Non-suicidal self-injury (NSSI) refers to a variety of behaviors—such as cutting, bruising or scratching the skin, piercing or pulling hair, or breaking bones—in which an individual intentionally harms himself 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, & Eckenrod, 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, Eckenrod, & Silverman, 2006).

Current research suggests that social connectedness may be positively related to the development of productive coping skills (Fridensberg, Carter, Freeman, & Chan, 2009) and that family connectedness may be a protective factor against emotional and behavioral issues (Ackerd, Neumark-Sztainer, Story, & Perry, 2006). Studies on NSSI have found interpersonal influences on and effects of the behavior (see Klosnky, 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).

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 engage in NSSI disclose their behavior and how helpful are conversations about NSSI? What types of conversations might be counterproductive?

Method

This research draws from a larger survey of a college population (N=13504) from eight universities in the United States who engaged in NSSI. 875 individuals (6.1%) were indentified as having “current” NSSI, meaning they had either had self-injury 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 – 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 self-injuring (you are confident that you will not intentionally hurt yourself again) please describe why you stopped and what specifically helped you to stop.

Results

What types of conversations might be counterproductive?

• The 893 respondents who indicated that they had conversations about NSSI had a total of 1668 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% (418 of all conversations perceived as helpful and 21.4% (315) perceived as unhelpful. Most (67.7%) respondents did not know whether or not the conversations were helpful.

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 other relatives, spiritual advisors, coaches, acquaintances, school counselors, and online friends/support groups were more likely to be perceived as helpful.

Types of engagement with others positively affecting NSSI cessation as reported by respondents. (Whitlock, Powers, & Eckenrod, 2006).

References

For a complete list of references, see the authors’ manuals for the American Psychological Association, 1994, and the American Psychological Association, 2003, respectively.

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