiner, 2005). For example, reported self-blame (a facet of perceived burdensomeness; Ullman & Najdowski, 2009) and lower social support (a component of thwarted belongingness; Ullman & Brecklin, 2002) were significantly associated with increased suicide ideation and suicide attempts among females reporting a sexual assault history; suggesting that exposure to trauma or abuse might be associated with elevated thwarted interpersonal needs. Given the literature indicating that thwarted interpersonal needs may be more proximal risk factors for suicide (e.g., Rasmussen et al., 2012), it is possible that symptoms of PTSD are indirectly associated with increased suicide ideation through increased feelings of thwarted belongingness and perceived burdensomeness.

There are also data to suggest that illicit substance use and alcohol-related problems are prevalent among those with higher suicide risk, and that these individuals may also experience elevated thwarted interpersonal needs (e.g., Conner, Britton, Sworts, & Joiner, 2007). One study found that past suicide attempts were more frequent among methadone patients with greater thwarted belongingness (Conner et al., 2007). Additionally, Lamis and Malone (2011) found that thwarted belongingness and perceived burdensomeness mediated the relation between substance use and suicide proneness. However, using substances to cope may be different than overall substance use. Whereas general substance

use may lead to social withdrawal and difficulties that cause perceptions of burden, coping through substance use may occur due to thwarted interpersonal needs, and may interact with these needs to elevate suicide risk.

It is possible that individuals exposed to trauma will be more likely to feel thwarted belongingness and perceived burdensomeness, which in turn will generate greater thoughts of suicide ideation, especially for those who use substances to cope with negative feelings. For example, research suggests that PTSD symptoms and trauma are associated with increased distress, and are more likely to cope using illicit substances (Tarrrier & Gregg, 2004). This suggests that individuals with a trauma history who also experience distressing symptomatology (e.g., thwarted belongingness and perceived burdensomeness) may be at an increased risk to use substances to cope with these negative feelings. To date, however, few studies have investigated the interplay of these variables within a theoretical context. Thus, we proposed that the relations between feelings of burdensomeness and suicide ideation, as well as thwarted belongingness and suicide ideation would be moderated by increased substance use to cope with distress.

Specifically, we hypothesized that perceived burdensomeness and thwarted belongingness would mediate the relation between PTSD symptoms and suicide ideation among a sample of individuals reporting exposure to potentially traumatic events, after accounting for covariates (sex, depressive symptoms, ethnicity, and potential trauma exposure). Further, we hypothesized that using substances to cope would moderate the mediating effects of both perceived burdensomeness and thwarted belongingness (path b_1 and b_2 , respectively) on suicide ideation. We anticipated that the direction of this moderation effect would indicate that individuals who experienced greater perceptions of being a burden and thwarted belonging, and also engaged in greater substance use to cope, would experience the greatest suicide ideation.

2. Method

2.1. Participants

Participants were 254 college students (M age = 19.55, SD = 3.22) who participated in a larger study examining trauma and suicide risk. Potential participants (N = 1720) completed the Traumatic Events Questionnaire (TEQ; Vrana & Lauterbach, 1994) as the pre-screening measure, and those who reported exposure to one or more potentially traumatic events were subsequently asked to participate in the study. There were 136 females (55.3%) and 110 males (44.7%) in the sample. Participants' ethnicity was: 61% Caucasian (n = 155), 18.5% Hispanic (n = 47), 6.3% African American (n = 16), 4.3% Asian (n = 11), and 7.5% other races (n = 19).

2.2. Measures

2.2.1. Positive and negative suicide ideation inventory (PANSI)

The PANSI (Osman, Gutierrez, Kopper, Barrios, & Chiros, 1998) is a 14-item self-report questionnaire consisting of two subscales, which assess positive (i.e., protective factors) and negative thoughts (i.e., risk factors) related to suicide. Participants responded to items using a five-point Likert scale ranging from 1 (none of the time) to 5 (most of the time). The negative suicide ideation subscale was the outcome variable, and scores range from 7 to 35. This subscale has demonstrated strong internal consistency reliability (Gutierrez & Osman, 2008). Internal consistency reliability for the PANSI was .97 for the current sample.

2.2.2. Traumatic events questionnaire (TEQ)

The TEQ (Vrana & Lauterbach, 1994) is an 11-item self-report measure assessing potentially traumatic experiences related to

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