

Seeking solutions to self-injury



A GUIDE FOR YOUNG PEOPLE

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Prevention Studies in
Young People**

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SEEKING SOLUTIONS TO SELF-INJURY: A GUIDE FOR YOUNG PEOPLE

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Martin, G., Hasking, P., Swannell, S., McAllister, M. & Kay, T., (2010). *Seeking solutions to self-injury: A guide for young people*. Centre for Suicide Prevention Studies, The University of Queensland, Brisbane.

ISBN 978-0-9808207-2-0

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1. WHAT IS THIS BOOKLET ALL ABOUT?

- *Do you know someone who self-injures?*
- *Are you confused about why someone would self-injure?*
- *Are you concerned about a friend?*
- *How do you help friends who self-injure?*

Self-injury can be a confusing behaviour, and it can be really worrying when someone you know self-injures. This guide was developed to help young people understand self-injury, and to better care for their friends who might self-injure.

In preparing this guide we consulted health care professionals and young people who self-injure. By investigating the needs, desires, attitudes and experiences of young people, we gained a good understanding of self-injury, and what young people wanted from people who care about them.

This booklet explains self-injury and provides some useful tips and resources for young people. We hope young people benefit from the information we provide.

2. WHAT IS SELF-INJURY?

Self-injury is a term that can mean different things to different people.

- *Deliberate destruction or alteration of body tissue without suicidal intent*
- *Non-suicidal self-injury (NSSI), self-mutilation, auto-aggression*
- *Deliberate self-harm (DSH) a term also commonly used to describe the phenomenon.*

Our focus here is on self-injury with no wish to die. We do not include alcohol abuse or anorexia nervosa as self-injury, although we understand it *can* be argued they are both forms of self-abuse or self-injury. Our focus is primarily on cutting, burning, or otherwise damaging the outside of the body to relieve bad feelings inside.

3. WHO IS LIKELY TO SELF-INJURE?

There is no particular type of person who is likely to self-injure. While people who self-injure tend to be young, some adults and older people also self-injure. Boys and girls, rich and poor people, and people from all different backgrounds self-injure.

The Royal Australian and New Zealand College of Psychiatrists produced guidelines that identify people and groups who are more at risk for self-injury. These include:

- Those under stress or in crisis, and those who have self-harmed before
- Those with mental disorders (e.g. anxiety, depression or schizophrenia)
- Those who misuse alcohol or other substances
- Those who have experienced childhood trauma or abuse
- Those who have a debilitating or chronic illness

The idea here is that risks do not cause the problem. Rather, each one contributes to an increased likelihood of the act occurring in the first place, or of repetition. The idea is that if you are able to sort out the problems that contribute to the self-injury, it may not need to occur, or will happen less often.

Perhaps what is more important is to discover what protects or reduces the likelihood of self-injury.

We do know that good supportive friends can provide enough support to help you through bad times. If you feel you are 'connected' (and not 'isolated'), that you can phone a friend and talk it through without them getting all upset, and without you losing them as a friend, then this will go some way to protect you. The same may be true of certain family members. Being part of a group, even if no-one ever finds out you self-injure, can be helpful. If it is a group with some common purpose that you are working on over time, this may help even more.

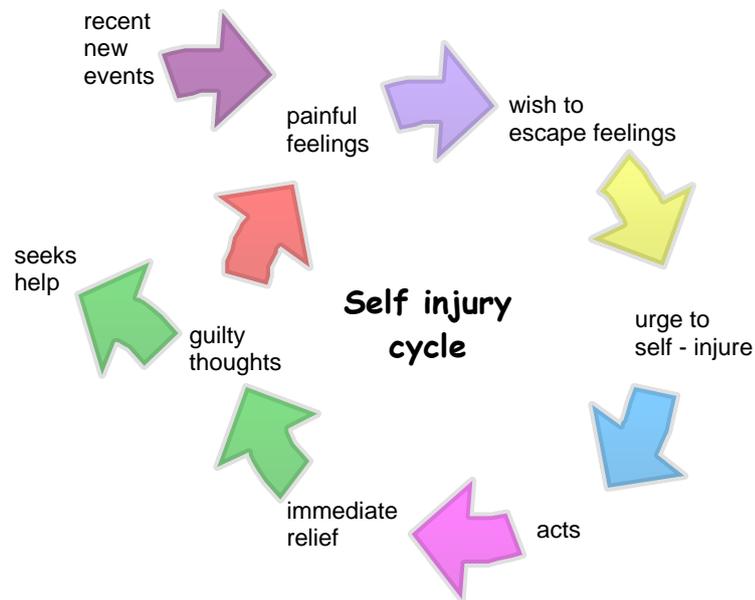
There is so much we don't yet know about self-injury, and the things that might protect people from injuring themselves.. In the future we will probably find out how lifestyle, diet, medications, family relationships, early childhood experiences and personality contribute to self-injury. We are also likely to find out which therapies work for young people. But for now, we probably have to work case by case, person by person, a bit 'trial and error'. The critical thing is that there is at least one person, trusted by someone who self-injures, who is willing to stay for the whole journey.

4. WHY DO PEOPLE SELF-INJURE?

Self-injury is relatively common, especially among young people, and there are many reasons that someone might self-injure. These include:

- Releasing unbearable mounting tension
- Relieving feelings of aloneness, alienation, hopelessness, or despair
- Combating desperate feelings or thoughts
- Discharging rage
- Self-punishment
- Attempting to feel alive again
- Regaining a sense of control
- Self-soothing
- Reconfirming of personal boundaries and a sense of self
- Communicating with others
- Expressing conflicting dissociative states

Liebenluft et al (1987) provide a useful 5-stage description of self-injury that can be helpful in understanding the experience of these behaviours:



Adapted from: Liebenluft, E., Gardner, D. L., & Cowdry, R. W. (1987). The inner experience of the borderline self-mutilator. *Journal of Personality Disorders* 1, pp. 317-324.

This picture describes how a person can get into a cycle of self-injury. Here is the picture in words:

1. The cycle begins with a new event (usually involving feelings of loss, rejection or abandonment). This may remind the person of an old problem. The upset feelings increase over time despite attempts to think about something else, or otherwise avoid them.
2. The pain becomes intolerable (sometimes called 'psych-ache') maybe developing into depression, or alternatively anger. A feeling of emotional numbness may become part of the picture.
3. Alternative ways to reduce the pain fail, and though all sorts of attempts are made to avoid self-injury, a critical level is reached and the urge to self-injure (having maybe appeared to work in the past) becomes the 'only alternative'.
4. The aftermath may involve an initial feeling of relief, but this is usually short lived. Guilty thoughts creep in, and friends and family may be avoided. Sometimes at this point there may be 'an urge to tell', or even a search for help. If help is not recognised or is actively spurned (pushed away or resisted), then the cycle may begin again.

Self-injury occurs for a number of different reasons, and a number of different theories have been proposed to better understand and explain it. These include: biological influences, or differences in how the brain works (perhaps genetic, but also some people think it may be dietary); internal conflicts (arguments within ourselves) about which we are not always aware; old patterns of behaviours that we have learned over time; and influences in our social and cultural environment. These theories are explained a little more on the next page.

- **Biological:** psychological trauma from old painful events in our lives can affect the brain and the body in powerful, subtle and enduring ways. With a sensitised biology, the person may then experience more stress than others in a new situation, or find it difficult to manage their anxiety. Change is possible but means focusing on, or resolving, the earlier trauma, and learning new strategies to manage stress and achieve mind-body balance.
- **Psychodynamic:** Some people who have had rough times in their early days ('vulnerable' individuals) may experience a new situation according to an old family pattern or personal experience (they relive the original problem). They react as they did in the past, just automatically. Hidden old tensions in the mind, old anxieties, and old patterns of behaviour can be difficult to identify, difficult to bear and difficult to sort out. These 'vulnerable' individuals may have an increased need for self-soothing to calm down. Sometimes (often initially by accident) self-injury can become a self-soothing mechanism. Change is focused on raising awareness about these old internal conflicts and patterns, and finding relief and comfort in safer, less destructive ways of self-soothing.
- **Behavioural:** self-injury can become a learned behaviour and sometimes a habit. Change is focused on replacing self-injury with something a bit less destructive, and reinforcing healthier habits for coping both emotionally and practically. The changes are made slowly, bit by bit.

- **Social and Cultural:** self-injury is more common in marginalised and oppressed cultural groups. Change is focused on cultivating a more just society, facilitating release of the anger and grief associated with disempowerment, and enabling the person to find effective power strategies such as through social action.

"Some people say it's to seek attention. So why am I so careful to hide it all the time?"

Perhaps the best way to understand the experience of people who self-injure is to listen to what *they* have to say about it.

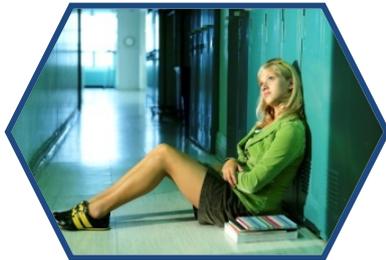
- Some young people tell us they really don't know why they self-injure
- Most say that they usually hide it and do it somewhere private or at a time of day where they feel they will be less likely to be discovered.
- Some say it is an impulsive act; some talk about having a ritualistic way of doing it.
- Most feel bad in some way before the act of self-injury (e.g. depressed, stressed, angry, memories of trauma).
- Some talk about not feeling physical pain during the act of self-injury, while others do feel physical pain.

- Some feel good while cutting, some don't.
- Some say the sight of blood makes them feel real where before they felt like they were not part of life
- Some are not able to describe the experience, as if they have switched off during the act.
- Many feel release or relief after self-injury, but many also talk about feeling ashamed afterwards.
- Most cover up their self-injury scars / wounds (e.g. long sleeves in summer, lots of bracelets).
- Every young person we have talked to agrees that self-injury is not about seeking attention.



“It was an accident that I started. There was this other girl, and she was hurting herself. Her problems and feelings seemed just like mine, and nothing else had worked. So...”

“Sometimes I get so angry, I just need to hit something; the pain over the next few days seems to help me focus on stuff...”



“I don’t want to keep on doing this, but so far I haven’t found anything else that works. I tried going to a group, but I got scared; I just couldn’t tell strangers... They wouldn’t understand...”

5. WHAT MIGHT STOP SELF-INJURY?

The list below identifies *protective factors* that may help to motivate and support a person who self-injures.

- Physical wellbeing, good nutrition, sleep and exercise
- Secure, appropriate and safe accommodation
- Physical and emotional security
- Reduced or zero alcohol, tobacco and other drug use
- Positive school climate and achievement
- Supportive caring parents, or another family member
- Good problem-solving skills
- Optimism, a sense of hopefulness for the future
- Pro-social peers (people who want to be part of friendship groups and contribute to local groups and society)
- Involvement with a significant other person (someone you trust who gives you meaning in life)
- Availability of opportunities at critical turning points or major life transitions (e.g. getting a job after school)
- Meaningful daily activities
- Sense of purpose and meaning in life
- Sense of control and efficacy (what you do achieves what you set out to do)
- Financial security
- Lack of exposure to environmental stressors
- Good coping skills
- Effective use of medication (when required)

6. HOW DO I KNOW IF SOMEONE SELF-INJURES?

It is not always obvious whether someone is self-injuring. However there are some signs that might help you work out that someone is not coping well. These might include:

- Being withdrawn, more private or quieter than usual
- Not participating in activities they usually participate in
- Mood changes, up one minute down the next
- Getting angry or upset easily
- A history of a significant event (such as breaking up with a boyfriend/girlfriend)
- Not coping well with school work when they have in the past
- Unexplained cuts or scratches
- Covering up parts of the body (e.g. wearing long sleeves on a hot day)

If you are concerned about someone you know, the first step always is to talk with them and offer support. If you feel this is not enough, you should encourage them to talk as well to a school counsellor/school nurse, teacher, parent or show them the resources at the back of this booklet.

If you are really concerned about them, or worried they may be in danger, you may have to decide to talk yourself to a school counsellor/school nurse or a teacher.

7. WHAT DO I DO IF MY FRIEND SELF-INJURES?

Self-injury can sometimes be frightening and difficult to understand. It is perhaps even trickier to know what to *do* when someone you care about is hurting themselves. Hopefully the information in this guide helps you understand self-injury a little better. We also want to suggest some practical things you can consider.

- Talk openly and honestly with the person; don't hold back or pretend you have not noticed
- Try to explore the best understanding you can reach of why they have hurt themselves
- Be understanding rather than judgemental. You have to listen to their side of the story, and try to make sense of it from their point of view. Their life experience may have been very different to your own.
- Let the person know you are there to talk to if they want to talk, or available for a hug if they feel the need
- Let the person express their feelings (anger, sadness, frustration etc). Sometimes it is blowing off steam; sometimes there are serious things to be angry about. Either way, 'getting it off their chest' will be really helpful
- Offer to go with them to talk to a counsellor, school nurse; it just may help them to take that first step
- Share the resources at the back of this book

Rituals to replace self-injury

Rituals, or behaviours that are regularly performed in a set manner, can play an important role in adding meaning to our lives. They help us reflect on how we feel and how we relate to other people.

For some people, self-injury can function as a sort of ritual in a person's life; a little process you have to complete before you can get on with your day. Finding alternative less damaging little rituals may offer the person an escape from present distress as well as comfort and care. And they may end up with fewer long-term scars!

Here are some examples. Can you think of more?

- Get up at dawn (if you can), look out the window, and when you see the first rays of light from the sun, make a promise to achieve something good that day. (OK so which young people get up at dawn? You might be surprised. Anyway the idea is to start each day with a good promise to yourself)
- Make a ritual of writing letters of forgiveness as a way of putting painful memories to rest or letting things go. Everyone has had times of being hurt by another person, and when we remember them we usually feel negative feelings, even if it is only "I wish it had not happened". When we forgive someone for their stupidity, destructiveness and anger, it actually does help us. The funny thing is that you can write the letter or email, and not send it, and it still makes you feel better. Try it for yourself. There is actually an online version of this at

ReachOut.com. It is an email service in the form of a rocket into space. You write whatever you want (as nasty as you want), forgiving or not, and you can name names. When you press the 'send' button the email disappears into cyberspace. Literally thousands of young people have used the service over the last 10 years, and feedback has been very positive

- Make a time capsule (an old biscuit tin for instance) filled with things that belonged to the old self (the one that was really hurt in the bad old days) and make a ritual of burying the capsule deep in the back yard. You can think of it as a permanent burial of old stuff. When you are completely well, there is always the option of digging it up and sorting through again; then you can rebury it with new stuff if you have to
- Hold a tree-planting ceremony to celebrate the start of a new chapter in your life. Again, how many young people have an interest in gardening or might get out there and do this? Don't know. But the idea is that you are planting something little and new that will grow day-by-day, year-by-year (yes, you may have to water it). Each day you look, it will symbolise that new start in your life growing inch-by-inch, flower-by-flower.
- Keep a diary. Every moment you get, fill in the good, the bad and the ugly. You could draw, scribble, and add photos. For special words you could use codes that other people will not understand.
- Make yourself a special healthy lunch for school each day. Eating healthy will give you more energy and can be really yummy.

Strategies for coping with self-injury

If you read other books or advice manuals, or look up self-injury help sites on the Internet, you will find lists like this one. Sometimes young people look at the list, and immediately go “Duh! I would never do that” or “That couldn’t possibly work”. When we spoke to all the young people we know, it was clear that some things work for some people.

Try each one, or get your friend to try each one, before either of you dismiss it...

- Take a deep breath and count to 10...
- Wait 15 minutes before I self-injure...
- Distract myself by going for a walk, watching TV, talking to a friend
- Think about something important to me
- (a pet, friends, or a new sleeveless top you want to buy)
- Write in my journal, draw, or express my feelings in another way
- Think about something positive that happened in the last week, and try to work out how to get it to happen again
- Focus on goals I decided for myself during next week
- Practice my relaxation exercises, breathing slowly.
- Force myself to focus on how I am feeling right now; keep at it till the bad feeling goes away (it will!)

8. A NOTE ABOUT SELF-INJURY AND SUICIDE

Understanding the relationship between self-injury and suicidal behaviour is one of the most complex areas for anybody working with people who self-injure. While self-injury can be unrelated to suicidal thoughts or feelings, in some cases people who self-injure do report wanting to die.

When we spoke to young people who self-injure, what was really important to understand was that many of them talked about self-injury *actually keeping them alive* and reducing their wish to suicide; in other words self-injury became a sort of coping mechanism.

On the other hand, many young people talked about self-injury serving functions that had nothing to do with suicide or feeling suicidal. Many young people were really angry about responses from professionals who assumed they were suicidal when they were just self-injuring to release or control feelings.

Despite this, some young people had been suicidal at some point, and they had self-injured with both suicidal and non-suicidal intent at different times (we said it was complicated).

What this means is that if you are concerned that someone you know might have thoughts of ending their life it is really important you speak to someone at school, a counsellor, or refer to the resources at the back of this booklet.

9. GETTING HELP

“it is perfectly acceptable to shop around and eventually find someone who is the right person to help”

It is generally agreed that an important part of treatment is facing up to underlying or old issues and problems that relate to self-injury, such that people are more able to cope and, in turn, become less likely to self-injure.

The young people we interviewed had a range of experiences with professionals and others in regards to self-injury. The experiences ranged from positive and helpful to the negative and punitive.

Professionals who listen to the young person, don't judge them by their self-injurious behaviour, work at building good rapport, don't push the young person to stop the behaviour (before helping the young person to find adequate alternative coping strategies), assist with coping skills, work in a person-centred, solution focussed way, and don't 'freak out', were viewed favourably by the young people we interviewed.

Mental health professionals take a number of different approaches to helping their clients. Approaches that have shown some success with people who self-injure include Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Mindfulness, and Problem Solving Therapy.

Cognitive Behaviour Therapy (CBT) is a psychological therapy that aims to address issues such as anxiety and depression, as well as a range of other mental health concerns. The focus is on changing the way individuals think, which impacts on the way they feel and the way they act. The approach often involves teaching effective problem solving skills, coping strategies, how to manage exposure to challenging situations, relaxation, identifying thoughts and feelings, and challenging individual beliefs.

Dialectical Behaviour Therapy (DBT) was specifically developed for the treatment of people who engage in self-injury and/or suicidal behaviours. The focus of DBT is both accepting the individual being treated (from the perspective of the therapist conveying acceptance and the patient learning acceptance), helping the person to change behaviours that may be self destructive (such as self-injury), and working towards a life that is fulfilling to them.

Learning **Mindfulness** is one of the many ideas that are part of DBT, and can in itself assist people who are anxious or depressed, or who engage in self-injury. Mindfulness is being aware or paying attention to the stimuli coming through your senses, that is, what you see, smell, taste, feel and hear (the unfolding of experience in the present moment). This includes being aware of your emotions and your thoughts. An important element is to learn to be non-

judgmental, just accepting whatever comes to your mind moment by moment.

Potential benefits of mindfulness include staying focused, particularly at times of high emotion when the many incoming thoughts or ideas or stimuli may cause one to feel 'scattered'. It helps people to act less impulsively by enhancing awareness of urges to action. For those who go over and over upsetting things ('ruminate') at length, it may help them to turn attention to other things or turn off the stream of images and thoughts. It increases the capacity to experience joy. Ultimately, (once you have got the idea and practice regularly), the awareness can help you experience a richer quality of life.

Problem Solving Therapy (PST) is a brief psychological intervention that focuses on identifying specific problems an individual is facing, and generating alternative solutions to these problems. Individuals learn to clearly define a problem they face, brainstorm multiple solutions, and decide on the best course of action. A key element of PST is testing the chosen solution to see if it is effective, and refining the decision-making and problem solving strategy if necessary. Learning and practicing the process help you identify and effectively solve problems you face in the future.

10. USEFUL RESOURCES

If you, or someone you know, would like more information about self-injury the following resources may be useful:

National Services

- Kids Help Line (instant telephone support – special expertise for young people) (1800 551 800) www.kidshelp.com.au
- Lifeline (instant telephone support – special expertise in self-harm) (13 11 14)
- SANE Australia (complaints about services or media/support) (1800 187 263) www.sane.org

Queensland Services

- Aboriginal and Islander Community Health Service www.aichs.org.au
- Alcohol and Drug Information Service www.adin.com.au
- Brisbane Youth Service www.brisyouth.org
- Brisbane Rape and Incest Survivors Support Centre www.brissc.org.au
- Child and Youth Mental Health Services www.health.qld.gov.au/rch/professionals/cymhs.asp
- Domestic Violence Resource Centre www.dvrc.org.au
- Homeless Persons Information Queensland 1800 47 47 53 www.housing.qld.gov.au
- The Hothouse – Finney Road (for alcohol and drug use problems) 1800 177 833
- Mental Health Association Qld www.mentalhealth.org.au

Additional *Mental Health Websites*

- Beyondblue (information about depression) www.beyondblue.org.au
- Headroom (mental health info for young people) www.headroom.net.au
- LiFe (Commonwealth funded site with all info on suicidality) www.livingisforeveryone.com.au
- Mental Health Associations across Australia www.mentalhealth.asn.au
- MoodGym moodgym.anu.edu.au/welcome
- National Institute of Mental Health (US site – good info on mental health) www.nimh.nih.gov
- Psychcentral www.psychcentral.com
- Reach Out! (by young people for young people - broad information) www.Reachout.com.au
- Reality Check/Media Check www.realitycheck.net.au
- Mobile Safety Services www.ruok.com.au
- Young Adult Health www.cyh.com/HealthTopics

Websites – Self-Injury Specific

- ASHIC: American Self-Harm Information Clearinghouse
<http://www.selfinjury.org/>
- LifeSIGNS: Self Injury Guidance and Network Support
<http://www.selfharm.org/>
- Lysamena Project on Self-Injury: Christian-based self-injury information and resources <http://www.self-injury.org/>
- RecoverYourLife.com <http://www.recoveryourlife.com/>
- S.A.F.E. Alternatives®: Self Abuse Finally Ends
<http://www.selfinjury.com/>
- Self-Injury And Related Issues <http://www.siari.co.uk/>
- Self-injury guidance and network support
www.lifesigns.org.uk
- Self-Injury on Wikipedia <http://en.wikipedia.org/wiki/Self-harm>
- Self-Injury Support <http://www.sisupport.org/>
- selfinjury.net <http://www.selfinjury.net/>
- Self-injury: a struggle <http://www.self-injury.net/>
- Self-injury: you are not the only one
www.palace.net/~llama/psych/injury.html
- The International Self-Mutilation Awareness Group
<http://flmac.tripod.com/ismag/index.html>
- The National Self-Harm Network <http://www.nshn.co.uk/>
- Understanding Self-Harm <http://harm.me.uk/>
- Young people and self-harm <http://www.selfharm.org.uk/default.aspa>

ISBN 978-3-7082-7201-0



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