SELF-INJURY

Behaviour, Background and Treatment

Source (modified) http://www.selfinjury.com/sifacts.html

Self Injurious behavior is defined as deliberate, repetitive, impulsive, non-lethal harming of one's body.

Self injury includes:

1) cutting
2) scratching
3) picking scabs or interfering with wound healing;
4) burning
5) punching self or objects
6) infecting oneself
7) inserting objects in body openings
8) bruising or breaking bones
9) some forms of hair pulling, as well as other various forms of bodily harm.

These behaviors, which pose serious risks, may be symptoms of a mental health problem that can be treated.

Incidence and onset. It is estimated that self-injurers represent nearly one percent of the population, with a higher proportion of females than males. The typical onset of self-harming acts is at puberty. The behaviors often last for five to ten years but can persist much longer without appropriate treatment.

Background of self-injurers: In general, persons seeking treatment are usually from a middle to upperclass background, of average to high and intelligence, and have low self-esteem. Nearly fifty percent report physical and or sexual abuse during his or her child. Many report (as high as 90 %) that they were discouraged from expressing emotions, particularly, anger and sadness.

Behavior patterns. Many who self-harm used multiple methods. Cutting/scratching arms or legs is the most common practice. Self injurers may attempt to conceal the resultant scarring with clothing, and if discovered, often make excuses as to how an injury happened.
A significant number are also struggling with eating disorders and alcohol or substance abuse problems. And estimated one half to two-thirds of self injurers have an eating disorder.

**Reason for behaviors.** Self-injurers commonly report that they feel empty inside, over or under stimulated, unable to express their feelings, lonely, not understood by others and fearful of intimate relationships and adult responsibilities.

Self injury is their way to cope with or relieve painful or hard-to-express feelings and is generally not a suicide attempt. But relief is temporary, and a self-destructive cycle often develops without proper treatment.

**Dangers.** Self-injurers often become desperate about their lack of self-control and the addictive-like nature of their acts, which may lead them to true suicide attempts. The self-injury behaviors may also cause more harm than intended, which could result in medical complications or death. Eating disorders and alcohol or substance abuse intensify the threats to the individual's overall health and quality of life.

**Diagnoses.** The diagnosis for someone who self-injurers can only be determined by a licensed psychiatric professional.

Self-harm behavior can be a symptom of several psychiatric illness: Personality Disorders (esp. Borderline Personality Disorder); Bipolar Disorder (Manic Depression); Major Depression; Anxiety Disorders; as well as psychoses such as Schizophrenia.

**Evaluation.** If someone displays the signs and symptoms of self-injury, a mental health professional with self-injury expertise should be consulted. An evaluation or assessment is the first step, followed by a recommended course of treatment to prevent this self-destructive cycle from continuing should they decide to change this pattern of behavior.

**Treatment.** Self-injury treatment options include outpatient therapy, partial (6-12 hours a day) and inpatient hospitalization.

When the behaviors interfere with daily living, such as employment, school and relationships, and or are health or life-threatening, a specialized self injury hospital program with experienced staff is often recommended.

Treatment of self-injury is most often a combination of medication, Cognitive/behavioral therapy, and interpersonal therapy, supplemented by other treatment services as needed.

Medication is often useful in the management of depression, anxiety, obsessive-compulsive behaviors, and the racing thoughts that may accompany self-injury.
Cognitive/behavioral therapy that incorporates contracts, journals, and behavioral logs are useful tools for regaining self-control.

Interpersonal therapy assist individuals in gaining insight and skills for the development and maintenance of relationships, and helps individuals understand their destructive thoughts and behaviors.

Services for eating disorders, alcohol/substance abuse, trauma abuse, and family therapy should be readily available and integrated into treatment, depending on individual needs.

In addition to the above, successful courses of treatment are marked by

1) patients who are actively involved in and committed to their treatment,

2) aftercare plans with support for the patients new self-management skills and behaviors

3) collaboration with referring and other involved professionals.

An Online Support Group fro self-injurers:
noFEAR_SAFE_Approved can be found at yahoogroups.com
Information about self-abuse

Source: http://www.safeincanada.ca/background.htm

Phone: (519) 657-6570
Fax: (519) 657-0935 Attn: Suite 224
Mailing Address:
Safe In Canada
611 Wonderland Road North, Suite 224
London, Ontario N6H 5N7

Why do people self-abuse?

Self-abuse is best understood as a maladaptive response to stress. Each person who self-abuses explains it differently but there are some common themes.

Using quotes from clients of S.A.F.E. in Canada to illustrate, these themes can be divided into 3 groups

a) "Toxic Self-soothing"

- *to run away from my feelings
- *to feel pain on the outside instead of the inside
- *to cope with my feelings
- *to express my anger toward myself
- *to feel like I’m real
- *to turn off emotions and hide from reality

b) A Communication Strategy

- *to tell people that I need help
- *to get people’s attention
- *to tell people I need to be in hospital

c) A Strategy in the “Game of Life”

- *to get people to care about me
- *to make other people feel guilty
- *to drive people away
- *to get away from stress and responsibility
- *to manipulate situations or people

What happens during an episode of self-abuse?
Self-abuse doesn't “just happen”. It is part of a recurring cycle of responses to what the self-abusive person perceives as crises. S.A.F.E. in Canada refers to these perceived crises as “triggers”. Between the triggering event and the self-abusive reaction are the largely unconscious and automatic processes of thought, feelings and self-talk. It is by understanding these processes that people who self-abuse, and the people who wish to help them, can come to an understanding of themselves and their self-abusive behaviours.

a) **Triggers.**

Trigger events are invariably associated with perceptions of

- being rejected by someone who is important to them
- being blamed for something over which they had no real control
- being inadequate
- being “wrong” in some way

b) **Thoughts.**

Self-injurers are often subject to cognitive distortion including:

- jump to conclusions
- overgeneralize
- catastrophize
- experience “black/white” thinking

c) **Feelings.**

Self-abusive people experience both volatile and exaggerated emotional responses to trigger events. Because their emotions are so strongly influenced by the reactions of people around them they may be unable to identify, explain or moderate their own emotional responses. *They become lost in their feelings and desperate to find a way of relieving them.* At this point in the cycle self-abuse becomes a real possibility. *It may be the only way that they have learned to relieve the overwhelming emotions.*

d) **Self-talk.**

Self Talk is defined as what people who self-injure say to themselves, and about themselves, as they attempt to solve problems is invariably harshly critical and destructive. It may include elements such as

- you’re hopeless
- you’ll never be able to do this
- you’ll never get better
- no-one will ever believe you
• no-one will ever want to help you

There are rarely any positive, supportive self-talk statements to counterbalance these self-defeating comments.

e) Reactions.

When self-abuse occurs in reaction to a triggering event or problem there will usually be a significant calming of the overwhelming emotional responses. However, the self-abuse is not an adequate response to the trigger itself. The problem has not been addressed constructively and may become even more urgent. Now the troubled person has more than one problem: the damage caused by the self-abuse, the reactions of people and professionals to the self-abuse and the original trigger event or problem. Like a broken record they may get “stuck”, repeating the cycle, inflicting more and more damage and feeling more and more hopeless and helpless.

What can be done to help?

During a recent study of people who have been able to stop self-abusing the participants told us what helped them.

The following are some common themes which were identified by self-injuring clients:

Hope.

Self-abusive behaviour is supported by an environment in which people feel worthless, powerless and hopeless. They react to these feelings by lapsing into increasingly self-abusive behaviours and in the process alienate family, friends and professionals.

Hope for improvement and for control over their lives is the ingredient identified as most important in reducing and eventually discontinuing self-abuse.

Non-judgmental acceptance.

People who self-abuse are incredibly sensitive to the feelings of those around them. They are able to “pick up on” the frustration, anger and rejection of others. They expect this and are looking for it.

People who will be able to help are those who are able to understand that self-abuse does not constitute a flaw of character but is a problem-solving device that soothes the painful feelings but makes life more difficult at the same time.

Companions on the journey.
Although it may not always be possible to supply people who self-abuse with the companionship of others who have had, and have defeated, a problem with self-abuse it is essential that they see helpers as companions on a difficult journey and not as authority figures with power to control their lives.

It is equally crucial that helpers see themselves in the same way.

**Understanding the behaviour.**

Both helpers and clients need to accept the fact that self-abuse is soothing and acts as a coping mechanism for many. It is also a way to maintain some sense of control over painful experiences and problems of living.

**Learning healthy ways of self-soothing.**

Since people who self-injure have never learned how to soothe themselves in healthy ways they need to be shown that a variety of strategies can be used effectively. They need to be helped to create a list of such strategies to use when urges to self-abuse come.

When first introduced to this concept they will often resist, saying “that doesn’t work”. They need to be encouraged to keep trying, to work through several of their strategies before they “give up” and self-abuse.

**Dealing with “trigger” events.**

Conscious awareness of the cycle of response to a trigger event gives opportunities:

- *to discover what “triggers” the individual
- *to challenge the cognitive distortions
- *to identify and deal with the emotional reactions
- *to formulate a variety of alternative strategies to deal with the trigger event
- *to choose one of these alternatives and act on it

Consistent use of this process will allow the person to feel more positive about their abilities to solve problems. They will feel stronger and more competent.

References and Resources