

What is self-harm and why do people do it?

By Simon Crisp
Clinical Psychologist at Monash University



Deliberately inflicting pain or injury by cutting oneself or some other form of self-mutilation seems incomprehensible to many people. But it's a common, typically secretive, experience for about 8% of adolescents and young adults.

People who intentionally harm themselves aren't always easy to identify or categorise and recent research indicates they are equally likely to be male as female.

Some known predisposing factors include severe intellectual disability, acute psychosis, a childhood history of physical or sexual abuse, and personality disorders.

For these people, the impetus to self-harm includes:

- difficulty managing frustration or anger,
- compelling hallucinations or delusions (in the case of those with acute psychosis),
- difficulty managing the symptoms of trauma such as intense emotional states, and
- the self-blame and self-loathing that often follows from abuse.

Often, alcohol or other substances may reduce inhibition and facilitate self-harming. People who have suicidal thoughts may also harm themselves. But while both acts lie on the continuum of self-destructive behaviour, it's not a simple linear progression from one to the other.

Despite self-harm being one of the major risk factors of attempted or completed suicide, a large proportion of people who self-harm have no desire to die whatsoever. Some may even have very strident views against suicide.

Why self-harm?

Research into self-harm suggests a variety of motivations, triggers and circumstances of those who deliberately injure themselves.

Common explanations include self-harm being a way:

- to release tension or frustration, or express anger,
- to substitute emotional for physical pain,
- to be able to "feel something" when feeling emotionally disconnected (or dissociated), or sometimes
- to induce dissociation to avoid aversive emotion as is common in the case of abuse or trauma.

For some people who harm themselves, being able to feel physical pain or see one's own blood can be comforting - a way of self-validation or being able to feel more "real" (ref.).

Most often, cutting or burning or hurting yourself in some other way is best understood as a form of coping, albeit not an ideal or lasting way of doing so. Still, it's something that can give a person a sense of control over their mental or emotional state when they feel they have none.

There's evidence that the relief that comes from the cessation of pain from self-harm actually induces positive emotions. Indeed, people who self-harm often report they do so to improve their emotional state, "getting a buzz" from the act, or to relieve distress or extremely low mood.

Self-harming is common

There is a group of self-harming adolescents who may not suffer the expected, diagnosable psychological disorders or be survivors of clearly identifiable traumatic events or evident abuse. These young people suffer from common psychological conditions, such as depression and anxiety, or have experienced less visible developmental trauma, such as bullying.

Or they may have an attachment disorder, which, put simply, is the fundamental inability to feel securely connected to others in important relationships.

The psychological chaos that can result from rapid and turbulent (not to mention, stressful) changes and challenges during adolescence can also culminate in the "rejection of the self." As a young person's identity begins to crystallise, they evaluate themselves so negatively and pervasively that they form a global view of themselves as unworthy, contemptible or disgusting.

In this state, these young people can feel compelled to attack themselves for being less than what they or they think others expect them to be. Self-harm thus becomes a type of justifiable self-punishment.

Of particular concern is the fact that self-harm can be socially contagious, especially during adolescence and when peers experience similar psychological difficulties. It can also take on addictive patterns; it's not uncommon for individuals who self-harm to seek help because they want to stop but feel unable.

The psychological cost to a peer who supports someone she knows is self-harming can be very significant and lead to serious problems. These problems include post-traumatic stress and depression.

Typically because of a sense of shame or ambivalence about giving up their main coping strategy or fear of how someone will respond to their behaviour, people who self-harm are often highly secretive about it.

Unfortunately, this can frequently be the case within the confidential relationship with their health professional. So, the areas of the body that are harmed are often chosen because they can be covered, such as upper thigh, stomach or wrists.

What helps?

Medical assistance is seldom sought, even when someone has serious injuries. Repeat self-harmers can become adept at applying first-aid to their wounds. If an individual does seek help, it

may nominally be for broader background factors that might contribute to the self-harm while the self-harm remains undisclosed.

Generally, the most appropriate approach in psychological therapy is to address the underlying reasons why someone is harming himself. More focused treatment aims to introduce or enhance positive coping strategies, such as increasing tolerance to emotional distress.

In cases where self-harm is especially compulsive or not easily resisted, strategies focused on directly reducing it can be very effective. Harm-minimisation rather than abstinence is sometimes the more realistic option in the short term.

The biggest challenge for parents and teachers is the detection of self-harm. The next step is to work out how best to engage the person to get help, which can be quite difficult.

The best way to do this is to share your concern about the person's psychological well-being in a way that avoids stigma and realistically inspires confidence about the benefits of professional support.