SUICIDE AND SELF-HARM PREVENTION FROM A SOCIAL SKILL DEFICIT PERSPECTIVE

Executive Summary:

When examining suicide and self-harm, it is suggested that, rather than focussing on symptoms, such as mental illness (depression, aggression), substance abuse and non-social behaviours, more emphasis needs to be placed on the triggers, which elicit antisocial/offending behaviours, psychological disorders and self-medicating habits. From this perspective, the underlying issues, driving suicide and self-harming inclinations, may be highlighted. By examining the way social skill deficits develop, it may be possible to enhance understanding of the way emotional triggers impact on the individual's ability to cope with relationships and social stress. This understanding may assist in more targeted, long-term approaches and social policy incentives, which will motivate the changes in behaviours needed to reduce episodes of suicide and self-harm, especially in young people.

Emotional Triggers:

It is suggested that the triggers, which impact on social behaviours, derive from emotionally-based memories of bonding experiences in the non-verbal stage of life (0-2 years). Therefore, rather than perceiving the progress to psychosocial wellbeing as a pyramid of personal growth, starting from basic survival needs to the highest level of self-actualisation, (Maslow's Heirarchy of Needs, described in Caruana & McDonald, 2011), social skill development appears more as an inverse pyramid. The inverse pyramid highlights the huge importance of a strong foundation, which is necessary before progress to psychosocial wellbeing can be achieved. From this perspective, it is suggested that the primary basic need, of early secure bonding, must be satisfied during the nonverbal stage of life, for social skill learning and feelings of social inclusion to grow.

Social Connectedness:

Social skill learning is crucial in being able to negotiate the varied social relationships along the life course. For these skills to develop, a secure early bonding is paramount in formulating the processes needed to satisfy the universal human need for "lasting psychological connectedness" (Bowlby, 1969, p.194). With this in mind, Allman (2012) suggests that social exclusion relates more to a feeling of being disconnected, in those experiencing social deprivation. To ease the pain of feeling disconnected and excluded, the socially deprived often engage in non-social, destructive behaviours. In other words, those suffering feelings of disconnectedness, in not knowing how to relate socially, may either lash out at others or resort to self-harm and/or compulsive behaviours.

Social Inclusion Agenda:

In order to re-ignite feelings of connectedness and belonging and reduce rates of social exclusion, current social support approaches adhere to a social inclusion agenda, which proposes that easy access to services, freedom of choice to participate and equal opportunity can assist the socially isolated to re-connect. However, this paper proposes that, without an inner feeling of social belonging, support programs and information may not alleviate the emotional pain, triggered by association of stressful early childhood events in infancy, stored in the long term memory. Given this scenario, although information and education are able to yield some success, the real issue, as Bowlby (1969) suggests, is not what people do but **how** they do it. For example, an anxious person, who has read all the relevant material and information, still remains an anxious person.

Lost Trust:

Non-social behaviour denotes a lack of trust in other people and a subsequent failure to openly request/expect fairness in social relations. The features of a non-social inclination are impulsiveness, disorganised responses to social situations and manipulation of support in getting needs met. On the other hand, a social orientation encompasses an overall trust in social interactions, ability to elicit support by openly requesting/expecting fairness and having the capacity to

delay gratification, engage in forward-planning for future needs and regulate emotions in times of change and stress.

History:

A focus on the emotional triggers, driving non-social affect, may also need to incorporate historical practices, where social skill deficits have become a generational problem, in which the environment of inadequate parent-child bonding is perpetuated. A history of child-parent separation, over preceding decades in Tasmania, has not assisted the generations who follow on from these practices. Concurrently, the post 70s welfarism, while easing economic poverty, has had the unintended consequence of creating three generations of unemployed, single-parent and welfare-dependent families. The style of welfarism, offering monetary relief rather than incentives, such as housing and employment, has created chronic idleness, where young people lack motivation or creativity and, being resigned to their fate, have become apathetic and devoid of self-respect.

Recommendations:

By acknowledging the early childhood foundation of self-loathing and reactive behaviours, leading to relationship and social skill problems, more appropriate interventions and preventions may be instigated.

For instance:

(1) Parents may need to be trained in ways that will ensure their child develops secure attachment patterns to prevent generational problems of unhelpful parenting styles continuing. Improved parenting skills will ensure more children have emotional regulation skills, social competencies and ability to elicit support to create social networks.

(2) Parenting and relationship training in High Schools may be needed to address social skill issues before relationship and parenting situations commence.

(3) Educators and practitioners, working in the service sector, may require specialised skills and training in being able to recognise attachment problems in parents and children, in order to be able to address these behaviours in a caring and beneficial manner.

(4) Suicidal, self-harming tendencies may need to be addressed as a response to social skill lacks and feelings of disconnectedness, exacerbated by life events, rather than viewing symptoms, such as substance abuse and risk behaviours, as causal. From this perspective, more understanding of social problems may be possible.

(5) This paper advocates for more understanding of attachment-related problem behaviours and the social skill ramifications which ensue. That is, an insecure attachment experience, leads to an inability to read social cues and behave socially. Moreover, these deficits impact on future abilities to secure and maintain appropriate relationships and regulate emotions, especially during transitional times of change and social stress.

(6) Government incentives may prove more helpful by offering non-monetary rewards, such as low cost housing and employment opportunities, in return for training, which includes relationship and parenting skill enhancement.

Research:
To gain more knowledge on the parenting aspect of social skill development and the implications on future suicide and self-harming incidents, this paper suggests that research, which compares parenting practices in low suicide rate countries with the parenting styles in high suicide rate countries, may provide some insights to help address this problem in Tasmania.

Reference List:

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