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What is Self-Injury

Self-injury typically refers to a variety of behaviors in which an individual intentionally inflicts harm to his or her body for purposes not socially recognized or sanctioned and without suicidal intent (ISSS, 2007).

Self-injury can include a variety of behaviors but is most commonly associated with:

- intentional cutting, carving, or puncturing of the skin
- scratching
- burning
- ripping or pulling skin or hair
- self-bruising (through punching objects with the intention of hurting oneself or punching oneself directly)
- tattoos and body piercings (not usually considered self-injurious unless done with the intention to harm the body).

When does self-injury start and how long does it last?

Self-injury can start early in life. Research suggests that for those with early onset, self-injury may start around the age of 7, although it can begin earlier. Most often, however, self-injury begins in middle adolescence, between the ages of 12 and 15. It can last for weeks, months, or years. For many, self-injury is cyclical rather than linear - meaning that it is used for periods of time, stopped, and then resumed. It would be wrong, however, to assume that self-injury is a fleeting adolescent problem.

Data from some studies suggest that well over a quarter of those with self-injury experience report initiating it at 17 years old of age or older – the years many of them are in college or starting into the workforce. Although the majority of college students surveyed report having stopped within five years of starting, it is also clear that for some the behavior can last well into adulthood. It is not yet clear whether or not there are particular self-injury trajectories that vary based on age and context of onset.

Why do people self-injure?

Reasons given for self-injuring are diverse. Many individuals who self-injure report that feeling overwhelming negative emotion or emotional pressure are the most common triggers. Emotional numbness and sadness are also commonly cited. They report that self-injury provides a way to manage intolerable feelings or a way to experience some sense of feeling.

Self-injury is also used as a means of coping with anxiety or other negative feelings and to relieve stress or pressure.

Self-injury is also used to:

- feel in control over one's body and mind
- express feelings
- distract oneself from other problems
- communicate needs
- create visible and noticeable wounds
- purify oneself
- reenact a trauma in an attempt to resolve it
- protect others from one's emotional pain

Self-injury is sometimes also called:
- Deliberate self-harm, or self-harm
- Self-injurious behavior
- Self-mutilation
- Cutting
- Non-suicidal self-injury

Some report doing it simply because it feels good or provides an energy rush (although few report doing so only for these reasons). Regardless of the specific reason provided, self-injury may best be understood as a maladaptive coping mechanism, but one that works – at least for a while.

Is self-injury a suicidal act?

There are important distinctions between those who cut or injure themselves in order to attempt suicide and those who engage in self-injury in order to cope with overwhelming negative feelings. Most studies find that self-injury is often used as a means of avoiding suicide.

Perhaps one of the most paradoxical features of self-injury is that most of those who self-injure report doing so as a means of relieving emotional pain or to feel something in the presence of nothing. Nevertheless, the relationship between self-injury without suicidal intent and self-injury with suicidal intent is unclear; those who report self-injuring without suicidal intent are also more likely than others to report having considered or attempted suicide.

Because the majority of individuals (approximately 60%) with self-injury history report never considering suicide, non-suicidal self-injury may be best understood as a symptom of distress that, if unsuccessfully resolved, may lead to suicidal behavior.

What factors contribute to self-injury?

In clinical populations, self-injury is linked to

- childhood abuse or trauma
- sexual abuse
- eating disorders
- substance abuse
- post-traumatic stress disorder
- borderline personality disorder
- depression
- anxiety disorders

Is self-injury addictive?

Whether or not self-injury qualifies as a true addiction is unclear but most self-injury researchers agree that self-injury shows some addictive qualities and may serve as a form of self-medication for some individuals. Recognition of the addictive properties of self-injury for some individuals is the basis for the "addiction hypothesis." This theory suggests that self-injury may engage the endogenous opioid system (EOS). The EOS regulates both pain perception and levels of endogenous endorphins. The activation of this system can lead to an increased sense of comfort or integration – at least for a short period of time. Repeated activation of the EOS can cause a tolerance effect: over time, those who self-injure may feel less pain while injuring. The theory also suggests that overstimulation of the EOS can then lead to withdrawal symptoms that spur the desire to self-injure even when there is no obvious trigger.

What are the dangers of self-injury?

About a quarter of all adolescents and young adults with a history of self-injury report practicing self-injury only once in their lives. Many of these only flirt with the behavior and do not show heightened distress in other ways. However, at least one study has shown that for some youth, even a single episode of self-injury can correlate with a history of abuse and conditions such as suicidality and psychiatric distress. This suggests that there may be a group of adolescents in which a single incident of self-injury is an indicator for other risky behaviors and even a single self-injurious act should be given attention. Studies also show that relatively few individuals who self-injure seek medical assistance when they severely injure themselves. Because of the potential link between self-injury and suicide (see "Is self-injury a suicidal act?") self-injury should always be taken seriously - particularly when practiced regularly and using methods that can cause a lot of damage to the body (like cutting).

Is self-injury treatable?

Although self-injury can be difficult to control or stop, most people who practice it are able to stop at some point. There is, however, no "magic bullet" in the treatment of self-injury, as the behavior is most often a symptom of any of a variety of other underlying issues. Cognitive Behavioral therapies, Dialectical Behavior Therapy, and Group or Family therapy are those therapies most commonly used to treat self-injury.

Anti-depressants or other psychiatric medications are also used to treat underlying depression or anxiety. Some who self-injure also successfully stop on their own, without ever seeking formal help. Because it is most often used as a coping mechanism, however, the practice of self-injury typically does not stop until the individual who uses it has other methods to cope and is fully ready to stop self-injuring – regardless of the treatment approach used.

For additional information about self-injury as well as about treatment and recovery can be found at:
http://www.crpsib.com
http://www.selfinjury.com
http://www.siari.co.uk
http://www.thesite.org/healthandwellbeing/mentalhealth/selfharm

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Research on which this factsheet is based is drawn from a variety of sources. For additional information about specific studies, see the following review articles and edited academic books:

Heath, N., Toste, J., & Beettam, E. (2006). "I am not well-equipped": High school teachers' perceptions of self-injury. Canadian Journal of School Psychology, 21, 73-92.
Jacobson, C. M., & Gould, M. (2007). The epidemiology and phenomenology of non-suicidal self-injurious behavior among adolescents: A critical review of the literature. Archives of Suicide Research, 11(2), 129-147.
Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. Clinical Psychology Review, 27(2), 226-239.
Nixon, M. & Heath, N. (Eds.). (2008). Self-injury in youth: The essential guide to assessment and intervention edited by N. Heath and M. K. Nixon. New York: Routledge Press.
Nock, M (Ed.). (2009). Understanding nonsuicidal self-injury: Origins, assessment, and treatment (pp. 37-62). Washington, DC: American Psychological Association.
Purington, A., Whitlock, J., & Pochtar, R. (2009). Non-suicidal self-injury in secondary schools: A descriptive study of prevalence, characteristics, and interventions. Manuscript submitted for publication.
Whitlock, J., Eckenrode, J., & Silverman, D. (2006). Self-injurious behaviors in a college population. Pediatrics, 117(6), 1939-1948.
Whitlock, J. L., Powers, J. L., & Eckenrode, J. (2006). The virtual cutting edge: The internet and adolescent self-injury. Developmental Psychology, 42(3), 407-417.
Yates, T. M. (2004). The developmental psychopathology of self-injurious behavior: Compensatory regulation in posttraumatic adaptation. Clinical Psychological Review, 24, 35-74.

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