

Nonsuicidal Self-Injury and Suicidal Self-Injury: A Taxometric Investigation

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The present research examined the latent structure of self-injurious behavior (SIB) to determine whether suicidal self-injury (SSI) and nonsuicidal self-injury (NSSI) reflect categorically distinct types of SIB or dimensional variations of the same construct. Participants consisted of 1,525 female undergraduates across several universities in the United States who completed the Survey of College Mental Health and Well Being and endorsed a history of SIB. Empirically derived indicators representing intent to die, suicidal history, frequency of SIB, severity of SIB, and number of methods of SIB were submitted to three mathematically independent taxometric procedures. Results of multiple consistency tests converged to indicate that the latent structure of SIB is continuous, with individuals who engage in SSI and NSSI differing in degree rather than kind. The implications of these dimensional findings for the theoretical conceptualization, assessment, and treatment of SIB are discussed.

Keywords: taxometric; dimension; category; self-injury; suicide

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SELF-INJURIOUS BEHAVIOR (SIB) REFERS TO ANY ACTIVITY engaged in intentionally and with the knowledge that it may or will result in physical or psychological harm to the self (Nock, 2010; Whitlock, Eckenrode, & Silverman, 2006). Self-injurious behaviors are highly prevalent, with 19% to 25% of clinical populations, 13% to 45% of adolescents, and 15% of college students engaging in SIB (Briere & Gil, 1998; Brunner et al., 2007; Swannell, Martin, Page, Hasking, & St. John, 2014; Whitlock et al., 2011). SIBs also represent a serious public health problem, often leading to serious physical and psychological harm to the self-injurer and causing distress among their family and friends (Nock, 2010). Research suggests that once individuals begin to engage in SIB, it is often difficult to stop, and SIB can become frequent, with one study suggesting that more than 50% of psychiatric inpatients who engage in SIB average more than 50 SIB episodes per year (Nock & Prinstein, 2004).

Although clinicians often associate SIB with borderline personality disorder, SIB is known to occur in the context of a multitude of other psychological disorders, including anxiety disorders, major depression, conduct or oppositional defiant disorders, and substance abuse disorders (Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006). In fact, the most recent revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013) lists SIB as a symptom

of borderline personality disorder and factitious disorders and notes that SIB can be present in individuals with diagnoses of posttraumatic stress disorder. Trichotillomania (hair-pulling) and excoriation (skin-picking) disorders can also be considered, by definition, specific types of SIB.

A review of the self-injury literature reveals disagreement among experts regarding how different types of SIB ought to be classified. Some researchers propose two distinct forms of SIB, nonsuicidal self-injury (NSSI) and suicidal self-injury (SSI), with NSSI reflecting deliberate, self-inflicted destruction of the body without intent to die, and SSI referring to SIB engaged in with the intent to end one's life (e.g., [Csorba et al., 2009](#)). Proponents of the typological classification of SIB suggest that several characteristics differentiate the two behaviors. At the forefront of the conjectured distinction between NSSI and SSI, and consistent with the labels used to describe the behaviors, is the presence or absence of suicidal intent. Some research suggests that only approximately 6% of individuals who engage in SIB believe death is a probable result of their behaviors and endorse a serious intent to die ([Patton et al., 1997](#)). In contrast, 59% to 72% of individuals who engage in SIB do not report any suicidal thoughts at the time of self-injury ([Muehlenkamp, 2005](#)). Studies also suggest that individuals who engage in SSI tend to utilize more severe/lethal forms of SIB and report more serious recent history of SIB than individuals engaging in NSSI ([Csorba et al., 2009](#)). In addition, SSI is associated with more frequent suicidal and self-injurious thoughts and behaviors than NSSI ([Brunner et al., 2007](#); [Csorba et al.](#)), and individuals who have attempted suicide report engaging in a greater number of SIB methods than those who have not ([Whitlock, Muehlenkamp, & Eckenrode, 2008](#); [Zlotnick, Donaldson, Spirito, & Pearlstein, 1997](#)). Research also suggests that the number of lifetime suicide attempts is positively correlated with the number of the different methods used to self-injure ([Nock et al., 2006](#)). Thus, suicidal intent, severity of SIB, and number of SIB methods engaged in are suggested to be useful means of distinguishing NSSI from SSI.

Although the categories of SSI and NSSI may seem intuitive and some evidence appears to support the utility of their distinction, other research raises concerns about whether the distinction truly reflects the existence of naturally occurring classes. For example, some experts have questioned whether an individual's intent during SIB can be reliably determined, noting that individuals who engage in SIB often report being ambivalent (i.e., not caring whether they live or die) while engaging in SIB ([Brunner et al., 2014](#); [Kapur, Cooper, O'Connor, &](#)

[Hawton, 2013](#)). In addition, one study found that more than one-third of adults endorsed experiencing suicidal thoughts while engaging in NSSI ([Klonsky, 2011](#)).

The lack of clarity in the distinction between NSSI and suicidal behaviors is also evidenced by the strong correlation and apparent overlap between the two constructs. Specifically, some evidence suggests that the strongest risk for engaging in NSSI is a history of suicidal behavior and ideation ([Brunner et al., 2007](#)), and although more severe NSSI behaviors are associated with higher rates of suicidality, individuals who engage in NSSI (regardless of level of severity) exhibit significantly more suicidality than individuals who have never engaged in NSSI ([Whitlock et al., 2008](#)). In fact, NSSI was found to precede or co-occur with suicidal thoughts and behaviors in 61% of college students, leading researchers to suggest that NSSI may act as a "gateway" to suicidal behavior ([Whitlock et al., 2013](#)). Research also suggests that the distribution of scores on measures of suicidal intent tend not to evidence bimodal distributions as may be anticipated if individuals are categorically either suicidal or nonsuicidal ([Kapur et al., 2013](#)). Finally, efforts to distinguish SIB based on intent to die are complicated by the fact that individuals who engage in SIB frequently report multiple motivations for their actions ([Scoliers et al., 2009](#); [Swannell et al., 2008](#)). These observations have led some researchers to conclude that SIB is likely a continuously distributed construct.

Whether SIB is most accurately conceptualized as comprised of multiple categories (e.g., NSSI and SSI representing distinct groups) or dimensionally distributed is an empirical question that has yet to be directly investigated. Understanding the latent structure of SIB is of critical importance as an accurate conceptualization of SIB informs SIB theory, research, assessment, diagnosis, and treatment ([Meehl, 1995](#)). Thus, the aim of the present study was to conduct the first investigation into the latent structure of SIB using taxometrics, which consists of a series of statistical procedures designed to discern the latent structure of entities. Based on the considerable conceptual overlap between NSSI and SSI, and concerns raised about using intent as a primary distinguishing factor, it was hypothesized that SIB would be characterized by a dimensional latent structure.

Method

PARTICIPANTS

Prospective participants consisted of 3,069 college students from eight universities across the United States who completed the Survey of College Mental

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