

Self-injury

People who self-injure commonly report 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 the relief is temporary, and a self-destructive cycle often develops if proper treatment is not obtained.

Experts estimate that the incidence of habitual self-injurers is nearly 1 percent of the population, with a higher proportion of females than males.

Self-injury, also known as self-mutilation, self-harm or self-abuse, is defined as the deliberate, repetitive, impulsive or non-lethal harming of one's self. Self-injury includes:

- Cutting
- Scratching
- Picking scabs or interfering with wound healing
- Burning
- Punching self or objects
- Infecting oneself
- Inserting objects in body openings
- Bruising or breaking bones
- Drinking harmful substances, like bleach or detergent
- 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.

Warning signs of self-injury

Warning signs that someone is injuring themselves include:

- Unexplained frequent injury including cuts and burns
- Wearing long pants and sleeves in warm weather
- Having low self-esteem
- Having difficulty handling feelings
- Relationship problems
- Poor functioning at work, school or home.

Prevalence

The typical onset of self-harming acts is at puberty. The behaviors often last 5 – 10 years but can persist much longer without appropriate treatment.



Though not exclusively, the person seeking treatment is usually from a middle- to upper-class background, of average to high intelligence, and has low self-esteem.

Nearly 50 percent report physical and/or sexual abuse during their childhood. Many (up to 90 percent) report that they were discouraged from expressing emotions, particularly anger and sadness.

Self-injury behavior patterns

Many who self-harm use multiple methods. Cutting 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. Self embedding objects in the skin is another method of self-injury with the attempt to conceal the behavior.

Causes of self-injury

Those who self-injure 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 even death. Eating disorders and alcohol or substance abuse can intensify the threats to the individual's overall health and quality of life.

Diagnosis and treatment

The diagnosis for someone who self-injures can only be determined by a licensed psychiatric professional. Self-harm behavior can be a symptom of several psychiatric illnesses: personality disorders (esp. borderline personality disorder); bipolar disorder; major depression; anxiety disorders (esp. obsessive-compulsive disorder); as well as psychoses such as schizophrenia.

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

Self-injury treatment options include outpatient therapy, partial hospitalization (6-12 hours a day) and inpatient hospitalization. When the behaviors interfere with daily living, such as employment and relationships, and are health- or life-threatening, a specialized self-injury hospital program with an experienced staff is recommended.

The effective 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 helps individuals understand and manage their destructive thoughts and behaviors. Contracts, journals, and behavior logs are useful tools for regaining self-control. Interpersonal therapy assists individuals in gaining insight and skills for the development and maintenance of relationships. Services for eating disorders, alcohol/substance abuse, trauma abuse, and family therapy should be readily available and integrated into treatment, depending on individual needs.

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