



Top 15 misconceptions of self-injury

Although SI can be difficult to control or stop, most people who practice are able to stop.

1 Only females self-injure.

Studies show that 30%-40% of people who self injure are male.

2 Self-injury is a suicide attempt or failed suicide attempt.

Research into the underlying motivations for self-injury reveals important distinctions between those attempting suicide and those who self-injure in order to manage their stress and cope with overwhelming negative feelings. Most studies find that self-injury is often undertaken as a means of *avoiding* suicide.

3 Only teenagers self-injure.

While it is true that the majority of those who self-injure do so during their adolescent years, people of all ages practice self-injury. Cases of self-injury have been documented in children aged seven years or younger and a number of adults engage in self-injury, too.

4 Anyone who self-injures is crazy and should be locked up.

People who self-injure are no more psychotic than people who drown their sorrows in a bottle of liquor. For most who practice self-injury, it is used as a coping mechanism. However, it is a coping mechanism that is not understandable to many people and is not accepted by society.

5 Self-injury is just attention-seeking.

For some, self-injury is clearly an attention-seeking act. In this case, it is very important to honor the intent – if someone is injuring him/herself for attention then that person **clearly needs it** – this person is crying out for help. The majority of people who engage in self-injury, however, go to great extremes to hide their cuts, scars or burns. Although not overtly attention-seeking, hidden self-injury is still a symptom of underlying distress and it merits attention from others who are in a position to help.

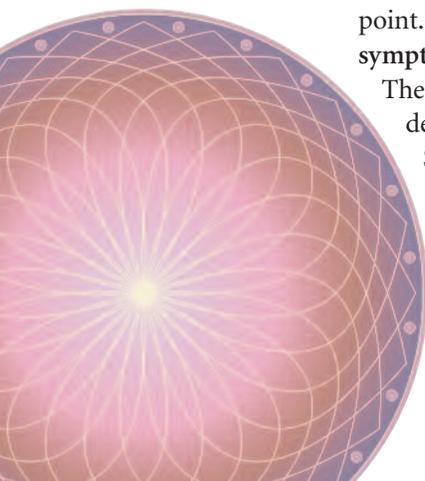
6 Self-injury is untreatable.

Although self-injury can be difficult to control or stop, most people who practice it are able to stop at some point. There is, however, no “magic bullet” in the treatment of self-injury, as the behavior is most often a **symptom** of any of a variety of other underlying issues. Cognitive Behavioral therapies, Dialectical Behavior Therapy, and Group or Family therapy are those therapies most commonly used to treat self-injury. Anti-depressants or other psychiatric medications are also used to treat underlying depression or anxiety.

Some who self-injure also successfully stop on their own, without ever seeking formal help. Because it is most often used as a coping mechanism, however, the practice of self-injury typically does not stop until the individual who uses it has other methods to cope and is fully ready to stop self-injuring – regardless of the treatment approach used.

7 People who self-injure are manipulative.

Self-injury is more about relieving tension and distress than it is about manipulating others.



Although some individuals report starting the practice as a means of getting attention from someone, very few report this as a primary reason for continuing the practice.

8 All people who self-injure have “Borderline Personality Disorder.”

People who engage in repetitive self-injury have reported being diagnosed with depression, bipolar disorder, anorexia, bulimia, obsessive compulsive disorder, post-traumatic stress disorder, and/or anxiety and panic disorders. Many who self-injure may not have any diagnosable disorder at all; a recent study found that almost half of college students with current self-injury behavior show no other identifiable mental illness.

9 People who self-injure only cut themselves.

Although a common method of self-injury is cutting, there are many methods of self-injury. Studies also show that individuals who report repeat self-injury often report using multiple methods. Examples of other methods include: burning, scratching the skin, and/or hair pulling.

10 Anyone who self-injures is part of the “Gothic” or “Emo” subgroup.

Self-injury excludes no one. People who self-injure come from all types of groups, ethnicities, and economic backgrounds. People who self-injure may be male or female, rich or poor, gay, straight, bisexual or questioning, be very well or less well educated, and live in any part of the world. They may be “jocks,” “skaters,” “preps,” or “nerds.” Some people who self-injure manage to function effectively in demanding jobs; they can be teachers, therapists, medical professionals, lawyers, professors, or engineers. It is impossible to classify someone as a person who self-injures (or not) based on what they look like, the type of music they listen to, or who their friends are.

11 People who self-injure enjoy the pain or they can’t feel it.

Self-injury most often hurts. Sometimes feeling the pain is the whole point – a person may self-injure to reconnect with his or her body or just to *feel* something. There is no evidence that individuals who self-injure feel pain any differently than people who do not self-injure.

12 There’s nothing I can do to help.

There are many ways you can help. The easiest way to help is by just listening. Don’t judge and be as supportive and understanding as you can. Most importantly, don’t give up. As one individual who self-injured advised, “A lot of the time, the people that do this do it for attention, so just give it to them. . . . Instead of scolding or looking down on someone for doing this, just let him or her know that one day it’ll be okay.” For more information, please see our Factsheets for friends at <http://www.selfinjury.bctr.cornell.edu/perch/resources/how-can-i-help-a-friend-english.pdf> and for parents at <http://www.selfinjury.bctr.cornell.edu/perch/resources/info-for-parents-english.pdf>.

13 All people who self-injure have been abused.

Some people who self-injure have been abused but certainly not all. Reasons for self-injuring are varied and unique to the individual.

14 Someone who self-injures can stop if they really want to.

This is true for some people but for others self-injury can be an addiction. There is emerging evidence that self-injury releases endorphins in the brain, a process which increases the possibility of becoming addicted to self-injury.

15 Someone who self-injures is a danger to others.

Self-injury is generally a private activity and many who practice it are accustomed to turning their anger and frustration inward rather than outward.

SOURCES CONSULTED:

<http://selfinjury.org>
http://www.youthnoise.com/page.php?page_id=1409
<http://www.nshn.co.uk/facts.html>
<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=141&id=2487>
<http://www.selfharmony.co.uk/text/myth.htm>
http://www.studentdepression.org/site/self_harm.php
<http://www.clinicalworkshops.com/self-injury.html>

<http://www.pinknews.co.uk/news/health/2005-7081.html>
<http://www.teachingexpertise.com/articles/peer-mentoring-and-self-harm-984>
<http://www.cnn.com/HEALTH/library/DS/00775.html>
Gollust, S.E., Eisenberg, D., & Golberstein, E. (2008). Prevalence and correlates of self-injury among university students. *Journal of American College Health*, 56(5): 491-498.
Whitlock, J., Eckenrode, J., & Silverman, D. (2006). Self-injurious behaviors in a college population. *Pediatrics*, 117: 1939-1948.

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FOR MORE INFORMATION, SEE: www.selfinjury.bctr.cornell.edu

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