A unified theoretical framework for understanding suicidal and self-harming behavior: Synthesis of diverging definitions and perspectives

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The demarcation between self-harm and suicide attempts is continually discussed. Relatively recent studies indicate that NSSI is strongly associated with risk for future suicide attempts, at times more so than an actual suicide attempt. This is particularly true for adolescents with “treatment resistant” depression (Asarnow, 2011), and more generally depressed youth who self-harm (Wilkinson, Ronberg, Roberts, Dubicka & Goodyer, 2011). A new study by Törnting, Gruszczynski and Willoughby (2012) links the role of indirect and direct self-harm behaviours were not only strongly associated, but shared a relationship with suicidality.

Other self-harm researchers (Klonsky, May & Glenn, 2013) have interpreted the significant predictor of NSSI on future suicide attempts within Joeris’ (2005) interpersonal-psychological theory of suicide. This theory posits that to take one’s life requires both the desire to do and the capability to take one’s life. NSSI may become the vehicle that merges these two aspects of suicide by lowering the threshold of alarm and responsiveness to self-inflicted pain and consequence (Joeris, 2005). An integrated approach to NSSI and suicidal behavior (Hamza, Stewart & Willoughby, 2012) has linked the role of indirect and direct self-harm behaviours to not only being strongly associated, but sharing a relationship with suicidality.

Background

In the field of self-harm research, two major positions and corresponding definitions have evolved. Plener, Libal, Keller, Fergert and Muehlenkamp (2009) note that “Deliberate self-harm” (or simply “self-harm”) is a broad definition that does not specify suicidal intent, mainly used by researchers in Britain, Europe and Australia (Hawton, Rodham, Evans & Weatherall, 2002; National Institute for Clinical Health Excellence: NICE, 2004; 2011; 2013). “Non-suicidal self-injury” (NSSI) encompasses only behaviours resulting in direct tissue damage in the absence of suicidal intent, a formulation historically used in North America. Researchers have formulated NSSI as arising from emotional experience (Gratz, 2003; 2010) and difficulty regulating emotion (Chapman, Gratz, & Brown, 2006; Gratz, & Gunderson, 2006). Neither position systematically evaluates forms and functions of indirect self-harm. The discrepancy between definitions and deficiency of either alone allows an inability to compare results in clinical research studies, and limits the applicability of evidence-based treatments.

Other research (Brausch & Gutierrez, 2010) and theoretical models (Hamza, Stewart & Willoughby, 2012) have proposed that NSSI and suicide are endpoints on a self-harming spectrum. The Unified theoretical framework of self-harming behaviour is developed with an aim to fully encompass all possible forms of self-harming behavior and their possible interrelatedness, to aid individuals with lived experience and their clinicians to detect, understand, and effectively respond when the form of a self-harming behavior changes. This theory, its diagnostic algorithm, and the clinician-administered assessment measure, the Five self-harm behaviour groupings (SS-H: Liljedahl, Westling, Wångby-Lundh, Daukanvik, 2015) are derived from the literature on suicide, self-harm, NSSI, and Borderline Personality Disorder (BPD).

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Model Description: Unified theoretical framework

The model in the accompanying figure depicts directness of self-harm vertically and lethality of self-harm horizontally. Both dimensions range from lower to higher. Each of the five self-harm behavior groupings fall between the two end-points on a broad self-harming behaviour spectrum (the arc across the top of the figure).

The end points of non-suicidal self-injury (NSSI) and suicide attempts (or suicide behavior disorder if attempts recur within 24 months) are relatively consistent with Conditions for further study proposed by the fifth edition of the Diagnostic and statistical manual of mental disorders’ (DSM-5; American Psychiatric Association: APA, 2013). Although NSSI and suicide behaviour disorder (SBD) are proposed as separate clinical entities in DSM-5, with features that distinguish one from the other, they are not formulated to be mutually exclusive at the level of the individual (D. Clarke, personal communication, Feb 8, 2014). That is, the same individual can demonstrate behaviours encompassed by NSSI and SBD over time, only not while coding the same exact behavioural event.

The five self-harm behaviour groupings within the model are (from lower to higher lethality): 1. Direct: Self-injury (consistent with NSSI). 2. Indirect: Harmful self-neglect; behaviours consistent with very poor selfcare. 3. Indirect: Sexual self-harm or self exploitation; behaviours engaged in without sexual interest or the motivation of pleasure or experience. 4a. Indirect: Putting oneself in harms’ way; exposing oneself to high likelihood of injury or violence such as walking alone at night in neighbourhoods known for violence. 4b. Direct: Putting oneself in harms’ way, such as laying down on train tracks.

Testing the Model: Next Steps

The Unified theoretical framework of self-harming behaviour provides a descriptive model unifying self-harming and suicidal behaviours that have sometimes been formulated separately. We conclude that the role of indirect self-harm has not been thoroughly investigated in the existing literature. From clinical experience with individuals who were suicidal and self-harming for years, we believe that the role of suicidal intent must also be more thoroughly investigated alongside indirect and changing forms of self-harm. In order to test the model we have developed, we will begin collecting pilot data to generate clinical cut-offs using the clinician-administered assessment devised from the Unified theoretical framework of self-harming behaviour titled the Five self-harm behaviour groupings (SS-H: Liljedahl, Westling & Wångby-Lundh, 2015) in this manuscript. We may develop in two languages (Swedish and English), for testing in a comparison study once pilot testing is complete.
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References


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