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

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A UNIFIED THEORETICAL FRAMEWORK OF SELF-HARMING BEHAVIOUR: SYNTHESIS OF DIVERGING DEFINITIONS AND PERSPECTIVES

Background
In the field of self-harm research, two major positions and corresponding definitions have evolved. Plener, Libal, Keller, Fergert and Mühlkenkamp (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, 2012). National Institute for Clinical Health Excellence: NICE, 2004; 2011; 2013). “Non-suicidal self-injury” (NSSI) encompasses only behaviours resulting in direct and indirect self-harm behaviours were not only strongly associated, but shared a relationship with suicidality.

Self-harm and suicide: Empirical and theoretical review
The demarcation between self-harm and suicide attempts is continually discussed. Recently, researchers agree 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” (Amason, 2011), and more generally depressed youth who self-harm (Wilkinson, Kelvin Roberts, Dubicka & Goodyer, 2011). A recent study by Töring, Gruszczynski and Czyż (2012) confirmed that indirect and direct self-harm behaviours were not only strongly associated, but shared a relationship with suicidality.

Other self-harm researchers (Klonasky, May & Glenn, 2013) have interpreted the significant predictor of NSSI on future suicide attempts within JOINER’s (2005) interpersonal-psychological theory of suicide. This theory posits that to take one’s life requires both the desire to die and the capability to do so. The capability to die may be developed to a level that suicide becomes an option in times of acute distress. The threshold of alarm and responsiveness to self-inflicted pain and consequence (JOINER, 2005). An integrated theory of NSSI and suicidal behavior (Hamza, Stewart & Willoughby, 2012) has linked JOINER’s (2005) work alongside two other theoretical models, the “Gateway theory” (Braus & Guzman, 2010) and the “Third variable theory” (Jacobson, Muehlenkamp, Miller & Turner, 2008) as other theoretical models, the “Gateway theory” (Braus & Guzman, 2010) and the “Third variable theory” (Jacobson, Muehlenkamp, Miller & Turner, 2008) as other theoretical models, the “Gateway theory” (Braus & Guzman, 2010) and the “Third variable theory” (Jacobson, Muehlenkamp, Miller & Turner, 2008) as other theoretical models, the “Gateway theory” (Braus & Guzman, 2010) and the “Third variable theory” (Jacobson, Muehlenkamp, Miller & Turner, 2008) as other theoretical models, the “Gateway theory” (Braus & Guzman, 2010) and the “Third variable theory” (Jacobson, Muehlenkamp, Miller & Turner, 2008) as other theoretical models, the “Gateway theory” (Braus & Guzman, 2010) and the “Third variable theory” (Jacobson, Muehlenkamp, Miller & Turner, 2008) as other theoretical models, the “Gateway theory” (Braus & Guzman, 2010) and the “Third variable theory” (Jacobson, Muehlenkamp, Miller & Turner, 2008) as other theoretical models, the “Gateway theory” (Braus & Guzman, 2010) and the “Third variable theory” (Jacobson, Muehlenkamp, Miller & Turner, 2008) as other theoretical models. 

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 behaviour 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 considered the same, 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.
4.a. Direct: 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.
4.b. Direct: Putting oneself in harms’ way, such as laying down on train tracks.
5. Direct: Suicide attempts; Self inflicted behaviours undertaken to kill oneself.

Like NSSI and suicide attempts, we propose that there are common features between direct and indirect forms of self-harm. The behaviours may change form, directness, and lethality. Suicidal intent is understood within the theory and the model as either chronic or episodic, but not perfectly aligned to behaviours due in part to the previously-discussed role of cognitive disturbance. We expect ambivalence, interruptions, and learning to also play a role in the alignment between suicidal intent and suicide attempts (DSM-5, 2013).

Testing the Model: Next Steps
The Unified theoretical framework of self-harming behaviour provides a descriptive model uniting 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 derived from the Unified theoretical framework of self-harming behaviour titled The Five self-harm behaviour groupings (SSM-HM: Liljedahl, Westling, Wangby-Lundh, Daukanaitė, 2015) we may begin to develop a scale. For more information about measure, the pilot, or comparison study, please contact the corresponding author.
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References


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