



mental health  
association nsw

# Self Harm

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## What is self-harm?

Self harm involves deliberately physically harming oneself. Common injuries include cutting with a knife or scissors, burning the skin with matches or cigarettes, picking at existing injuries to prevent them healing, self-inflicted bruising or bone fracturing and taking low-level drug overdoses. This definition does not include socially accepted self-harm such as smoking, tattooing, body piercing etc.

Self-harm is done intentionally and is usually the result of overwhelming feelings such as pain, fear or anxiety that the person has not learned to deal with in other, more positive ways. Many people find that the negative emotional state they are trying to avoid disappears quickly when they self-harm. The person then learns through experience that this is an effective way of reducing distress. However, the stress is only reduced temporarily and self injuring prevents the person from finding more helpful and healthy ways to express and process difficult emotions. Some people who self harm report that they feel little or no pain whilst injuring whilst others feel the pain fully – they may experience this pain as a positive or negative thing.

Self harm is a destructive coping mechanism, not unlike smoking, workaholism, drug use, alcoholism, overeating or anorexia – however it is not understood or accepted as much by society.

## Who self-harms? – Higher risk groups

It should be noted that none of the factors below provides a complete explanation for self harm – i.e. not everyone who self harms has been sexually abused or has borderline personality disorder. Self-injury has many symbolic meanings.

- Abused children and adult survivors of physical, emotional or sexual abuse
- People with Borderline Personality Disorder
- Women
- Angry, impulsive, anxious, aggressive or very stressed individuals
- People with eating disorders
- People with a mental illness such as schizophrenia or depression
- People abusing alcohol or drugs
- People who were raised in an environment that invalidated them – discouraged or punished for their opinions, feelings, or personality.

There were 22,950 cases of hospitalised intentional self-harm in the financial year 2003–04. This includes suicide and attempts of suicide, as well as cases where people have intentionally hurt themselves, but not necessarily with the intention to kill themselves e.g. self-mutilation. (Berry J, p 16)

## **Common myths**

### **1. That self harm is a suicide attempt.**

A person attempting suicide feels there is no way out of the pain they are feeling other than escaping it. There is often no desire to die when self-harming. The aim is more to express unbearable emotional pain. Self harm can actually be a survival mechanism that allows the person to cope with difficult feelings that would otherwise not be expressed. However, the self-harming person may miscalculate and die by accident. A person who is self-harming may also become suicidal. However, the dynamics behind this are often quite different to the self-harm.

### **2. That this problem is self-inflicted therefore the person does not require help or understanding.**

The person is often feeling enormous overwhelming pain and self injuring is the only way they know to express it. This level of emotional distress is always serious and should be taken seriously.

### **3. Self harm is done to gain attention.**

Many people hide their injuries, so the self-injury is carried out only for their own 'benefit'. Accusing a person of attention-seeking often trivialises their suffering. The person may be seeking care, understanding, kindness or acceptance rather than just attention.

### **4. Self harm is always carried out on the spur of the moment and is impulsive.**

Self harm can sometimes be a planned activity and some people carry out some kind of 'ritual' around their injuring behaviour. The person has learned that self harming is a way of coping with their emotions and come to rely on it. At other times, self injury may be carried out whilst in a distressed state.

## **Why do people self-harm?**

Every person who self-harms is unique and self-injury is a response to various psychological needs that are being unmet in more healthy ways. The following are some of the reasons people have given for self-harm.

1. To externalise unbearable emotional pain that is difficult to express. The person often feels unbearable tension or distress that only self-harming seems to alleviate. Emotional pain can be difficult to talk about or even acknowledge to the self but it needs to be expressed somehow.
2. Physical pain can be easier to cope with than emotional pain – cutting or burning transforms the emotional pain into something visible. The person is often unaware why they are doing this but they have learned from past experience that self-harming has a regulating effect on their feelings. Self harm is an attempt to alter an emotional state. Physical pain is more socially acceptable than emotional therefore the person is converting it into physical pain.
3. Injuries and scars can serve as 'war wounds' – the person has something physical to show for all their emotional pain. Wounds are tangible, external and treatable whereas emotional pain is confusing and hidden.
4. A few people do use self-harm as a means of manipulating others. This is likely to be a very difficult situation for family and friends that leaves them feeling angry, frustrated, hurt or afraid.
5. Some people who self-harm do so to 'ground' themselves or 'bring themselves back to reality'. This may be particularly true in people with dissociative disorders.

## Treatment

### Biochemistry

Along with several other disorders, a decrease in levels of the neurotransmitter serotonin in the brain may contribute to self-harm. Drugs that increase serotonin levels to the brain seem to have some positive effects on self-harming behaviour. These drugs are often the same as ones prescribed for depression. Selective Serotonin Reuptake Inhibitors (SSRIs) are anti-depressant drugs which address neurotransmitter imbalances in the brain. Medication may be prescribed to treat any diagnosed mental illness that is present.

### Psychotherapy/counselling

The general aims of 'talking therapies' are to:

- Help treat any associated mental illness
- Prevent or minimise future self harm
- Learn new coping skills to deal with difficult feelings
- Reduce levels of emotional distress
- Provide support and encourage insight into the behaviour.

Various modes of therapy are used and the following are some of the most common::

**Cognitive Behavioural Therapy** - CBT teaches the person to identify and challenge unhelpful thoughts that lead to self-harming behaviour.

**Dialectical Behaviour Therapy** - DBT is a method of teaching the person skills in coping with extremes of emotion which they did not learn in earlier life.

**Interpersonal therapy/counselling** - There are many forms of psychotherapy and counselling. In general these help the person to explore the reasons for their self-harm and to find positive ways of ways of coping with difficult feelings.

### Self-help

Educate yourself as much as possible through websites and books. This may help you to understand the origins of your self injury, the reasons for it, advice on stopping and importantly – affirmation that you are not 'crazy' and you are not alone. Reading about how other people have struggled and coped with self harm may give you some hope.

Find a therapist you are comfortable with and make a firm commitment to attend sessions.

Nurture other parts of your life, yourself and your relationships. You are not defined by your self-injury. You are a complete person with interests, strengths, faults, talents and goals of your own.

Unfortunately, relatively few self-harm support groups exist. Try searching the internet for the many web sites and chat rooms focused on self harm. These can provide advice, information, support, and reduce isolation and stigma.

## **Family and Friends**

**Do** - Reinforce that you love/like them as a person but dislike the self-harming behaviour. This reassures the person that they are loved but also lets them know that others will not collude in the self-harming.

Educate yourself about why people self-harm. This will help you to understand why it is happening and help address the fear you may be feeling. See the section below for websites and books to get you started.

Acknowledge the emotional pain the person is feeling. This is the origin of most self harm and acknowledging its existence and severity may be one of the most important things you can do to assist.

Get professional support for yourself if you need it but don't expect to be able to 'cure' the person – only they can do this for themselves. Coping with someone you love self harming is difficult – don't try to go it alone or be the person's only support person – share the load around.

Be supportive without reinforcing or colluding with the behaviour. Be willing to talk about the self injury and open to hearing the person's feelings or point of view.

**Don't** - Use emotional blackmail, such as 'if you really loved me you wouldn't do this'. Guilt will only add to the person's mental turmoil and will not ease the self-harming behaviour.

Give ultimatums such as 'if you don't stop cutting yourself, I am going to leave you' – they do not work. Punishment such as this feeds the cycle of low self esteem and self hatred and maintains the self-harming behaviour.

Accuse them of attention-seeking. If the person is going to these extremes to get attention, they probably need it. Encouraging proper help will provide them with the right sort of attention.

Physically force someone to stop self-harming; this will not help in the long-term. Self-harm is the only way the person knows how to express emotional pain and they need to learn more appropriate coping methods before this one is taken away from them. Physical restraint could be traumatic and make the problem worse. Although it may be extremely painful for you, try not to discourage the self injury until the person is ready – providing support is more helpful than imposing limits.

Take it personally. Self harm is about the sufferer and not about you.

## **Where to go for help**

As self-harm is a symptom rather than a diagnosis all by itself, treatment depends on the reasons behind self-harm and any co-existing disorder. If you have been diagnosed with a particular disorder, such as an eating disorder, borderline personality disorder or depression, see our Fact Sheets on that specific disorder for treatment options. In general terms, treatment might include medication and/or some form of psychotherapy.

- Mental Health Information Service on 1300 794 991 for advice about local services
- Speak to your General Practitioner who can offer assessment, medication, advice and referral to a psychologist or psychiatrist
- Contact your local community mental health centre (see under 'Community Health Centre' in the Business and Government White Pages).
- Kids Help Line on 1800 55 1800 for phone and online counselling for young people between aged between 5 and 25 years.



## **Medicare Rebates and Accessing Private Practitioners**

### **What is the difference between psychiatrists and psychologists?**

Psychiatrists are medically trained doctors who specialise in the treatment of mental illness. Like GPs they can prescribe, administer and monitor medication. Psychiatrists do not advertise so it is up to your GP to refer you to someone appropriate.

Psychologists are trained in human behaviour and use a range of therapies to treat patients. They provide services including assessment, psychological testing, and various types of psychotherapy and counselling.

### **Medicare rebate for psychologists**

A Medicare rebate is now available for a number of sessions per calendar year with a registered psychologist\* with a Medicare Provider Number. To obtain the rebate you must be referred by an appropriate medical practitioner, i.e. a GP, psychiatrist or paediatrician. The practitioner will ensure that you meet the eligibility requirements and develop a management plan for your condition.

The cost and rebate from Medicare can vary depending on the consultation length and fee charged. If the psychologist bulk bills there will be no extra cost.

For further information about the rebate or to locate a psychologist in your area contact the Australian Psychological Society on 1800 333 497 [www.psychology.org.au](http://www.psychology.org.au).

\* Similar Medicare rebates also exist for mental health accredited social workers and occupational therapists.

### **Books**

Cutting by Steven Levenkron 1998  
Publisher: W. W. Norton

See My Pain! Creative Strategies and Activities for Helping Young People Who Self-Injure by Susan Bowman & Kaye Randall 2004  
Publisher: YouthLight, Inc.

### **Websites**

[www.southerncommunitywelfare.org.au](http://www.southerncommunitywelfare.org.au)

[www.selfharmalliance.org](http://www.selfharmalliance.org)

[www.selfharm.org.uk](http://www.selfharm.org.uk)

## References

Berry J & Harrison J  
Hospital separations due to injury and poisoning, Australia 2003–04  
<http://www.nisu.flinders.edu.au/pubs/reports/2007/injcat88.pdf>

RANZCP, 2005  
Self-harm  
Australian treatment guide for consumers and carers  
[www.ranzcp.org](http://www.ranzcp.org)

## Mental Health Resource Centre

The Resource Centre contains material that promotes a better understanding of mental health issues. New books and DVDs are purchased on a regular basis and visitors are welcome to come in and browse.

Members of MHA, CAG and ARAFMI may check-out resources on loan. The length of the loan is 3 weeks. Membership costs between \$10 - \$30 per individual per annum. Please note that most of the reference books are not available for loan

You will find the Resource Centre Booklist on our website: [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au) for further information contact 1300 794 991.

## Disclaimer

*This information is for educational purposes. As neither brochures nor websites can diagnose people it is always important to obtain professional advice and/or help when needed. The listed websites provide additional information, but should not be taken as an endorsement or recommendation.*

*This information may be reproduced with an acknowledgement to the Mental Health Association NSW. This and other fact sheets are available for download from [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au). The Association encourages feedback and welcomes comments about the information provided.*

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