Reaching out:
The role of disclosure and support in non-suicidal self-injury cessation

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Introduction

Non-suicidal self-injury (NSSI) refers to a variety of behaviors—such as cutting, bruising or scratching the skin, ripping or pulling hair, or breaking bones—in which an individual intentionally inflicts harm to his or her body for purposes not socially recognized or sanctioned and without suicidal intent (International Society for the Study of Self-Injury, 2007).

Little is known about the factors that predict cessation of NSSI and the role that disclosure plays in cessation. While data from college studies have shown that the majority of individuals who start self-injure report stopping NSSI within 5 years of starting, other evidence shows that the behavior can continue into adulthood (Whitlock, Powers, & Eckenrode, 2006). Findings suggest that NSSI often goes undetected and untreated by professionals, and individuals with a history of self-injury often do not disclose their behavior to anyone (Whitlock, Eckenrode, & Silverman, 2006).

Current research suggests that social connectedness may be positively related to the development of productive coping skills (Frydenberg, Care, Freeman, & Chan, 2009) and that family connectedness may be a protective factor against emotional and behavioral issues (Ackard, Neumark-Sztainer, Story, & Perry, 2006). Studies on NSSI have found interpersonal influences on and effects of the behavior (see Klonsky, 2007, for review), and have even found that individuals with NSSI history report significant improvements in the quality of familial relationships over time following an engagement in the behavior (Hilt, Nock, Lloyd-Richardson, & Prinstein, 2008).

Objectives

This research evaluates the reasons why individuals who ceased self-injuring chose to abandon the behavior and the pathways through which they were able to achieve cessation. Specifically, our investigations focus on the positive and negative effects of disclosing self-injurious behavior to others. What types of informal social supports and conversations with others can aid in helping individuals recover from self-injury? To whom do individuals who engage in NSSI disclose their behavior and how helpful are conversations about NSSI? What types of conversations might be counterproductive?

Method

Sample

This research draws from a larger survey of a college population (N=13504) from eight universities in the United States. 875 individuals (6.1%) were indentified as having "current" NSSI, meaning they had either had self-injured in the past year or else believed they were likely to self-injure again. 873 individuals (6.1%) were identified as having "past" NSSI, which meant they had not self-injured in the past year and considered themselves unlikely to self-injure again. An additional 264 individuals (1.9%) reported a single incident of NSSI, and the remainder reported no NSSI (79.9%). Those with NSSI history were more likely to be female than male.

Measures – Quantitative

1662 individuals with NSSI history provided a yes/no response to the statement:

Someone knows that I intentionally hurt myself and has had a conversation with me about it.

1669 individuals with NSSI history provided a response of "yes," "no," or "possibly, but I do not know," to the statement:

One or more people know or suspect that I intentionally hurt myself, but has/have not had a conversation with me about it.

Of those who did not respond affirmatively to the above questions, 725 individuals provided a yes/no response to the statement:

No one knows that I intentionally hurt myself.

Those who said that someone did know about their self-injury were asked to indicate which individual(s) knew, with whom they had conversations, who initiated the conversations, and whether or not the conversations were helpful. Individuals with current and past NSSI responded similarly across these quantitative measures.

Measures - Qualitative

103 individuals with NSSI history who believed they were unlikely to engage in NSSI again provided a response to the prompt:

If you have stopped altogether (you are confident that you will not intentionally hurt yourself again) please describe why you stopped and what specifically helped you to stop.

All responses were given at least one qualitative code. The 28 responses that mentioned important others were then further analyzed. (See table to the right.)

IMPORTANT OTHERS	Overcame self-injury through a connection to others
PERSPECTIVES & STRENGTHS	Developed new perspectives and/or strengths
COPING MECHANISMS	Became aware of self-injury's function as a coping mechanism
PHASE OR MATURITY	Believed that self-injury was an immature way of coping
NOT A MAJOR PROBLEM	Self-injury not a big problem in life
EMOTION REGULATION	Learned to better understand emotions and/or triggers
UNAPPEALING BEHAVIOR	Self-injury no longer seemed acceptable
LIFE CIRCUMSTANCES	Circumstances that prompted self-injury went away
FEAR OR CONCERN	Felt afraid or concern for one's own wellbeing
PROFESSIONAL HELP	Sought therapy or other professional help

1099 individuals with NSSI history provided a response to the question:

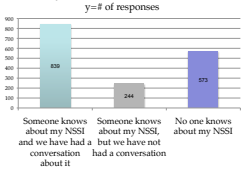
What do you think is important for people who want to understand and help those who intentionally hurt themselves to know?

Responses to this question varied across a wide variety of themes. 203 individuals gave responses that included advice about how to improve conversations about NSSI and/or explicitly mentioned ways they believed people should NOT approach those who self-injure.

Results

Did someone know about your NSSI and did you have a conversation about it?

y=# of responses



- The 839 respondents who indicated they had conversations about the NSSI had **a total of 1656 conversations** for an **average of approximately 2 conversations per respondent** (avg = 1.97).

- Overall, the perceived helpfulness of these conversations was mixed, with **25.2%** (n=417) **of all conversations perceived as helpful** and **21.4%** (n=355) **perceived as unhelpful**. **Most** (n=833) **respondents did not know whether or not the conversations were helpful**.

Who knew and did you have a conversation with them?

Rank	Person	# Know/ Convo	# Know/ No convo	Total	% Convo
1	Friend	515	162	677	76.1%
2	Partner	366	40	406	**90.1%**
3	Parent	300	77	377	79.6%
4	Therapist	242	1	243	**99.6%**
5	Sibling	85	35	120	70.8%
6	Teacher	38	26	64	59.4%
7	Physician	35	3	38	**92.1%**

- If someone knew about their behavior, they were likely to have a discussion about it.**81.7% of those who knew about a person's NSSI had some kind of conversation about it.**

- **46.8% of all conversations were initiated by the person who self-injured.** Overall, others were only slightly more likely to initiate conversations about NSSI.

Others to whom NSSI behavior was less likely to be disclosed were adult friends, other health care professionals, other relatives, spiritual advisors, coaches, acquaintances, school counselors, and online friends/support groups.

Who initiated the conversation?

Rank	Person	They initiated	I initiated
1	Parent	69.0%	31.0%
2	Teacher	68.4%	31.6%
3	Physician	65.7%	34.3%
4	Sibling	54.1%	45.9%
5	Partner	51.9%	48.1%
6	Friend	47.6%	52.4%
7	Therapist	42.1%	57.9%

Was talking helpful?

Rank	Person	% helpful	% unhelpful
1	Physician	40.0%	8.6%
2	Parent	37.7%	17.0%
3	Teacher	28.9%	18.4%
4	Therapist	28.1%	16.5%
5	Sibling	23.5%	17.6%
6	Partner	21.0%	24.9%
7	Friend	18.6%	25.6%

Types of engagement with others positively affecting NSSI cessation

Response category	Representative quotation
Positive support systems	"I got into a really nice group of friends who made me feel important as a person. I didn't need to punish myself anymore because people accepted me."
Therapeutic conversations	"I talked to a friend for a lot about it and I reached a place in my life where I understood that I had goals that I wanted to accomplish and hurting myself wasn't one of them."
Personal commitments	"[A friend] knew I had a history with cutting…and she made me promise to call her before I cut again, and convinced me that she really did want that and that I really could call her. I never called her, though - each time I wanted to cut I thought of the promise… It worked. Now, I have momentum - I don't want to break my 'clean' streak."
Active discouragement by important others	"I stopped when I began a relationship…He told me he could not be friends with me if I continued the behavior, and even though I was prepared to stop on my own, this extra push helped solidify the decision."
Separation from negative relationships	"[A]fter I removed myself from some friends who were bad influences, got to a better place in my life, and had some emotional distance, I never considered doing it again."

Suggestions for helping those with NSSI

Comment category	Content
Allow the person who self-injures his/her autonomy	A top-down approach to recovery can make the process feel overwhelming.
See things from another perspective	Individuals who self-injure may feel that no one else understands, so empathetic listening is important.
Provide a non-judgmental space	Feeling lectured or scolded for NSSI may cause someone additional stress and prevent them from opening up.
Develop a meaningful connection	Having genuine and fulfilling relationships can help improve a person's self-esteem.
Understand the reasons behind self-injury	Thinking more deeply about NSSI can help a person learn to either avoid or better cope with triggering situations.
Take NSSI behavior seriously	Even if wounds may be superficial, NSSI is a symptom that points to underlying issues and emotional pain.
Focus on the individual's unique strengths	No one solution will work for every individual struggling with NSSI.
Check in periodically	Someone who self-injures may want help but feel reluctant to ask for it.
Remind the person that s/he is not alone	Having someone available to talk through the emotions and situations that trigger NSSI can make a difference.

Discussion

This research shows the ways in which support from others may aid in NSSI cessation. While this support may sometimes involve disclosure of NSSI and direct conversations about the behavior, other times more general forms of support are key in cessation. While individuals with NSSI history were most likely to have a conversation about the behavior with a peer such as a friend or significant other, conversations between peers were among the least likely to have been helpful. In contrast, older individuals such as parents or teachers or resources such as physicians were more likely to initiate conversations about NSSI and these conversations were more likely to be perceived as helpful.

Though more research is needed in this area, this study suggests that disclosure to at least one trusted adult may be helpful for NSSI cessation. Since our initial analyses revealed no significant differences between individuals with past versus current NSSI in terms of patterns of disclosure, more longitudinal research is needed to determine if certain patterns of disclosure over time predict or affect the trajectory of NSSI cessation and recovery.

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