

# Understanding Self-Injury: Five Key Concepts

(c) 2013 by Tracy Riley, M.A., C.Psych.Assoc.  
Inspiring Connections: [www.inspiringconnections.ca](http://www.inspiringconnections.ca).

---

## 1. Definition

Self-injury is the intentional hurting of one's body done by oneself in a physical way without conscious suicidal intent and for the general purpose of relief.

There are three broad populations of people who self-injure. These are organized in terms of the context in which the self-injury is taking place:

- (1) those who self-injure in the context of experiencing significant cognitive impairments such as in the case of having a developmental disorder;
- (2) those who self-injure in the context of experiencing psychosis;
- (3) and those who self-injure outside of the above contexts and where the self-injury appears to be linked to and occurs in the context of emotional distress.

The latter type of self-injury is often referred to as non-suicidal self-injury, which is the type of self-injury I am referring to in this handout.

Common forms that self-injury may take include cutting, hitting, bruising, scratching, scraping, burning, picking. Common body areas include arms, hands, wrists, legs, stomach. The typical age of onset appears to be early adolescence. Remember, though, that with all of these, there are always exceptions.

## 2. Self-injury's relationship with suicide

It is now generally understood that self-injury is not an attempt to end one's life; however, a person who self-injures may:

- be at higher risk of suicide
- be currently suicidal or become suicidal
- in some instances, be practicing or planning for suicide
- inflict injuries that lead to death
- never become suicidal

Ultimately, good assessment is important. While self-injury is not by definition a suicide attempt in and of itself, this does not mean definitively that the person is not at risk.

## 3. Self-injury involves both harmful and helpful aspects.

You can think of self-injury as having both a self-hurt and a self-help side.

On the harmful side, there is the more obvious issue that self-injury involves physical harm. Sometimes the physical harm is relatively minor; other times, it can be major. Always, there is the risk that a person causes more damage than she/he intended either through the initial injury itself or from a later infection. In addition, self-injury is associated with and may contribute to: depression, feelings of shame, increased suicide risk, and longer term decreased coping.

On the helpful side, people who self-injure report a number of ways in which self-injury assists them. For example, self-injury may serve to temporarily distract oneself; to focus attention; to increase a sense of

having control; to stop, induce, or prevent dissociation; to survive; to manage stress; to gain needed attention or recognition; to punish oneself (or others).

#### 4. Self-injury serves a purpose.

A key concept to remember is that self-injury is a purposeful behaviour--that self-injury always serves a purpose--and this purpose is most often fundamentally about bringing **relief** to the person in the moment in some way.

#### 5. There are key things you can do to make a positive difference--even in brief encounters.

- (1) Provide high quality human connection. Foster and develop rapport.
- (2) Convey that self-injury makes sense and that the person is not crazy (or terrible or whatever other fears the person might have).
- (3) Encourage continued conversation and connection: with you, with other trusted individuals, with a health professional, with a therapist. Keep the door open.
- (4) Be able to provide suggestions of resources (e.g., therapists in your community, print resources).

For additional information and related resources, please visit  
[www.inspiringconnections.ca](http://www.inspiringconnections.ca).

#### References

- Briere, J., & Gil, E. (1998). Self-mutilation in clinical and general population samples: Prevalence, correlates, and functions. *American Journal of Orthopsychiatry*, 68(4), 609-620.
- Chapman, A. L., Gratz, K. L., & Brown, M. Z. (2006). Solving the puzzle of deliberate self-harm: The experiential avoidance model. *Behaviour Research and Therapy*, 44(3), 371-394. doi:10.1016/j.brat.2005.03.005
- Deiter, P. J., Nicholls, S. S., & Pearlman, L. A. (2000). Self-injury and self capacities: Assisting an individual in crisis. *Journal of Clinical Psychology*, 56(9), 1173-1191.
- Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27(2), 226-239. doi:10.1016/j.cpr.2006.08.002
- Klonsky, E. D., & Muehlenkamp, J. J. (2007). Self-injury: A research review for the practitioner. *Journal of Clinical Psychology*, 63(11), 1045-1056. doi:10.1002/jclp.20412