

Cognitive Representations of Self-Harm as Predictors of Coping Orientation and Attitudes Towards Service Engagement



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BACKGROUND

- We know that people understand their self-harm in diverse and individual ways.
- This aspect of lived experience is crucial, but how it affects other outcomes is unclear.
- How we understand our health has been shown to be important to our general wellbeing, but this has not been explored in the context of self-harm.

METHODS

- Cross-sectional survey with **113** individuals with experience of self-harm.
- Outcomes: coping styles and attitudes to accessing mental health services.**
- An adapted version of the Brief Illness Perception Questionnaire was adapted to capture how people understand their own self-harm.
- Multiple linear regression** was used to evaluate whether **understandings of self-harm have predictive power.**
- Participants were aged ≥ 18 and based in the UK.

AIMS

- How do cognitive representations of self-harm predict coping styles and intentions to access services?
- What are the effects of how we understand self-harm?

WHAT ARE COGNITIVE REPRESENTATIONS & PERCEPTIONS?

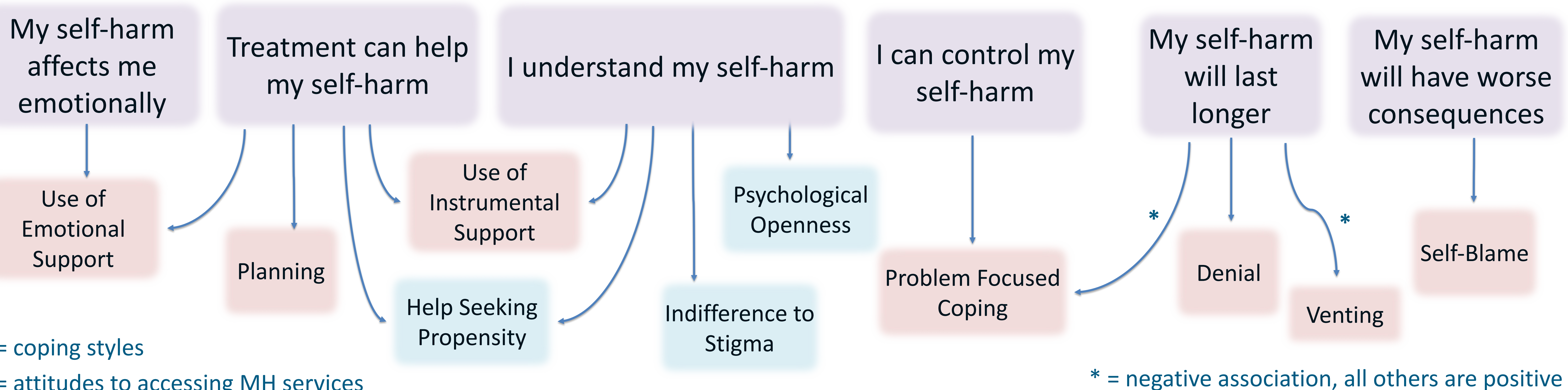
- Perceptions:** Information that feeds into cognition
- Cognitive representations:** mental structures of knowledge and experience
- Conceptualisations:** our understandings of the world

RESULTS

- All regression models were significant (p-value range: 0.001 to 0.02, R² range: 0.051 to 0.189).
- All cognitive representations, except identity and concern, significantly predicted at least one outcome.
- Greater perceived insight was the most positive cognitive representation, predicting greater help-seeking (p-values all $< .01$), adaptive coping outcomes, greater use of support, and less denial.
- Understanding self-harm to have worse consequences predicted higher self-blame (p $< .01$).
- Understanding self-harm to last longer predicted greater denial, reduced venting, and reduced problem-focussed coping.
- To account for missing data, a sensitivity analysis using multiple imputation via chained regressions was run. The results did not differ from the primary analysis.



See full results ->



WHAT DO THESE FINDINGS MEAN?

- How people **understand their own self-harm** is a **clinically important aspect of lived experience.**
- Some ways of understanding self-harm **predicted negative coping styles** and **poorer attitudes towards accessing services.**
- How well an individual understands their self-harm is a particularly important aspect of lived experience, predicting multiple adaptive coping styles and attitudes towards accessing services

LIMITATIONS

- Self-harm is a complex and diverse behaviour, this study did not collect nuanced data such as frequency or method of self-harm, and no demographic data due to ethical reasons.
- Participants were recruited from online forums and so not representative of all individuals who engage in self-harm.

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