



Exploring application of the Interpersonal-Psychological Theory of Suicidal Behaviour to self-injurious behaviour among women prisoners: Proposing a new model of understanding

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ABSTRACT

The current study examines the application of capacity, psychological distress, coping and personality to an understanding of self-injurious behaviour, with a specific focus on testing the Interpersonal-Psychological Theory of Suicidal Behaviour (IPTSB). One hundred and ninety women prisoners took part, completing a history questionnaire and measures of personality, coping styles and psychological distress. It was expected that self-injurious behaviour would be predicted by higher levels of emotional functioning difficulties, by an increased capacity to engage in such behaviours, by previous self-injurious behaviour, decreased levels of emotional stability and increased levels of emotional coping behaviour. Results supported the capacity component of the IPTSB, indicating that an increased history of self-injurious behaviour and of engagement in reckless behaviour were particular predictors. Increased psychological distress in some domains was also a predictor although the exact domain varied across the type of self-injurious engagement. Increased levels of extraversion and decreased emotional coping predicted increased self-injurious engagement, although emotional coping only related to threats and cognition. The results point to the applicability of Interpersonal-Psychological Theory to understanding self-injurious behaviour and the importance of developing a revised model. The paper presents this in the form of the Integrated Model of Self-Injurious Activity.

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Self-injurious behaviour has been a particular area of concern among prisoners, and is disproportionately higher than in the community (Shaw & Humber, 2010). This is particularly the case for women prisoners, with this identified as an important feature of their clinical need (Byrne & Howells, 2002). For example, Borrill, Snow, Medlicott, Teers, and Paton (2005) documented that the last decade had seen a rise in 'self inflicted deaths' and increased rates of self-harm in women prisoners, with 6% of the UK prison population comprising women, but accounting for 46% of recorded self-harm (Daniel & Fleming, 2005). Research into this area is limited by its largely descriptive quality, particularly within forensic samples (Shaw & Humber, 2010). There has been little attempt to apply theory to the study of such behaviour in forensic populations. This is surprising when such application would assist with understanding the behaviour as opposed to simply describing.

Focus has to shift towards testing and advancing theory in order to understand the behaviour as opposed to simply describing it. Developing and testing theory is completed best using populations, where the behaviour of interest presents with an increased base

rate of occurrence (Monaghan, 1981). One theory which has considerable therapeutic value but has received no attention in the forensic literature is the Interpersonal-Psychological Theory of Suicidal Behaviour (IPTSB: Joiner, 2005; Joiner & Orden, 2008). The central concept to this theory is the motivation behind 'suicidal' behaviour and what allows an individual to have both the *capacity* and the *desire* to commit the act. IPTSB posits that in order to overcome the self-preservation drive to hurt oneself, an individual must have developed a *capacity* to enact lethal self-injury by habituating to the fear and/or pain associated with it based on past experiences. This is not too dissimilar to Freudian formulations with regards to suicide where the death instinct [Thanatos] is thought to overwhelm the life force [Eros] (Williams & Pollock, 2000).

IPTSB builds on the simplicity of Freudian interpretations by indicating that capacity has to be combined with the desire to do harm through feelings of *perceived burdensomeness* to others and *failed belongingness*, with these latter components having to co-occur. Perceived burdensomeness can represent a misperception and not uncommon among those presenting with a low mood, with failed belongingness relating to alienation from others, such as family or friends.

The potential application of IPTSB to forensic samples, notably prison samples, begins to become clearer when it is acknowledged

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that prisons are environments, where individuals are experiencing an enforced separation from others (i.e. *failed belongingness*) as a product of imprisonment. They are also recognised as a socially excluded population with a range of pre-existing vulnerabilities (Shaw & Humber, 2010). Enforced separation could be considered a setting condition to any potential difficulties, and may be more problematic among those with pre-existing vulnerabilities. It could be speculated therefore that those prisoners presenting with poorer mental health (e.g. a reduced mood associated with *perceived burdensomeness*, such as depressive symptoms), are at an increased risk of engaging in self-injurious behaviours. Indeed, there is support for self-injurious behaviour frequently being co-morbid with mental health symptoms (Qin & Nordentoft, 2005). Within women prisoners, for example, Keaveny and Zauszniewski (1999) reported that raised levels of anxiety were associated with self-injurious behaviour, with levels of depression and anxiety higher in prison populations overall in comparison to community samples (Cooper & Livingston, 1991). Furthermore, when women prisoners were asked the reasons behind their self-harming behaviour (Prison Reform Trust Annual Review, 2005) it was reported that when they had self-harmed with no suicidal intent, 89% did so to alleviate unpleasant feelings of tension, anxiety, anger and depression. Over half indicate they had done so to draw attention to their situation as a coping strategy.

If reduced mental health and thus perceived [risk of] burdensomeness are then combined with a history of engaging in a range of self-damaging behaviours, you would expect their threshold to engage in risky behaviours to increase, leading to an increased *capacity* to engage in self-injurious behaviour. This would fit with the IPTSB. 'Self-damaging' behaviour can be considered in broad terms, and it could be argued that engagement in substance misuse, eating disorders, and reckless or irresponsible behaviours (Evans & Lacey, 1992), are all means by which an individual can demonstrate capacity to engage in risky behaviours towards the self, and thereby evidence of overcoming the drive for self-preservation and increasing the *capacity* to take a risk with one's physical well-being. Indeed the need to adopt a broad definition of previous experiences, thought to assist with overcoming the self-preservation drive, is recognised in the description of IPTSB and extends to a range of self-damaging behaviours (Joiner & Orden, 2008). Indeed, Joiner and Orden (2008) state how "fighting this battle [against the self] repeatedly and in different domains instils the capacity to stare down the self-preservation instinct" (p. 83). Not surprisingly however the theory also posits that previous attempts of self-injurious behaviour, particularly multiple attempts, are likely to further erode the self-preservation drive and raise the capacity for self-injurious behaviour. It is certainly possible, nonetheless, that it is the *accumulation* of self-damaging behaviour, regardless as to its specific nature, which increases capacity for harm, although this has not been tested as part of the IPTSB.

The IPTSB is not complete as an explanation on its own and is arguably simplistic in parts, failing to account for the factors which an individual brings with them to a challenging set of circumstances. Thus although it accounts for capacity to engage, it does not account for the propensity to engage. It would certainly benefit from an application of theory which accounts for pre-existing vulnerabilities, such as temperament factors, including personality and preferred coping styles, to enhance its application. Temperament factors are recognised as important external variables in explaining an individual's propensity to engage in a chosen behaviour (Welsh & Gordon, 1991), and these are not accounted for in detail by IPTSB. Indeed, the only external variable that is addressed is one that falls within the *capacity* component of the IPTSB, namely previous [self-injurious or self-damaging] behaviour.

There is thus a need to incorporate external temperament variables more specifically in any attempt to develop a theoretical model of self-injurious behaviour. The importance of including

state–trait interactions is clearly acknowledged in the literature (Heeringen van, Hawton, & Williams, 2000). Temperament variables are particularly important to account for in any interpretation of the level of vulnerability that an individual presents with. What IPTSB lacks, for example, is an explanation as to *how* emotional distress may be generated (i.e. perceived burdensomeness) and who has a *propensity* to be vulnerable to this. Exploring if the IPTSB can be adapted to account for external temperamental factors, has theoretical advantage and may assist with exploring further what can raise an individual's capacity to engage in self-injurious behaviour.

Essentially what is being suggested is an adaptation of the IPTSB model which incorporates elements of other theories, the most pertinent being the *Transactional Stress Theory*. This suggests that stress results from an ongoing interaction between the individual and their environment and can be mediated by the coping style used, a temperament variable in this instance. Detention in prison has been found to be a stressful experience (Cooper & Berwick, 2001) which increases levels of psychological distress (Fogel, 1993; Keaveny & Zauszniewski, 1999). Eccleston and Sorbello (2002) argue that it is the dynamic interaction between the prison environment, offender psychopathology and individual coping styles that elevate the risk for self-harm and suicide.

Emotional coping styles in particular are thought to contribute to and promote poor mental health within prison samples (Ireland, Brown, & Ballarini, 2006). There is also a parallel which can be drawn to the 'tipping point' hypothesis (Goldney, 2000) which indicates that there is a background or base rate of behaviour, likely a result of multiple factors, which has a threshold which once breached allows for the behaviour to take place. Although this concept of a 'tipping point' is sociological in nature and has not been applied to prisons, one can see how the specifics of the stressful nature of a prison setting, coupled with a vulnerable population and restrictions placed on effective coping by the environment (e.g. with options for avoidance of a stressor often not possible; Ireland et al., 2006), can lead to a tipping point being reached. This concept has been readily applied to self-injurious behaviour (Goldney, 2000) and highlights the role of multiple factors in promoting the behaviour. It serves to highlight further the need to expand beyond models that may be too simplistic in their current form.

How an individual copes, and thus remains below the tipping point threshold, can also be associated with personality styles. Costa and McCrae (1990a,b) note how traits, especially neuroticism [also referred to as emotional instability], influence perceptions of stress, ways of coping, and psychological well-being. They suggest that when stress was experienced the traits individuals possessed then influenced the coping strategy they adopted. For instance, among individuals high in neuroticism in their study, they found they were more likely to cope with stress through self-blame, whereas those higher in extraversion were more likely to use a rational approach and positive thinking.

Personality has certainly been noted as an important factor relating to self-injurious behaviour, with borderline and antisocial personality particularly related (Linehan, Rizvi, Welch, & Page, 2000), especially among women prisoners who engage in self-injurious behaviour (Bertolote & Fleischman, 2002). It is equally important to note however that prior psychopathology is not always evidenced in self-injurious behaviour. Not all women, for example, who engage in self-harming behaviour present with prior difficulties. This was illustrated by Coid, Wilkins, Coid, and Everitt (1992) who identified two groups of women prisoners in terms of self-harming behaviour. The first self-harmed to relieve symptoms of anger, depression and anxiety and were frequently diagnosed with borderline personality disorder. The second group were more likely to react to life events and were more likely to engage in life threatening behaviour. This suggests a group of prisoners with pre-existing co-morbidity with regards to poor mental health and/or maladaptive personality, and

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