

# Self Injury Information

## 1. What is self-abuse?

When people act in such a way as to cause injury to themselves, those actions are called self - abuse. These actions can also be labeled self-injury, self-inflicted injury, self-harm, self-destructive behaviour and self-defeating behaviour. Self-abusive people may injure themselves directly, or indirectly by “setting someone up” to do the injuring. Self-abuse varies greatly in frequency and severity from person to person.

Self-abuse can have serious physical, psychological and social consequences

What are the major features of self-abuse:-

- Physical injuries that are self-inflicted
- repeated in response to difficult life experiences or feelings
- often inflicted without apparent pain at the time of the injury
- Other self-harm behaviours that are commonly found alongside the direct physical injuries
- drug abuse and overdose - street, prescription, OTC
- alcohol abuse
- eating disorders
- obesity
- risk-taking behaviours
- And associated ‘social’ self-abuse
- inappropriate sexual behaviours risking pregnancy and disease
- gambling
- shop-lifting
- “fraud”

The earliest signs of self-abuse may appear in childhood but the bigger picture is usually recognised in adolescence.

The problem may become chronic and intractable - injuries may become increasingly serious and even potentially life-threatening.

## 2. How can we determine if an action is self-abuse?

**Ask the following questions. If the answer to any is “yes” then the action in question is self-abuse.**

- A. Will this action damage his/her body or negatively affect his/her health or safety?*
- B. Will this action prevent him/her functioning independently and successfully?*
- C. Will this action predictably result in she/he getting less of what she/he needs and wants?*
- D. Will this action hurt his/her relationship with someone who is important in his/her life?*

Is there a profile typical of people who self-abuse?

Although many remember being self-destructive in childhood, they usually come to the attention of the helping professions during adolescence. Over the subsequent years they may demonstrate many, or all, of the following problems.

1) Hospital Admissions

a) Psychiatric hospital admissions

\*multiple episodes of physical harm unlikely to cause death

\*suicidal ideation

\*episodes of dissociation

b) General hospital admissions

\*chronic pain syndromes, with many investigations of abdominal and pelvic pain

\*multiple surgeries

\*"accidental" injuries

\*fractures

\*motor vehicle accidents

\*wound or skin infections

2) Associated problems

\*substance abuse including

alcohol

street drugs

prescribed drugs

\*compulsions

\*eating disorders

3) Psychological symptoms

\*anxiety

\*depression and despair

\*anger

\*shame, guilt, self-hate

\*dissociation

#### 4) Relationship problems

\*family disruption

\*social isolation\

\*poor personal support systems

\*professionals alienated by their behaviour

#### 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*

How does the self-abuse start?

Again, each individual is unique but, again, there are common themes.

1) In the circumstances of the first episode

*\*this will often happen when the person is about 10-16 years old*

*\*there will have been a major change in the adolescent's life e.g. family disruption,*

*\*there is a history of violence or abuse*

2) In the feelings that are evoked in the adolescent by these circumstances

*\*fear*

*\*hurt*

*\*anger*

*\*rejection or abandonment*

3) The adolescent perceives a loss of, and a need for,

*\*control*

*\*attention*

4) Contagion

*\*if the adolescent was in hospital or a group home when the first episode occurs she/he may have been "taught" by other self-abusive adolescents*

*\*the adolescent may acquire the knowledge about self-abuse and how to do it from magazines or the "Internet"*

### How does the family of origin influence the self-abuse?

Most people who self-abuse describe their childhoods as being filled with hurt, rejection and abandonment. Their families raise children with strict rules and critical messages. Discipline is often harsh. Close to three-quarters of clients surveyed described actual violence and abuse. Family disruption is extremely common.

Within these families the boundaries between people are very loose with the children being denied privacy and control over their bodies, property or space. Around the families are rigid boundaries of secrecy and denial.

People from these families find it hard to see themselves as worthy in any way. The child who experiences helplessness, fear and lack of control becomes an adolescent and adult who cannot trust others to provide what they need and want.

In many cases the clients who self-injure will confess that their need to manipulate others comes from a deeply held belief that they are not permitted to ask for help. They may also believe that no-one will help them without being "forced" to do so.

In other situations the requirement for secrecy may induce them to maintain silence about their problems. As many as 25% of people approaching the S.A.F.E. in Canada program have never sought medical advice regarding their self-abuse. Even more manage to keep secret from health-care professionals that their injuries are self-inflicted.

### 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.

These clients are subject to cognitive distortion, they

- \* 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.

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. Each participant had unique experiences but some very powerful lessons arise from the common themes identified.

a) 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.

b) 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.

c) 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.

d) Understanding the behaviour.

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

e) 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.

#### f) Dealing with “trigger” events.

Raising to conscious awareness 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

1) Haswell, D.E., Graham, M., “*Self-inflicted Injuries - Challenging knowledge, skill and compassion*”:Canadian Family Physician, Vol 42, September 1996, pps 1756-1764.

2) Haswell, D.E., Graham,M., “*Self-abuse Finally Ends in Canada - A program to help self-abusers*”:Medical Scope Monthly, February 1997, pps. 16-21

3) Haswell, D.E., Graham, M., Griffiths, T.J., “*100 women who self-abuse*” : Presented 1995 at The Trillium Research Forum, University of Western Ontario.

4) Haswell, D.E., Graham, M., Bartlett, B., “*Promoting Positive Change - the Clients’ Perspective*” : Presented 1996 at The Trillium Research Forum, University of Toronto.

5) Haswell, D.E., Graham, M. “*S.A.F.E. in Canada - A workbook*” - Revised version 1998, Published by S.A.F.E. in Canada, available only through the organization. (1999 - a completely new edition is planned -it will be available in the Fall )