

The paradox of self-harm



For some years, SANE has drawn attention to the need for people who self-harm to be given understanding and help. In 2004, the National Institute for Health and Clinical Excellence published the first treatment guideline on self-harm, revealing 170,000 people a year attended A&E departments with many being sent away with no proper help.

SANE responded to the report, drawing on calls to the helpline in growing numbers reporting self-harm in increasingly violent ways. Our concerns were broadcast locally and nationally and our statement carried by *The Independent*.

"This really has become an epidemic and the way in which people who self-harm are treated is a national scandal. These are people who are pushed to the bottom of the treatment queue, made to feel it is their own fault and denied any real understanding of their condition."

In 2005, we launched a web-based questionnaire: data was collected from 946 anonymous people aged 12 to 59, charting self-harm behaviour from first episodes through to full recovery.

The Royal College of Nursing comments: "The RCN welcomes the publication of this report. Self-harm remains a challenging and often unspoken subject. We welcome materials that help us as nurses to better understand and care for individuals who use this method of coping with their distress."

Outi Horne, SANE's Research Manager, reports on the findings:

The Secret Self

"The first time I cut I was fifteen years old, angry, sad, hating myself, feeling very very low. I felt numb and was beginning to feel suicidal. Now at eighteen I'm not as suicidal as I was then and although I mostly harm for the same reasons, now I do it even when I feel happy. I think it's to remind myself it won't last."

Carly is one respondent to the survey. Self-harm by wounding or burning parts of the body – most commonly arms or legs – and overdosing on medications such as painkillers or psychiatric medications is reported to be rising among adolescents in this country.

Also, people in their late fifties were still harming, and more than 30 participants had been harming for longer than 20 years. Some participants were as young as twelve, and some reported starting self-harm as early as four. It is not just those with a diagnosed mental illness: 40% of participants who had recently harmed reported having no mental health diagnosis.

There is a summary of the main findings overleaf:

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Summary of findings

- Self-harm serves a purpose – over 95% of participants thought it had some positive impact on their lives.
- Finding relief from very intense emotions such as sadness and anger or from feeling too little were common motivating factors.
- Self-loathing and a wish to punish themselves were also thoughts and feelings which frequently motivated the behaviour.
- Many self-harmers are known to have suffered abuse. That said, a history of abuse need not be present to give rise to the condition.
- There is a strong desire to hide the behaviours from friends and family. 87% of participants in our study sought to hide their harm from their families and 66% sought to hide it from their friends.
- Therapy should not focus on the symptoms of self-harming but on the underlying causes which are at the root of the problem and can precipitate the behaviour in the first place.

Self-preservation

Paradoxically, self-harm is mainly an act of self-preservation. Participants found it helpful in controlling emotions *and* behaviour. There was a sense of a struggle against behavioural impulses that did not match long term goals and peoples' understanding of who they are. Most commonly, suicidal behaviour needed curbing – over 100 participants said self-harming had prevented them from killing themselves. Instances of self-harm (particularly wrist-cutting and overdosing) have been mistaken for suicide attempts. It was clear, though, from our research, there was rarely a wish to die. Rather, participants often harmed to end periods of intense suicidal thoughts and feelings: trying to save, not eliminate themselves.

Many believed that harming prevented them from acts of violence and generally made them able to behave in a more acceptable way. Often this entailed limiting expressions of emotion, hiding how one truly thinks and feels: *"It keeps me happy in front of others. It has stopped my depression spilling out."* Self-harm appears to be associated with a felt need to keep inner life hidden from others, even family and friends.

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In the study, we asked participants how acceptable they thought family and friends would find their beliefs and feelings, and to estimate how often they had to behave as if their beliefs and feelings were different. Those who had harmed themselves felt their inner lives to be less acceptable than those who had never harmed. Whether harming was current seemed to make a difference: current harmers found their inner lives less acceptable and were more likely to keep them hidden. Both factors were associated with frequency of harm: those whose harm was frequent felt the need to shield their thoughts and feelings more than those who harmed less frequently.

Recovery: Changing the focus

It is very common for therapists and other support workers to focus on self-harming activity rather underlying causes. Focusing on stopping the behaviour is unhelpful and can be counterproductive:

"We had to keep these self-harm diaries which were meant to help you stop doing it, but thinking about it and whether I had done it once or more times a day was making it more of a thought in my head. Then there was always a fear that people would think you were fine if you weren't harming as much."

Social context

The social context of self-harm is important in other ways too. Those who managed to stop harming tended to give socially motivated reasons for stopping such as social pressure and the emotional impact on others, often in the absence of a sense of personal desire to stop harming:

"I was hurting the people around me who know. I tried to stop for them, and then I really stopped for me because I needed to learn how to deal with and express my emotions."

Coercion

In contrast, coercion was found helpful by only three people; one wrote:

"I did stop for over a year. I have to have a stable mind to have some surgery. I was told that if I did self-harm I wouldn't be able to have it. I now have to hide it from my doctor too."

This suggests even where coercion strategies have initially been effective, the benefit may be short-lived and they may make self-harm more difficult to disclose.

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Choice

Six participants wrote that it was pivotal to the success of their attempt to discontinue harming to keep choice to harm as a possibility. This may be for fear of losing a coping mechanism; it may also be that accepting the possibility of future self-harm may validate past decisions to harm, removing associated guilt and shame:

“After I’d been in hospital, I went to the college nurse and told her I had been self-harming. She told me that there was nothing wrong with doing it and that I should continue if I wanted to, and booked me into see a counsellor. By telling me that I could do it, it took the guilt out of the cycle and I slowly began to stop. I finally realised that what I was doing wasn’t ‘bad’ or ‘wrong’, it was just my way of coping.”

Taking the guilt out of the cycle may be an important element in successful treatment: following the usual feelings of relief/release and/or calm, a quarter of participants felt guilt/shame/embarrassment and one in nine experienced self-loathing after an episode of self-harm. Given that these emotions were also precipitants of self-harm it is easy to see how such behaviour can feed itself in a vicious circular dynamic – but only insofar as it is interpreted as wrong or loathsome rather than a simple fact.

Our findings suggest that a good place to start in helping leave self-harm behind would be to create a space in which to express inner life and in which it can be jointly explored without forcing, non-judgmentally, and compassionately. Due to the complex functions it serves, finding a substitute for self-harm is a very difficult task indeed.

The official report, conducted by Outi Horne and her team, is available on our website, www.sane.org.uk, with the first interactive study intended as a discussion point for people who self-harm, their families, professionals, researchers and students.

If this article has affected you, contact SANEline: 0845 767 8000, 6pm-11pm or email SANEmail: sanemail@sane.org.uk

Overleaf please find a case study on Sophia Gill:

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Sophia's choice

Sophia began self-harming at the age of 14, in the early 90's, when even less was understood about the practice than now. From when she admitted that she had a problem, it took her another ten years to put down her scalpel. Sophia considers herself to be one of the lucky ones. What saved her were her love of writing and seeing the emotional pain she was causing her friends and family.

From her as yet unpublished book:

Sophia describes the overwhelming nature of her depression

"Imagine a fire burning in the pit of your stomach. It's filling you with black smoke. Destroying you from the inside. You are afraid to open your mouth, as you know the cloud of misery will engulf those around you. You can't scream because you choke on the darkness."

The sense of inescapable torment compelling her first cut

"As I sat in the bathroom that Thursday evening, anger took over as the strongest emotion, stemming from the trapped feeling of being alone, in my own home, unable to show the real me. After moving out, my sister had left behind a plastic disposable razor with an orange handle, which I had secretly used to shave under my arms a few times. Today it called to me for a different purpose."

Writing became an important part of her recovery. In describing both good and bad experiences, she gained perspective and hope

"Today I awoke with a feeling so rare and unique that I just had to try and write it down. I woke up today feeling truly happy and content. It is such an unusual feeling for me that it is near impossible to describe, but I wanted desperately to have it in writing so that I could look back over it and remember there is a reason for me to fight when the darkness swallows me up."