

### *Suicide (Prevention) Notes*

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**Conclusion:** Shame states related to episodes of suicide attempts and self-inflicted injury in women diagnosed with Borderline Personality disorder are predictive of future Self-injury. However, reliance on patient self-report of shame and other negative emotional states before, during, and after self-inflicted injury and suicide attempts, including responses to objective measures as well as interview inquiries, is problematic. Greater levels of non-verbal shame expressions (eyes lowered, covered or closed as well as hiding, acting submissive) exhibited during discussions of previous SII may uniquely predict future SII.

**Title of Paper:** Shame as a Prospective Predictor of Self-inflicted Injury in Borderline Personality Disorder: A Multimodal Analysis. Brown, M., Linehan, M., Comtois, K.A., and Murray, A. Behaviour Research and Therapy, 2009 October; 47(10): 815-822.

#### **The Study:**

This study examined the prospective association of shame with the occurrence of future self-inflicted injury among persons with borderline personality disorder over a twelve-month period. Shame as well as other emotional states were measured in three different ways: self-report of emotions, facial coding of emotional expressions, and observer ratings of state emotions. These emotional states were also measured during the participants' discussion of the events that triggered their recent episodes of SII, allowing the examination of emotional states that occur in the presence of relevant contextual prompts.

It was hypothesized that women with BPD who evidence higher levels of shame while discussing triggering events for their SII will likely more quickly repeat SII in the future. Shame was hypothesized to be specifically and uniquely associated with prospective SII beyond the influence of other negative emotions.

Participants were 77 women enrolled in a randomized clinical trial of Dialectical Behavior Therapy for BPD and self-inflicted injury (SII; i.e., either suicide attempts, NSSI; Non-suicidal self-injury, or both.)

Participants completed questionnaire measures of state emotions in addition to repeated assessments of suicide attempts and NSSI. Participants received weekly individual psychotherapy for one year (either DBT or Community Treatment by Experts).

#### **Measures:**

1. SASII; The Suicide Attempt-Self-Injury Interview
2. PANAS; Positive and Negative Affect Schedule-Revised (Administered pre- and post- interview)
3. EMFACS; Emotion Facial Affect coding System (Coded during the interview)

**Results:**

1. In six months prior to study, 66% reported engaging in suicide attempt and 82% reported NSSI. During the treatment year, 27% reported SA and 70% reported NSSI.
2. Those reporting highest state shame had almost twice the risk of subsequent SII. Median time to first SII was 39 days for high shame compared to 100 days for low (76% vs 50% repeated SII). When controlling for Fear, shame did not predict SII.
3. Participants showing most shame **behaviors** (post-SASII PANAS) had twice the risk of SII. Median time of 37 versus 97 days compared to low-shame. Shame behaviors predicted first SII while controlling for sadness and fear. Multivariate survival analysis revealed that high shame behaviors tripled the risk of subsequent SII episodes.

**Discussion:**

While self-reported shame was associated with an increased risk of self-inflicted injury, this finding did not hold up when controlling for fear, suggesting that negative self-reported emotions generally may be associated with shame. The finding that greater levels of non-verbal shame expressions were associated with increased risk of SII after controlling for sadness and anger suggests that facial expressions of shame during discussions of past SII may uniquely predict future SII.

Data suggests that impaired problem-solving may be one possible causal mechanism explaining why shame is associated with future SII. Shame promotes hiding and decreased self-disclosure in therapy and the intense arousal accompanying shame interferes with learning and processing new information during problem-solving. Similar to Baumeister's (1990) theory of "cognitive deconstruction" where aversive self-focused emotions leads to a narrowing of attention to goal of eliminating distress.

**Questions for further consideration:**

1. Future research might examine interplay between shame, active problem-solving and SII.
2. There is limited empirical evidence regarding treatment of shame. Cognitive therapy may be part of an effective therapy for shame as there is evidence that it can improve self-concept. DBT based exposure-based interventions such as Opposite Action have preliminary evidence as an effective treatment approach to shame.
3. Further work is necessary to establish reliability and validity of a coding approach to shame.
4. Uncertain about generalizability to other groups of patients with BPD.

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NOTE: Each issue of "Suicide (Prevention) Notes" is prepared by a member of the IOL's Executive Committee. This issue was prepared by James DeGiovanni, PhD