

Silent epidemic

DR JANIS WHITLOCK

Dr Janis Whitlock's research into the causes and effects of self-injury promises new preventative strategies and help for everyone affected



To begin, could you explain what led to your involvement with the Cornell Research Program on Self-Injury and Recovery (CRPSIR)?

I founded the CRPSIR after two friends confided that their children self-injured; curiosity led me to the literature and an informal network of youth-serving professionals. Prior to my PhD, I spent 10 years working with youth and was a foster parent for a young woman with a variety of life challenges and behaviours, but I had never encountered self-injury. When I asked individuals I knew who worked directly with youth, I was shocked to hear most of them estimate that at least 10 per cent of young people with whom they worked engaged in self-injury. Although fascinated by this, I personally could not understand the appeal. I intuitively understood the 'why' behind various common risk behaviours, such as drugs and alcohol, risky sex or disordered eating, but self-injury puzzled me. I originally intended to conduct a small prevalence study as an aside to my primary research in youth development and connectedness, but once the CRPSIR was born it quickly became the centre of my academic focus.

How significant is gender in non-suicidal self-injury (NSSI) incidence, and how can gender differences be accounted for?

Studies consistently find either no difference, or a slight difference in favour of females. Our studies show that males prefer punching objects, while females prefer to cut or scratch

themselves; accordingly, females report more damage to their arms, wrists, thighs and calves while males report more to their hands. Females also use self-injury to regulate emotion or control other impulses, while more males report using it to get a rush or surge of energy. Females are more likely to report injuring in private, with phases of high and low activity, and having friends who self-injure. Males are more likely to report injuring in the presence of others, letting others cause injuries, or injuring another person as part of a routine. Females are more likely to seek mental health support.

Your website reflects the Program's emphasis on recovery for self-injurious people. What are the main aspects of this process?

Recovery from any entrenched habitual pattern is a long-term process involving many complex factors, though NSSI poses some unique challenges. One of these is that it most often occurs during adolescence or young adulthood, when the injurious person may be living with his or her family. The presence of self-injury in families can be hard for parents who may feel confused and guilty and for siblings who may be impacted by seeing blood around the house, by knowing that their sibling is in distress, or by having their parents' attention consumed by their sibling. This is one of the reasons we are focused on family and NSSI right now. Another challenge is that self-injury can become very habitual and difficult to stop. Because readiness to change is a major factor in recovery, we are developing tools to assess salient factors in readiness to change and stage-tailored messages and interventions. Finally, because it is clear that the aftermath of NSSI can vary a lot from person to person, we are investigating factors and processes that affect capacity for enhanced self-awareness and growth as a by-product of the recovery process.

What is the relationship between NSSI and suicide? How can this be shown to be independent of other influential factors?

For individuals in community settings with NSSI history, about 35-40 per cent report suicidal thoughts and behaviour (STB); the overlap can be higher in clinical settings. STB and self-injury share similar risk factors, with NSSI consistently documented as a risk factor for STB. What has been unclear until recently is the temporal relationship between the two,

and whether NSSI predicts suicide risk, independent of shared risk factors. Our studies suggest that NSSI does not precede suicide-related behaviours more than the reverse, though NSSI can contribute to the development of STB, possibly by reducing inhibitions about damaging the body. For those who become suicidal, self-injury experience may make it easier to imagine suicide or carry out a suicide-related act.

Finally, your research focuses on recovery from self-injury, and the potentially protective role of parents within that process. What methods are key to this research?

We examined predictors of movement from NSSI to STB in cases where NSSI preceded or coincided with STB and found that relationships with parents enhanced risk when poor or absent, and strongly reduced risk when present and positive. This effect was larger than for relationships with any other class of person, including therapists. Because we lack even a basic understanding of the phenomenological experience of NSSI recovery and the familial role in the recovery process, we began our research with interviews and surveys designed to surface key dynamics, perceptions and trends in the parent-child relationship. Identifying people willing to discuss this has taken time, but the rich insights they share are immensely useful. We have begun translating these findings into psychoeducational programmes for parents and professionals, and will be incorporating these into a book that is set to be published by Oxford University Press for parents of youth who self-injure.



Destigmatising self-injury

The **Cornell Research Programme on Self-Injury and Recovery**, USA, is helping tackle a complex and upsetting phenomenon which appears to be remarkably prevalent, particularly in young people

NON-SUICIDAL SELF-INJURY (NSSI) is defined as the direct and deliberate damage of tissue for reasons not socially sanctioned and without suicidal intent. NSSI includes any behaviour that damages body tissue, including self-cutting, burning or scratching to the point of bleeding. However tattooing and piercing are not classed as self-injury, for example, as many people do these things for aesthetic purposes and may therefore be 'socially sanctioned'. NSSI is almost always used as a means of regulating emotion or, in some cases, as a means of social communication. Although it can look and feel like a suicidal gesture to observers, it is not a means of ending life. It can be understood more as an action undertaken to preserve life and feel better, at least in the short term.

There is virtual consensus that NSSI has become more prevalent in recent years, though without an empirical baseline it is possible that this apparent increase is due to increased awareness of the issue. Nevertheless, frontline providers and treatment specialists with many years of experience working with teenage and young adult populations report strong perceptions of actual increases in prevalence.

UTTERLY SHOCKING

Dr Janis Whitlock is a research scientist at the Bronfenbrenner Center for Translational Research (BCTR) at Cornell University, USA; she founded the Cornell Research Program on Self-Injury and Recovery (CRPSIR) in 2004, when prevalence studies of self-injury were rare and none had been conducted using a random representative sample. "Our first study in 2005 intended to document prevalence against a backdrop of ignorance about what

such a study might yield," she outlines. "We estimated 5-10 per cent. Imagine my surprise when, from the 3,000-student sample, a full 17 per cent reported having ever self-injured. That was utterly shocking."

When it comes to determining who self-injures, a number of risk factors exist but there is no single risk profile. Most demographic factors are not useful indicators, with the exception of sexual orientation, where identifying as bisexual or questioning, especially if female, places an individual at much higher risk of reporting NSSI. One of the most long-standing and consistent factors is a history of trauma or abuse – particularly that of an emotional or sexual nature. Other risk factors include mental health challenges such as depression, anxiety, suicidal thoughts or behaviours, and disordered eating.

More fundamentally, there are universal cross-cutting factors relating to difficulty in emotion regulation and cognition. Emotionally perceptive or generative individuals – those who feel emotions strongly but find it difficult to accept, achieve distance from, or let go of their feelings – are at higher risk. This is particularly true if they are also prone to certain cognitive styles that make them more likely to create negative thoughts or stories when interpreting events, social exchanges or emotional experiences. While all human beings sometimes struggle with emotion and no-one's thoughts are solely positive, individuals at risk of self-injury tend to be chronically imbalanced in terms of how well they manage emotion and engage in negative thought patterns more often than is healthy. The merger of discomfort with emotion, along with a tendency to assume

the worst, create a potent recipe for NSSI and a variety of other mental health issues.

NARRATIVE REINFORCEMENT

The explosion of social media has proven revelatory in the provision of information and support networks for those at risk of, or who have engaged in, NSSI, but they bring their own challenges. Having access to a community of people with whom one shares a particular life experience or struggle can be helpful. "Studies consistently find that having an informal network of other people who listen, provide ideas and insight, and to whom one can turn in difficult times not only feels good, but can be instrumental in helping somebody stop unwanted or unhealthy behaviours like NSSI," Whitlock reveals. But there are also drawbacks: having a community of other people that shares one's life experience or behaviours can lead to dependency on it to meet other core needs, such as a sense of belonging. This means that even when a member feels ready to leave the behaviour behind, it can be hard because it means giving up their sense of belonging as well.

Additionally, in some cases information shared in virtual communities can trigger or worsen NSSI behaviour. The majority of users in the various online forums studied by Whitlock and her colleagues are informally supportive of each other's desires to stop NSSI. However, some of the information shared about how one can injure oneself, how to keep NSSI secret, or how to avoid sharing too much with 'outsiders', is clearly more harmful than helpful. It is also common for people to share stories about their lives and the events that led to their NSSI in a way that effectively

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INTELLIGENCE

THE CORNELL RESEARCH PROGRAM ON SELF-INJURY AND RECOVERY (CRPSIR)

OBJECTIVES

To help understand, detect, treat and prevent self-injury in adolescents and young adults by undertaking studies into a wide variety of related issues and using them to produce useful materials to help those affected.

KEY COLLABORATORS

Dr Elizabeth E Lloyd-Richardson, Department of Psychology, University of Massachusetts Dartmouth, USA

Ithaca Content Architecture and Design, Ithaca, New York, USA (Intervention development)

The CRPSIR reflects the pooled talents of over 40 Cornell undergraduates; two highly efficient study coordinators – Amanda Purington and Carrie Ernhout; and the ongoing support of Bronfenbrenner Center for Translational Research Director Professor John Eckenrode. Dr Jane Powers was instrumental in early development of the Program. CRPSIR has also benefited immensely from ongoing exchange with members of the International Society for the Study of Self-Injury and many colleagues and scholars invested in non-suicidal self-injury.

FUNDING

Cornell Cooperative Extension/Smith-Lever National Institutes of Health (NICHD)

CONTACT

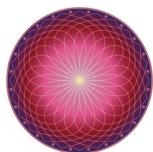
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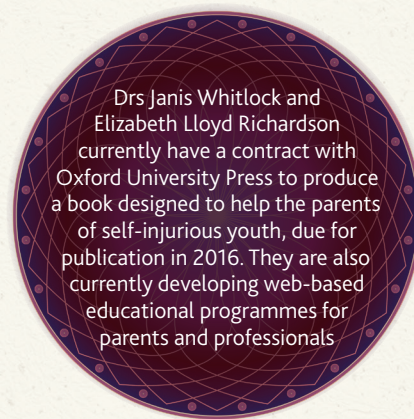
The Cornell Research Program on Self-Injury and Recovery

reinforces or rationalises the self-injury mindset of other members, making it more difficult to formulate a narrative away from the behaviour – a phenomenon described by Whitlock as 'narrative reinforcement'.

OVERCOMING STIGMA

The team's 2011 follow-up study, conducted across a larger and more diverse sample of eight schools, revealed an average of 15 per cent of students reporting NSSI. Data from this survey also indicated the average initiation age to be around 15 years old. With little sign of NSSI prevalence decreasing, the need for preventative strategies is becoming ever more important. Whitlock explains that adolescents and young adults are most susceptible because of the extensive neurological changes – often linked with emotion and cognition – occurring around this period of development. "Effective prevention approaches are therefore likely to be those which assist youth in understanding and working with thoughts and emotion," she suggests.

It will take time to overcome the stigma associated with self-injury, but awareness and education around the subject are increasing. This issue can be uniquely stressful because it triggers an association with suicide – something which arouses fear in everyone, particularly parents. Understanding self-injury can also be thought of as an opportunity for better understanding ourselves, both individually and collectively. In some ways, it is a reflection of where we are as a society: "Like all conditions, self-injury does not happen in a vacuum; it is a reflection of social trends, mores and intentions," says Whitlock. "That so many of our youth choose to use their body as a billboard for expressing emotion or distress says something about all of us."



Drs Janis Whitlock and Elizabeth Lloyd Richardson currently have a contract with Oxford University Press to produce a book designed to help the parents of self-injurious youth, due for publication in 2016. They are also currently developing web-based educational programmes for parents and professionals

HELPING OTHERS TO THRIVE

Further study of self-injury presents a unique opportunity to better understand what happens for people as they move through difficult phases of life – notably during adolescence and the complex development of various social, emotional and cognitive systems. It seems that individuals who learn and grow from the difficult phases of their lives are often interested not only in helping themselves, but in helping others to thrive as well; for these people, the self-injury and recovery process seems to engender or enhance a prosocial orientation. Going forward, Whitlock and her colleagues are committed to translating what they learn into materials, interventions, psychoeducational programmes, protocols and guidelines useful in the detection and treatment of self-injury in young people and adults.

"While months or years of self-injury leave some feeling scarred, wounded and adversely affected, there are as many people who emerge feeling wiser, more perceptive and balanced, and more optimistic and hopeful about their lives," Whitlock concludes. "I am deeply interested in understanding the difference between these two groups and, most importantly, what might help us to enable the first group to become more like the second."

