

Non-Suicidal Self-Injurious Behaviors (NSSI)

A self-inflicted act that causes pain or superficial damage but is not intended to cause death. It is the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned, includes behaviors such as cutting, burning, biting, and scratching the skin.



Arguments have been put forward that NSSI should be a separate syndrome

- Inability to resist the impulse to injure oneself
 - Increased sense of tension prior to the act
 - Experience of release/relief after the act
 - Preoccupation with harming oneself
 - Absence of conscious suicidal intent
 - Inability to resist NSSI impulses
 - Negative affective/cognitive state prior to and relief after NSSI
 - Preoccupation with and repetitiveness of the behavior
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- Methods sometimes overlap with those of suicide (i.e., cutting)
 - Distinct because they do not intend the acts to be lethal
 - Often injure themselves repeatedly in a single session
 - Create multiple lesions in the same location
 - Typically in a visible and/or accessible area
 - Often repeated resulting in extensive patterns of scarring
 - Often preoccupied with thoughts about the injurious acts
 - Starts in early teens
 - Prevalence is more evenly distributed between the sexes than that of suicidal behavior although in most studies, more girls than boys engage in it
 - Self-harm among adolescents is common and the rate may be increasing
 - Many adolescents with NSSI may not have severe psychopathology
 - Pharmacological treatment should focus on treating underlying psychiatric disorders
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Motivations for NSSI are unclear

- A way to reduce tension or negative feelings
 - A way to resolve interpersonal difficulties
 - Self-punishment for perceived faults
 - A plea for help – **NOT** attention-seeking
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Symptoms of NSSI

- Scars, often in patterns
 - Fresh cuts, scratches, bruises, bite marks or other wounds
 - Excessive rubbing of an area to create a burn
 - Keeping sharp objects on hand
 - Wearing long sleeves or long pants, even in hot weather
 - Frequent reports of accidental injury
 - Difficulties in interpersonal relationships
 - Behavioral and emotional instability, impulsivity, and unpredictability
 - Statements of helplessness, hopelessness and/or worthlessness
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Forms of NSSI

- Cutting (cuts or severe scratches with a sharp object)
 - Scratching
 - Burning (with lit matches, cigarettes, and/or heated objects such as knives)
 - Carving words or symbols on the skin (also home “jail house” tattoos)
 - Self-hitting, punching, or head banging (also hitting walls, floors, etc. that cause pain/injury)
 - Piercing the skin with sharp objects
 - Inserting objects under the skin
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Most Common Methods

- Cutting (approximately 40%)
 - Scratching (approximately 40%)
 - Deliberately hitting body on hard surface (approximately 37%)
 - Punching, hitting, or slapping self (approximately 34%)
 - Biting (approximately 15%)
 - Burning (approximately 15%)
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Causes of NSSI

There is no one single or simple cause that leads someone to engage in NSSI

- May result from poor coping skills (NSSI is usually the result of an inability to cope in healthy ways with psychological pain)
 - May result from difficulty managing emotions (has a hard time regulating, expressing, or understanding emotions – the mix of emotions that trigger NSSI is complex)
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Through NSSI the person may be trying to:

- Manage or reduce severe distress or anxiety and provide a sense of relief
 - Provide a distraction from painful emotions through physical pain
 - Feel a sense of control over his/her body, feelings, or life situations
 - Feel something - anything – even if it is physical pain, when feeling emotionally empty
 - Feel anything but what they are actually feeling (typically emotionally)
 - Express internal feelings in external ways
 - Communicate depression or distrustful feelings to the outside world
 - Be punished for perceived faults
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Functions (purposes) of NSSI

- Emotional regulation
 - Anxiety
 - Anger
 - Frustration
 - Depression
 - Change cognitions
 - Distraction from problems
 - Stopping suicidal thoughts
 - Self-punishment
 - Stop dissociation
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Often accompanied with

- Eating disorders
 - Substance use/abuse (Addictive behaviors)
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Prevalence in other psychopathology

- Dissociative Disorders – approximately 70%
 - Eating Disorders – approximately 35%
 - Major Depressive Disorders – approximately 42%
 - Drug Use/Abuse – approximately 33%
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Common Myths

- Self-injury is a girl problem
 - When people say NSSI they mean cutting
 - It's a cry for help or just manipulation
 - People who hurt themselves on purpose are trying to kill themselves, even if they say they're not
 - It's a borderline personality disorder thing
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