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### **Life or Death Decisions: Anorexia and Suicide**

*By Nicole Siegfried, PhD*



Anorexia has the highest mortality rate of any psychiatric disorder, with death rates estimated as high as 17% (Keel et al., 2003). It was previously thought that the majority of anorexia-related deaths were a result of physical complications secondary to the disorder. However, recent research reveals that most anorexia-related deaths are due to suicide (Fedorowicz, Falissard, Foulon, Dardennes, Guelfi, et al., 2007).

**Why are suicide rates so high in anorexia?** Thomas Joiner (2005) has proposed an Interpersonal-Psychological

work with eating disorder clients - the essence of treatment.

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Theory of Suicide (IPT) that suggests that individuals who are at risk for suicide are those who (1) have strong feelings of perceived burdensomeness; (2) lack feelings of belongingness; and (3) have acquired a capacity to enact lethal self-injury. Individuals with anorexia may be particularly vulnerable to these factors that place them at high risk for suicide.

**Perceived Burdensomeness:** Joiner suggests that individuals commit suicide when they feel that their death would relieve a burden to others. In other words, people kill themselves when they believe that their death is worth more than their life. As compared to other psychiatric disorders, anorexia may be particularly associated with feelings of burdensomeness, based on the requirements of caregivers in supporting their family member's mental and physical health (de la Rie, van Furth, De Koning, Noordenbos & Donker, 2005). This concept is best illustrated by one of my recent suicidal patients with anorexia. She came to believe that her death may add to mortality statistics for eating disorders, which may contribute to changes in legislation regarding eating disorder treatment. However, if she lived she would continue to torment her parents with worry, medical bills, and time away from their jobs due to her treatment. Based on this comparison, she believed that it was logical to choose suicide over living. As she progressed in treatment, one of the most instrumental pieces of her recovery was when her peers encouraged her to write a book about her story to help others with eating disorders. This possibility allowed her to view alternative outcomes- "maybe my living would help others more than my dying."

**Thwarted Belongingness:** Individuals who commit suicide are likely to experience a lack of connection to others. This tendency may also be a hallmark of anorexia (Limbert, 2010). Anecdotally, individuals with anorexia often report that they lose friendships and social interactions as a result of their disorder. Often, their relationship to the eating disorder replaces their relationship to others. Also, Anorexia has a high comorbidity with disorders related to social difficulties, including social phobia, major depressive disorder, and avoidant personality disorder (Binder, Cumella, & Sanathara, 2006), which may exacerbate feelings of disconnection and social isolation.

**Acquired Capacity for Lethality:** The IPTS suggests that individuals develop the ability to commit suicide through repeated exposure to painful and/or injurious events. Individuals with anorexia may meet this criteria through several paths. First, individuals with anorexia engage in eating disorder behaviors, which are dangerous and self-injurious (e.g., self-induced vomiting, laxative use,

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diuretic use). Many may utilize extreme versions of these behaviors (e.g., Ipecac syrup, water purging), which can be even more dangerous. These behaviors, especially in light of an already compromised body, may result in a kind of Russian roulette with eating disordered behaviors (e.g., "is this the 'purge' that will kill me?"). Repeated use of these behaviors results in a habituation to dangerous/injurious behaviors, which sets the stage for a lethal suicide attempt. Secondly, individuals with anorexia are also likely to engage in self-harm behaviors. Research indicates that approximately 25% to 45% (Claes, Vandereycken, & Vertommen, 2003; Herpertz, 1995; Paul et al, 2002) of individuals with eating disorders also engage in self-injury. Individuals who engage in self-injurious behavior may develop somewhat of a tolerance to self-harm so that more injurious behaviors are required to achieve the same effect. Finally, the effects of starvation may result in a numbing so that individuals with anorexia may experience an increased pain tolerance, which may exacerbate acquired lethality. The combination of dangerous/injurious eating disordered behaviors, self-harm behaviors, and starvation may create the perfect storm of risk factors for the acquired capacity to enact lethal self-injury.

Joiner's (2005) theory of suicide provides a compelling framework for conceptualizing the high suicide rate for anorexia. This framework may also be helpful in developing interventions for treatment and prevention of suicide in anorexia. Treatments aimed at these factors may assist clinicians in circumventing suicidal behavior in anorexia and may ultimately result in saving lives.

**[Nicole Siegfried, PhD](#)**

Nicole Siegfried, PhD, is Executive Director at Magnolia Creek Treatment Center for Eating Disorders. She specializes in relapse prevention for eating disorders. Most recently, she and Magnolia Creek Clinical Director & suicidologist, Mary Bartlett, PhD have initiated a collaborative study with Thomas Joiner and his Florida State Research Lab on factors associated with suicide in Anorexia Nervosa.



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