SELF HARM

What is Self Harm?

“Self Injurious Thoughts and Behaviours” (SITB) is the US term (Nock 2009) and “Deliberate Self Harm” (DSH) the UK term (Hawton et al 2003) for people deliberately hurting their own body tissue (e.g. cutting, hitting oneself hard enough to bruise) or taking substances with the intention of causing themselves harm. US research separates out substance-based harm from tissue damage and refers to the latter as Non Suicidal Self Injury (NSSI).

Self harm peaks in teenage years and its prevalence is increasing, possibly due to “role modelling” by the likes of Amy Winehouse and Angelina Jolie.

Why do teenagers do it? (functions)

The most commonly agreed motivation for self harming behaviour is to regulate emotions that are out of control. Recent work in the US (Nock & Prinstein 2004) suggests a more complex schema with both personal (“automatic”) and social reasons, which are triggered by a mix of positive and negative motivations. Typically people give more than one motivation which is why the figures in the diagram below add to more than 100%.

What helps people stop?

The ultimate aim of work on the functions of self harm is to work out why teens do it so as to help them stop. A retrospective study was carried out with thirty-nine young adults who had ceased to self injure on the methods that were most effective at helping them resist urges (Klonsky & Glenn 2008). Most effective was doing sports or exercise (rated very or somewhat helpful by 95.6% of those who tried it) followed by removing the means used to harm oneself from the home (rated very or somewhat helpful by 81.8% of those who tried this approach).

What do we still need to find out?

Nock and Prinstein’s model on the functions of self harm was originally tested with psychiatric inpatients in the US and the main community sample on which it has been tested was also in the US (Lloyd Richardson et al, 2007) and used data from interviews conducted in 1998. The model therefore needs testing in a UK setting with a current sample of community adolescents and young adults.

In addition, it is not clear how the functions that have been studied to date interact or relate to one another. Preliminary work by Klonsky (2009) suggests there may be “primary” and “secondary” functions but this needs further testing.

Finally, there is an urgent need to collect data in the UK in a way that results can be reported both to fit the dominant UK classification of “Deliberate Self Harm” and the dominant US classification of “NSSI”.

How can we research that?

Initially, qualitative enquiry is proposed, using laddering techniques with young self harmers to explore how young people mentally map the functions of self harm in their heads and to check for comprehension of functions and of definitions currently used in the US and UK settings.

Potential alterations identified from the qualitative work will then be validated in a second, quantitative study, using factor analysis on the list of new or combined measures, correlation analysis to quantify “pathways” of attributes which are linked to one another, and cluster analysis to see whether a four factor solution is generated when these attributes are used.

The definitional work will also be validated statistically in the quantitative stage by testing against related constructs e.g. whether results processed using the UK definition relate to results of work on suicidal tendencies; whether results using the North American definition are in line with previous studies in the US and if not whether there are cultural differences which explain this.

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References:
Elizabeth Lloyd-Richardson, Nicholas Perrine, Lisa Dierker and Mary L Kelley, Characteristics and functions of non-suicidal self-injury in a community sample of adolescents, Psychological Medicine, 2007, 37, 1183–1192.