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

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The difference in earlier theoretical work and our model is our aim to exhaustively query all forms of self-harming behavior, and provide a theoretical framework and assessment measure for clinicians to do so. We propose that accurate mental health functioning—self-harming individuals can only be arrived at by effectively capturing self-harm in all of its various forms, importantly also considering changes in the forms of self-harming behavior over time.

**Intention**

Given the tendency for co-occurrence of suicide attempts in individuals who self-harm, suicidal intent must also be queried alongside the forms and functions of self-harm evaluated in clinical practice. This is particularly so amongst clinical populations who may experience frequent emotion dysregulation and chronic suicidality as in the case of Borderline Personality Disorder (BPD) (Linehan, 1993). Lieb, Zanarini, Schmahl, Linehan and Bohus (2004) describe BPD as a disorder characterized not only by affective disturbance, but also by cognitive disturbance. Cognitive disturbance in a moment of high distress due to emotion dysregulation may prevent an individual from planning or formulating whether or not their behavior is intended to change their pain or end their life.

It is also possible that cognitive disturbance in situations of heightened emotion dysregulation may not be unique to BPD. This is some suggestion that intent is not always well formulated amongst self-harming individuals without BPD as well. A relatively recent major study followed individuals who sought treatment after harming themselves. No significant difference was found in the risk of suicide with respect to whether or not participants had suicidal intent at the time of the assessment (Cooper et al., 2005). Clearly, the role of suicidal intent and its relatedness to suicidal behaviour in self-harming individuals must be further evaluated.

**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) and theoretical models (Hamza, Stewart & Willoughby, 2012) have proposed that NSSI and suicide are end-points 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-harm behavior changes. This theory, its practical applications, and the clinician-administered assessment measure, the Five self-harm behaviour groupings (5S-HM: Liljedahl, Westling, Wångby-Lundh, Daukanaité, 2015) are derived from the literature on suicide, self-harm, NSSI, and Borderline Personality Disorder (BPD).

**1. Direct:** Putting oneself in harms’ way; such as laying down on train tracks.

**2. Direct: Suicide attempt:** 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 (5S-HM: Liljedahl, Westling & Wångby-Lundh, Daukanaitė) in 2015. This measure has been developed in two languages (Swedish and English), for testing in a comparison study once pilot testing is complete.
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SYNTHESIS OF DIVERGING DEFINITIONS AND PERSPECTIVES

References


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