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

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A B S T R A C T

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-harm behaviours has been included in the introduction, given that 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 where. 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-
important to have targeted research to understand ideation in those harming (Brown et al., 2007; Wadman et al., 2016). Therefore, individuals may have periods free from harming and/or thoughts of self-harm (Johnson et al., 2014). Within this, it is paramount to appreciate that transitions do not necessarily follow a uni-directional progression from ideation to enactment. For example, during the transition from ideation to enactment, individuals may experience time-limited interruptions (i.e., pauses in behaviour enactment). This aimed to eliminate the often noted limitations of long-term, retrospective self-reporting. Given that self-harm is often repeated (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 populations (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).

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 avoidance 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 comprehensive 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 relationship 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 repeated (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.

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