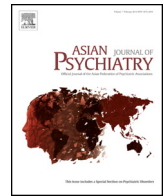




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## Review

# Non-suicidal self-injury and other self-directed violent behaviors in India: A review of definitions and research

Amarendra Gandhi <sup>a,\*</sup>, Koen Luyckx <sup>a</sup>, Shubhada Maitra <sup>b</sup>, Laurence Claes <sup>a,c</sup>

<sup>a</sup> Faculty of Psychology and Educational Sciences, KU Leuven, Leuven, Belgium

<sup>b</sup> Centre for Health and Mental Health, Tata Institute of Social Sciences, Mumbai, India

<sup>c</sup> Faculty of Medicine and Health Sciences (CAPRI), University of Antwerp, Antwerpen, Belgium

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### ABSTRACT

The interpersonal theory of suicide suggests that most forms of self-directed violent behaviors lie on a continuum, with each behavior successively increasing the capability of committing suicide. There is increasing evidence to suggest that the continuum may begin with Non-Suicidal Self-Injury (NSSI). This theory can be important in developing interventions for suicide prevention. However, in India, consistent usage of definitions of various forms of self-directed violent behaviors is lacking. In the present study, we reviewed definitions of various forms of self-directed violent behaviors that have been investigated in India. Further, we compared the usage of these definitions with the usage by WHO. Additionally, we reviewed NSSI research in India. Thirty-eight publications were identified by a comprehensive electronic search undertaken in Indian psychiatry, psychology, and mental health-related databases. Inconsistent definitions of eight self-directed violent behaviors were observed in Indian literature. Agreement on consistent definitions of various forms of self-directed behaviors is essential. Based on the findings of the current review, it can be suggested that culturally relevant large-scale research on NSSI in India is required to confirm the limited evidence that suggests high prevalence of NSSI in India.

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\* Corresponding author. Tel.: +32 16 32 96 9; fax: +32 16 32 59 16.

E-mail address: [Amarendra.Gandhi@ppw.kuleuven.be](mailto:Amarendra.Gandhi@ppw.kuleuven.be) (A. Gandhi).

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**1. Introduction**

Suicide is a major public health concern in India. In the year 2012, about 0.25 million suicides were reported in the country (World Health Organization, 2014a). The National Crime Records Bureau (2014) reported a 21.6% rise in suicide rates from 2003 to 2013. The suicide statistics suggest that targeted interventions for suicide prevention are needed in India. However, as Van Orden et al. (2010) suggest, because most prevention strategies are not based on comprehensive theories that explain dynamic interaction between personal and environmental factors, few prevention strategies are effective in reducing suicide.

The Interpersonal theory of Suicide (Joiner, 2009) is one of the most comprehensive theories proposed to explain this interaction. Joiner argues that because of the extreme and lethal nature of suicide, most people are fearful to attempt suicide. In the presence of certain enabling factors, individuals may feel more courageous to engage in suicidal acts. Joiner (2009) argues that individuals acquire a ‘capability to suicide’ through the interaction of three factors: (a) perceived burdensomeness: the perception that one is a burden on loved ones (b) thwarted belongingness: a function of social alienation; and (c) learned fearlessness: reduced fear of death because of various reasons including high pain tolerance (see Fig. 1).

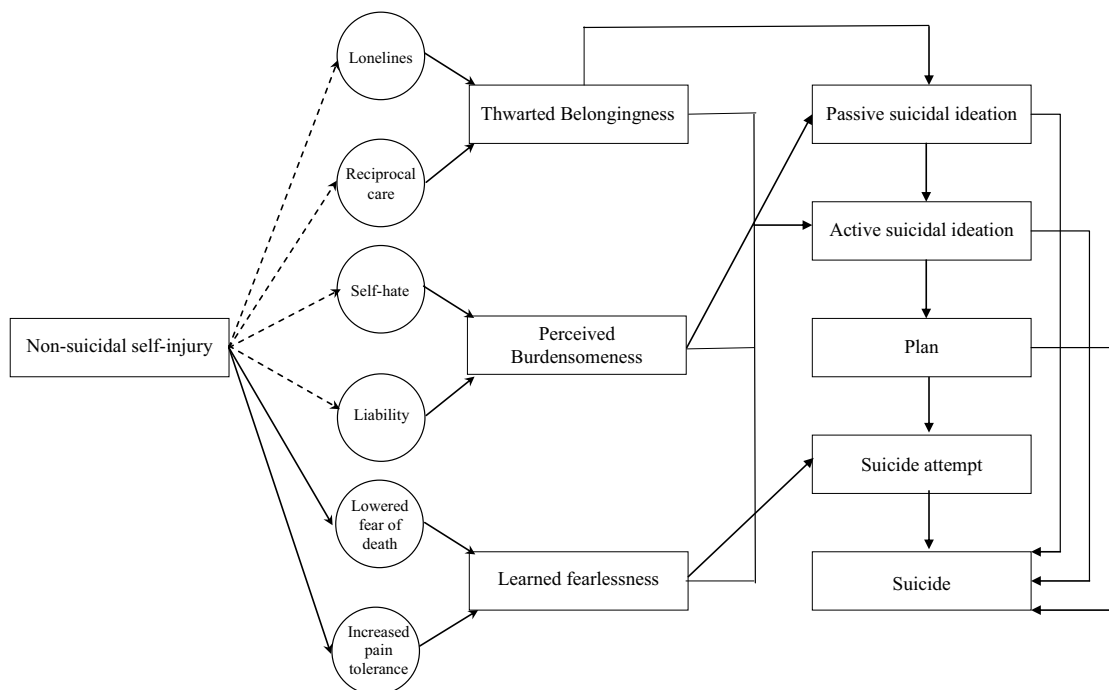
In the West, Non Suicidal Self Injury (NSSI) has been identified as an important self-directed violent behavior with major public health implications. NSSI is defined as ‘intentional destruction of one’s body tissue without suicidal intent’ (Nock and Favazza, 2009). Extant literature suggests that about 70% of people engaging in NSSI behavior also report a lifetime prevalence of at least one attempted suicide (Nock et al., 2006). Further, the presence and frequency of NSSI can predict the history of suicide attempts more than depressive symptoms and hopelessness can (Andover and Gibb, 2010).

Given that repeated engagement in NSSI may lead to increased pain tolerance and reduction in the fear of death, which in turn, may increase the risk for suicide attempts, some theorists consider

NSSI as a gateway to suicide (Joiner et al., 2012). There is also evidence to suggest that disclosure of NSSI may lead to a reaction of confusion, fear, or disgust from health professionals (Muehlenkamp et al., 2013), teachers (Heath et al., 2010), and peers (Favazza, 1998). Self-injuring individuals may also isolate themselves as they worry about possible rejection, stigmatization, or punishment as a reaction to the discovery of NSSI (Turner et al., 2014). Strong reactions from others toward NSSI and perceived isolation may lead to a decreased sense of belongingness to others. Finally, the shame and guilt associated with NSSI, may lead to an increase in perceived burdensomeness. NSSI, hence, may predispose individuals to the three factors proposed by Joiner, which, in turn, may increase the risk for suicidal ideation and suicide (see Fig. 1).

Apart from its association with suicide, NSSI has other public health implications. Existing research suggests strong associations between NSSI and disorders like anxiety, depression (Wilkinson and Goodyer, 2011), eating disorders (Muehlenkamp et al., 2011), and personality disorders (especially Borderline personality disorder; Welch et al., 2008). NSSI is also associated with developmental and personality related vulnerabilities (Barrocas et al., 2011). Hence, NSSI may serve as an indirect indicator of the aforementioned mental health disorders in community settings and may be helpful in early assessment and interventions.

Based on the public health utility of NSSI, it can be suggested that researching NSSI in community and clinical settings may be necessary. However, overlapping usage of various forms of self-directed violent behaviors including NSSI in Indian research is a major concern impeding this endeavor. Inconsistent definitions of self-directed violent behaviors are a major hurdle in developing clinical (e.g., assessment of risks), research (for e.g., estimation of burden), and epidemiological (for e.g., international reporting and comparison of prevalence rate) knowledge about these behaviors. So far, attempts to streamline use of definitions is lacking in India. To fill these gaps, the present study reviewed definitions of various forms of self-directed violent behaviors investigated in India so far. We compared these definitions with present-day international usage. Further, given that NSSI may be an important risk factor for



**Fig. 1.** Pathway from non-suicidal self-injury to various form of self-directed violent behavior (based on process-based suicide models of Joiner et al. (2012) and Baca-Garcia et al. (2011)).

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