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Solving the puzzle of deliberate self-harm: The experiential avoidance model

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Abstract

Despite increasing attention to the phenomenon of deliberate self-harm (DSH), the literature currently lacks a unifying, evidence-based, theoretical framework within which to understand the factors that control this behavior. The purpose of the present paper is to outline such a framework—the Experiential Avoidance Model (EAM) of DSH. The EAM poses that DSH is primarily maintained by negative reinforcement in the form of escape from, or avoidance of, unwanted emotional experiences. Literature on factors that may lead to experiential avoidance is reviewed, along with the mounting empirical evidence that DSH functions to help the individual escape from unwanted emotional experiences. The EAM integrates a variety of research on emotions, experiential avoidance, and DSH within a clinically useful framework that sparks novel research directions.

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The puzzle of deliberate self-harm behavior

The act of deliberately injuring oneself is a puzzling behavior to understand, but one that has received increased attention from researchers in recent years (Brown, Comtois, & Linehan, 2002; Chapman, Specht, & Cellucci, in press; Favazza, 1998; Gratz, Conrad, & Roemer, 2002; Nock & Prinstein, 2004). When defined broadly as the deliberate, direct destruction or alteration of body tissue without conscious suicidal intent, self-injurious behavior occurs in various forms among several different populations (Favazza, 1998; Winchel & Stanley, 1991). For example, culturally sanctioned forms of this behavior (such as tattooing and body piercing) are seen among non-psychiatric populations, particularly adolescents and certain social sub-cultures (Favazza, 1998). Repetitive, stereotypical forms of self-injury are common among individuals with developmental disorders (Lesch & Nyhan, 1964) and cognitive disabilities (Carr, 1977). Some of the most severe forms of this behavior (e.g., self-immolation and auto-castration) are observed among individuals with psychosis (Favazza, 1998; Suyemoto, 1998). Finally, in other populations (i.e., among individuals with borderline personality disorder [BPD], post-traumatic stress disorder [PTSD], dissociative disorders, and/or depressive symptoms), self-injurious behavior occurs in the absence of cognitive deficits or psychosis, and appears to be linked with emotional distress (Favazza, 1998).

Despite the clinical relevance of self-injury, however, not all forms of this behavior have received research attention commensurate with their importance. In particular, although studies have examined self-injurious behavior among individuals with cognitive disabilities (e.g., Carr, 1977) and psychosis (e.g., Russ, 1992), few studies have empirically examined the functions or causes of self-injurious behavior among non-psychotic, cognitively normal adults. Therefore, the purpose of this paper is to present a theoretical model of this form of self-injurious behavior, which we will refer to specifically as deliberate self-harm (DSH). This model was developed to provide a clinically useful understanding of DSH, in the hope of guiding future research on this behavior.

Specifically, the model presented in this paper is a behavioral theory of DSH (the *Experiential Avoidance Model*, or EAM, see Fig. 1) based on the premise that DSH is a negatively reinforced strategy for reducing or terminating unwanted emotional arousal. Within this paper, theoretical and empirical literature that situates DSH within a broader class of *experiential avoidance* behaviors is reviewed. Although much of this literature has examined DSH within the context of BPD, it is relevant to DSH in general and has informed the development of our theory, which focuses on DSH across a variety of non-psychotic, cognitively normal, adult psychiatric populations. In contrast with other models of this behavior that focus more specifically on certain clinical populations (e.g., BPD; see Linehan, 1993), the EAM was developed to apply to DSH at a general level across various populations (e.g., individuals with depression, personality disorders, or PTSD). The overall goal of this paper is to outline the details of, and support for, an experiential avoidance-based conceptualization of DSH, in the hope of prompting further research on DSH and its treatment. Before discussing the EAM, however, it is important to further clarify the precise definition of DSH on which this model is based.

In addition to excluding the repetitive and severe self-injurious behaviors occurring among cognitively or developmentally disabled and psychotic individuals, this paper focuses exclusively on self-injurious behavior that occurs in the *absence* of any intent to die. That is, we define DSH as

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