Understanding and Responding to Self-Harm: The One-Stop Guide

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Understanding and Responding to Self-Harm: The One-Stop Guide

Practical advice for anybody affected by self-harm

Allan House

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Introduction

It's not difficult to find things to read about self-harm in magazines, books or on social media – it's a topic that seems to attract attention from all sections of society. That's no surprise really. With more than one in five young people reporting that they have self-harmed at some time, it is something that will have touched the lives of most of us – whether we've done it ourselves or are the friends or families of those who have.

The trouble is that what you can read about self-harm is not always helpful. Film stars who talk about it can make it sound like a lifestyle choice. Melodramatic accounts of self-harm in the lives of mass murderers make it sound like a symptom of deep disturbance. Gloom-laden stories about suicide in young people touch on an important topic, but sometimes they seem designed to cause shock and dismay rather than to help our understanding of the problem and what we can do about it.

What is harder to find is a simple account of what self-harm is, what we know about its causes, and what you can do to seek or offer help. It is this gap that this book aims to fill, by offering clear and sound advice.

The book covers some important topics – including what self-harm is and the reasons for it. It seeks to explain the apparent contradiction that self-harm isn't the same as attempted suicide and yet the person doing it may be suicidal. Self-harm isn't something that only young people do, or only women, and it certainly isn't something that people just do for attention. I will look at the role of social media and whether it's true that it makes self-harm in young people more likely. You may have read about self-harm and people with so-called personality disorder – an idea that has broken through into popular journalism – 'What to do if your partner has borderline personality disorder' and so on. I'll explain what this term means, and discuss what psychiatry has to offer in more useful ways than attaching labels to people. And most importantly this book will challenge the idea that you can't do anything about self-harm – it is possible to help.

In writing this book I have drawn heavily on my own experience over many years of talking to people who have self-harmed and to others who have approached me for advice about somebody they are concerned about. For fifteen years, I worked as a consultant in a busy hospital-based self-harm service in which we saw many hundreds of people each year, and both the users of our service and the staff I worked with taught me much.

Throughout this book you will find quotes from people who have self-harmed, descriptions of people and their problems, and brief boxed 'case studies'. All these accounts are based upon real people, but I have

made sure of confidentiality by changing names and some of the personal details so that nobody can be identified.

As well as being a psychiatrist, I am also an academic and researcher, and so what I have to say in this book is based not just on my personal and professional experience but also upon research, some of it mine, much of it by others.

I wrote this book with a wide audience in mind – people who have harmed themselves and those who live with them, care about them or support them, and people who work in roles that bring them into contact with self-harm: in fact, anybody with a genuine interest, perhaps a little knowledge, and a desire to understand the topic more deeply. It saddens me to hear how often someone who self-harms has sought help and yet not found it easy to get. Those close to them have responded with shock, dismay, anger or panic and haven't known what to do. Professionals have been apparently uninterested or unable to offer anything. And yet my experience is that many people do want to help – they just don't understand the problem and don't know what to do about it. This book is also for them.

This book can be read cover to cover, but I know that many people don't read like that, so each chapter can be read on its own. That occasionally requires a little repetition, which I have tried to keep to the minimum required to make each chapter stand alone.

You may find some of what I have to say about what people do and why they do it quite direct – I think it is important to be clear in describing and discussing

the issues. I hope you do not find any of the detail too upsetting, and above all I hope you find what I have to say informative and, more importantly, helpful.

part one

What is self-harm?

chapter 1

What do we mean by 'self-harm'?

If you are trying to find out about self-harm (especially by looking online) you can end up muddled by what seem to be contradictory statements. Or you may read something about self-harm and think 'that's all very well but it doesn't apply to me' even though you yourself self-harm or know somebody who does. Of course, self-harm is an emotive topic and that is partly why the way in which people talk about it gets muddled. Another reason is that the expression 'self-harm' isn't used at all consistently. So, to avoid confusion, let's start by examining what self-harm is, and exploring how different terms are used by different people. On the way, we will also debunk some of the myths that surround the topic.

Defining 'self-harm': keep it broad and keep it simple

WHO, the World Health Organization, issues definitions of illnesses and conditions. The WHO defines self-harm as

> an act with non-fatal outcome, in which an

> individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes which the subject desired via the actual or expected physical consequences.

That definition means that self-harm is intentional, is done by somebody to themselves, and is done by someone who wants to make something change. By saying it is 'non-habitual' it means that it is done as a conscious act, separate from normal day-to-day life.

The WHO definition might seem a bit mind-boggling and rather legalistic-sounding, so here's a simpler one, adopted by the UK's National Institute for Health and Clinical Excellence (usually called NICE): 'self-poisoning or self-injury, irrespective of the apparent purpose of the act'.

That is the definition of self-harm used in this book. Let's look in a bit of detail about what it means in practice.

First and foremost, self-harm is an action by a person. It's something that somebody does to themselves. It is not a description of who somebody is and not a name for a mental disorder. You sometimes hear people described as 'cutters' or 'self-harmers'. That's undesirable language and it's offensive. It is dismissive to label someone because of something they do. Even if they do it quite often it doesn't define them as a person. And as a description of their actions it's misleading because

it is oversimplified. Even if we do something over and over, it does not mean that our actions are unchanging and fixed.

You will notice that neither of these definitions says anything about the reasons that the person has for their act of self-harm. You have to remember that the definitions include acts of attempted suicide but also acts where there is no apparent desire to die. The definitions also include those times when the person actively rejects any notion that they wanted or intended to die. This is an important point. Ever since the 1950s, when self-harm started to be seen as a common problem in developed countries, it has been clear that every act of self-harm is not a failed attempt at suicide.

As will be discussed later when I review explanations for self-harm, some people are quite clear that they don't want to die at the time they harm themselves. They may in fact be using non-fatal self-harm as a way of defending themselves against more threatening thoughts about suicide. On the other hand, self-harm is definitely not the opposite of attempted suicide. Some non-fatal acts are indeed failed suicide attempts. And research studies that have followed large groups of people who had already harmed themselves find that they have a suicide rate many times higher than the rest of the population.

To summarise, whatever definition is used, the reasons for self-harm are complicated and in truth many people find it difficult to put into words exactly why they have harmed themselves. They may or may not intend to die. Some may eventually die through

self-harm. Nevertheless, the person you know who has self-harmed may actually have reduced the likelihood of their suicide by resorting to a harmful but not fatal act. The most important point to make is this: when someone has self-harmed, you can't make any assumption about whether or not they intended to kill themselves. It isn't wise to make blanket assumptions.

Before we move on, here are a few other terms that you may come across. *Self-harm* and *deliberate self-harm* are used to mean the same thing. They can be regarded as identical, although *self-harm* is now more commonly used. *Parasuicide* is an expression that isn't used so much now, but you might find it in older writings. It's a word that was made up in the 1960s to mean 'behaviour that's like suicidal behaviour'. It has (not surprisingly) fallen out of fashion. *Attempted suicide* sounds as if it refers only to acts where death was desired, but in fact it was quite widely used from the 1970s onwards to refer to all acts of self-harm. *Self-mutilation* is really the same as self-injury, and has been dropped as a term in most settings. This is because 'mutilation' means disfigurement or maiming, and a lot of self-injury isn't deliberately intended to cause that sort of injury, or permanent scars. Sometimes, even if there is such an intention, there is in fact no permanent effect.

When self-damaging actions aren't called self-harm

There are lots of harmful things people do to their

bodies that don't usually get counted as 'self-harm' in the sense I am talking about. Here are some of the common ones:

- Piercing the body for fashionable (cosmetic) reasons
- Cutting patterns on the body for social or symbolic reasons (scarification)
- Taking dietary modification to extremes – undertaking prolonged fasts or excluding all but an extremely limited number of foods from the diet
- Using recreational drugs or alcohol in a wild or reckless manner.

Why aren't these activities usually included in the category of self-harm? One reason is that their primary purpose isn't to damage the body. For example, several of the actions in this list are designed to change the body's physical appearance for social or cultural reasons that are seen as desirable rather than damaging – even when taken to extremes as in prolonged starvation such as anorexia nervosa. Bodily damage, including serious illness, can arise from drinking too much or taking recreational drugs, but the primary purpose of using these substances is to experience their psychological effects rather than to cause damage. So, these are sometimes called *indirectly harmful behaviours* to distinguish them from the intentionally harmful actions that are labelled as self-harm.

The other reason that these activities are talked about differently is that they are thought of as being socially approved – that is, shared and supported within

a social group – whereas self-harm is thought of as having individual and abnormal psychological causes.

As with all simple distinctions, it isn't that straightforward. There is in reality a rather unclear boundary between actions where damage to yourself is an unintended consequence and acts of self-harm where damage is intended. For example, studies into how young people respond to stress have shown that self-harm, drinking too much and eating disorders may often go together. It is also possible that someone who regularly uses substances in a way that their social group tolerates may push themselves beyond the 'normal' range for that group.

Acts that are definitely in the category of self-harm – cutting your arms to produce scars – can sometimes be so common as to seem normal in certain social groups that aim for a rebellious image. This particular example shows that apparently simple distinctions can be less clear than they seem initially.

Do people who engage in indirectly harmful behaviours for unhealthy reasons, or who self-harm for reasons accepted by a group to which they belong, need protection against doing harm to themselves? There is no simple answer to these questions, especially when talking about young people. It is an active debate in public health. For now, these issues have been raised in order to clarify that in this book self-harm is referring only to intentionally harmful actions.

So far this chapter has outlined what professionals mean when they use the expression 'self-harm'. It isn't how everybody uses the expression, but it is a helpful