Dealing with difficult days: Functional coping dynamics in self-harm ideation and enactment

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ARTICLE INFO

Keywords:
Self-harm
Non-suicidal self-injury
Suicide
Coping
Coping functions

ABSTRACT

Background: Self-harm affords people a means of coping. However, little is known about how functional coping dynamics differ between stressful situations in which people self-harm (enactment), think about harming (ideation), or experience no self-harmful thoughts or behaviours.

Methods: Participants (N = 1,157) aged 16–49 years (M = 18.21, SD = 3.24) with a recent history of self-harm (past 3 months) reported how they coped in response to their most significant recent stressor (3 months).

Results: Almost 40% of participants, all of whom had self-harmed in the last 3 months, had no self-harm experience (thoughts or behaviours) in response to their most significant stressor in that time frame. In multivariate analysis, adjusting for symptoms of depression and anxiety, reappraisal coping was predictive of self-harm behaviour. Emotion regulation coping differentiated self-harm ideation and enactment groups.

Limitations: The cross-sectional design of the study precludes the ability to make inferences regarding causality. Further, there is no agreed definition of ‘recent’ self-harm.

Conclusions: Taken together, the findings suggest that functional coping dynamics may be differentially associated with self-harm ideation and enactment. This is important, given that understanding the transitions between ideation and enactment has been identified as a critical frontier in suicide prevention. Further, results indicate that seemingly innocuous events may have a profound impact as tipping points for enactment; this has implications for clinical practice, including the co-production of safety plans.

1. Introduction

There is a convergence of robust research evidence indicating that self-harm, self-poisoning or self-injury regardless of suicidal intent (National Collaborating Centre for Mental Health, 2011), functions primarily as a means of altering or ameliorating emotional experiences — typically intense aversive states of mind. That is to say, self-harm provides people with a way to escape from distress, at least in the short term (see, Chapman et al., 2006). While research indicates that engaging in self-harm offers people a means of coping (Evans et al., 2005; Warm et al., 2003), there remains a question as to why people engage in this particular behaviour in response to a given situation (Suyemoto, 1998).

The current study assesses self-harm regardless of suicidal intent (or lack thereof). Research considering non-suicidal self-injury (NSSI), suicide attempts and self-harmful behaviours has been included in the introduction, given that everyone engaging in self-harmful behaviours falls along a continuum of suicidal intent (Kapur et al., 2013; Orlando et al., 2015).

A large proportion of the extant literature primarily addresses distal risk factors for self-harm and/or suicide. Consequently, relatively little is understood about the when of self-harm (Townsend, 2014), or indeed the whys. Many studies have relied on the use of long-term retrospective measures that aggregate experiences, whether in the assessment of self-harm, e.g., “Please estimate the number of times in your life you have intentionally (i.e., on purpose) performed each type of non-suicidal self-harm...” (Klonsky and Glenn, 2009; Klonsky and Olino, 2008), “Have you ever battered or hit yourself?”; “Have you ever cut yourself?” (Glazebrook et al., 2016; Hawton et al., 2002) or the assessment of coping, e.g., “...indicate what you generally do and feel, when you experience stressful events...” (Carver et al., 1989). To increase both our understanding of self-harm and our capacity to respond appropriately, it is of paramount importance to unpack the more proximal factors surrounding self-harm thoughts and behaviours.

The extant literature suggests that the nature of the stressor itself may be associated with responding. For example, interpersonal stres-
harming (Brown et al., 2007; Wadman et al., 2016). Therefore, individuals may have periods free from harming and/or thoughts of
independent predictors of suicide attempts in young adults (Johnson
sors (e.g., disputes with family, con
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functionality (Armey et al., 2011) and an increased appreciation that
in the conceptualisation of psychopathology to focus on behavioural
functions that self-harm experiences serve, in response to a given
stressor, has important clinical implications; while the nature of the
stressor can not be altered, coping responses are inherently dynamic
(Ferguson and Cox, 1997). Functional coping dynamics therefore
represent potentially modifiable targets for intervention. Indeed,
developing alternative coping strategies is evidenced as a key theme in
‘naturalistic’ cessation of self-harm engagement (Gelinas and
Wright, 2013). Research evidence is paramount in determining which
coping functions may be particularly relevant when considering
supporting alternative coping. Therefore, developing a more compre-
prehensive account of the functional coping processes underpinning self-
harm thoughts and behaviours (or lack thereof) may be an important
step in understanding how to best facilitate alternative coping and
support change.

1.1. Self-harm ideation versus self-harm enactment

Despite key theoretical advances (e.g., Interpersonal-Psychological
Theory of suicidal Behaviour: Joiner, 2005; The Integrated
Motivational-Volitional Model of suicidal behaviour: O’Connor, 2011)
our ability to predict, explain, prevent and differentiate between self-
harm thoughts and behaviour is arguably unsatisfactory at present
(Klonsky and May, 2014; Stack, 2014). Many people have feelings or
experiences (e.g., thoughts, urges, mental imagery) that relate to self-
harming. For some, these experiences may occur before, or around, an
episode of self-harm. Others have feelings or experiences that relate to
self-harm without engaging in self-harm behaviours - they may just
think about self-harming. This may be because of effortful resistance or
other factors (e.g., the intensity or duration of experiences) (Klonsky
and Glenn, 2008; Nock et al., 2009).

Understanding the transitions between ideation (thoughts) and
enactment (behaviours) has been identified as a key hurdle in suicide
prevention efforts and a priority research area (Klonsky and May,
2014). Within this, it is paramount to appreciate that transitions are a
dynamic process. Those who have self-harmed may not always
continue to do so; self-harming may discontinue across time, or
individuals may have periods free from harming and/or thoughts of
harming (Brown et al., 2007; Wadman et al., 2016). Therefore,
transitions do not necessarily follow a uni-directional progression from
ideation to enactment.

For a more comprehensive understanding of the processes under-
lying self-harm and suicide, research must address not only ideation to
enactment but also behaviour change (e.g., pauses in behaviour
engagement). Typically, research into ideation and enactment has
categorised participants based on lifetime histories of self-harm
thoughts and behaviours. Ideation is readily acknowledged by clin-
icians as having a central role in the treatment and management of self-
harm (Lynch and Cozza, 2009; Nixon and Heath, 2009), so it is
important to have targeted research to understand ideation in those

1.2. Functional coping dynamics and change in self-harm

Cox and Ferguson (1991) outlined four qualitatively distinct coping
functions: (i) emotional regulation coping, which allows an individual
to deal with the emotional consequences of a problem (ii) approach
coping, which permits a person to deal directly with the problem (iii)
reappraisal coping, readdressing and reinterpreting the meaning of a
situation and (iv) avoidance coping, allowing an individual to ignore
the existence of the situation.

Research evidence indicates that functional coping dynamics may
be an important psychological factor in understanding self-harmful
behaviour, with emotion regulation, approach, reappraisal and avoid-
ance coping functions being related to both lifetime self-harm status and
the recency of behaviour engagement (Nielsen et al., 2016). To the
best of our knowledge, to date no research has explored functional
coping dynamics within an ideation to enactment framework. If we
understand self-harm as affording people with a means of coping
(Evans et al., 2005; Warm et al., 2003), then developing a compre-
prehensive account of the wider functional dynamics surrounding these
thoughts and behaviours is fundamental in grounding research efforts
and guiding clinical practice. Increased understanding of the relation-
ship between coping and self-harm holds the potential to inform
interventions which not only help people to survive but also support
them to thrive. Further to this, elucidating novel variables that
differentiate self-harm thoughts from actions holds additional clinical
utility.

1.3. Current study

The present study aims to explore whether coping predicts self-
harm experience (ideation, enactment, or lack thereof) in those who
have a history of self-harm. The study focuses on the perceived
functional dynamics of cognitive and behavioural coping employed in
response to a stressor. Rather than exploring typical responses and
thus aggregating experiences, the study considers responding to a
specific, recent stressor chosen by participants. Given that self-harm
experiences are transient and fluctuating phenomena, the study
restricts its focus to participants who had self-harmed in the last 3
months and investigates responses to most significant stressor in that
period. This aimed to eliminate the often noted limitations of long-
term, retrospective self-reporting. Given that self-harm is often re-
peated (Owens et al., 2002) and that many individuals with self-harm
histories experience strong (and often frequent) urges to engage in self-
injurious behaviours (Washburn et al., 2010), the timeframe also
aimed to ensure that reporting of self-harm ideation and enactment
would be of sufficient frequency to facilitate meaningful exploration.

There is increasing concern about self-harm in non-clinical popula-
tions (Hasking et al., 2008; Lloyd-richardson et al., 2007; McMahon
et al., 2014). While some who have experience of self-harm may come
into contact with mental health services, either directly (i.e., for input
related to self-harm) or indirectly (i.e., accessing treatment for other
reasons), this does not reflect the experience of the majority (Hawton
et al., 2002; Sourander et al., 2001). Therefore, the study recruited a
community-based sample.

The aims of the study were to:

1. Describe the frequency of self-harm ideation and enactment in
response to recent stressors, in participants with recent self-harm.
2. Explore whether functional coping dynamics can differentiate self-
harm experiences in response to the stressor (no self-harm; ideation;
enactment).
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