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

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Self-harm and suicide: Empirical and theoretical review

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 (Amador, 2011), and more generally depressed youth who self-harm (Wilkinson, Kevin Roberts, Dubicka & Goodyer, 2011). A recent study by Tarisgott, Gruszczynski and Ferrer (2012) confirms that indirect and direct self-harm behaviours were not only strongly associated, but shared a relationship with suicidality.

Other self-harm researchers (Klonisky, 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 do so and the capability to carry it out. 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 (Joiner, 2005). An integrated theory of NSSI and suicidal behavior (Hamza, Stewart & Willoughby, 2012) has linked indirect and direct self-harm behaviors not only to suicidality, but also played a role in the alignment between suicidal intent and its relatedness to suicidal behaviors. The five self-harm behaviour groupings (5S-HM: Lifelijed, Westling, Wängby-Lundh, Daukaus, 2015) are derived from the literature on suicide, self-harm, NSSI, and Borderline Personality Disorder (BPD).

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).

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, Schmid, 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 behaviour was 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. There 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.

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

5. Direct: Suicide attempt; Self initiated 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: Lifelijed, Westling, Wängby-Lundh, Daukaus, 2015) in this measure has been developed in two languages (Swedish and English), for testing in a comparison study once pilot testing is complete.

For more information about measure, the pilot, or comparison study, please contact the corresponding author.
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References


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