Cognitive functioning, self-criticism and attitudes in individuals with deliberate self-harm

Background:
Self-harm is a common symptom in clinical and non-clinical populations. Less is known about the association of self-harm with altered cognitive functions, self-criticism, everyday functioning and tolerance towards self-harm.

Aims:
The overall purpose is to explore cognitive functions, self-criticism, tolerance towards self-harm and everyday functioning in individuals with psychiatric conditions and self-harm as compared to individuals with psychiatric conditions without self-harm and healthy controls.

1a: To develop a brief scale measuring tolerance towards self-harm.
1b: To explore whether individuals with psychiatric conditions and self-harm have higher tolerance towards self-harm.
2a: To explore whether individuals with psychiatric conditions and self-harm have lower scores on measures of cognitive flexibility than controls.
2b: To explore differences in daily functioning in individuals with psychiatric conditions and self-harm.
2c: To explore whether individuals with psychiatric conditions and self-harm are more self-critical than controls.

Method:
Aim 1a: A brief questionnaire was constructed and evaluated alongside instruments measuring attitudes regarding other aspects of mental health in a community sample of 336 respondents and a sample of 582 mental health-care employees.
Aim 1b-2c: 29 individuals with psychiatric conditions and self-harm, 29 individuals with psychiatric conditions without self-harm and 29 healthy controls were interviewed with structured clinical instruments, assessed using cognitive instruments and completed measures of self-criticism. Level of functioning and a brief scale measuring tolerance towards self-harm were also administered. Statistical analyses were conducted through IBM SPSS statistics 24.

Results:
Aim 1a: The brief questionnaire, called Lund Tolerance towards Self-harm Scale (LUTOSH), proved to have an acceptable internal consistency and an acceptable convergent validity. This indicates that LUTOSH can be used to measure tolerance towards self-harm.
Aim 1b-2c: The gathering of data for other parts of the projects is in its final phase and no results are available yet.

Discussion:
Future research will test the usefulness of LUTOSH. Hopefully, it can contribute by being a tool which identifies tolerance, and evaluates the effects of interventions in different populations. Other parts of the project aim to gain insight into the challenges of living with self-harm and thereby contribute to suggestions for future interventions.