Recovering from non-suicidal self-injury: The role of therapy in the recovery process

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Introduction
Non-suicidal self-injury (NSSI) refers to a variety of behaviors 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). These behaviors include actions such as cutting, scratching, burning or bruising the skin or ripping or pulling hair.

A study of NSSI in a college population showed that at least 17% of college students had engaged in NSSI at some point in time. 75% of these respondents had self-injured more than once. Many of those who have self-injured have never been in therapy for any reason and only rarely disclose their behavior to others (Whitlock, Eckenrode, & Silverman, 2006).

While clinicians working with those who engage in NSSI have identified a number of therapies helpful to recovering from self-injury—such as Cognitive Behavior Therapy, Dialectical Behavior Therapy and Strengths-Based Therapy—there has been little direct research focusing on the various paths taken by those who recover from NSSI.

Findings suggest that NSSI often goes undetected and untreated by professionals (Whitlock, Eckenrode, & Silverman, 2006). Nonetheless, many of those who self-injure do eventually recover or give up the behavior. A better understanding of the ways that people struggling with NSSI recover with and without therapy—may be helpful for clinicians and others who work with those who self-injure.

The focus of our research project is to investigate the ways in which those who formerly struggled with NSSI recovered from the behavior. How did they stop injuring and why? Specifically, we focused on attitudes and experiences of therapy during the recovery process to determine what was most and least helpful to their recovery. For those who did not seek therapy, yet stopped NSSI, we sought to understand the factors that kept them from finding professional help and identify the other supports and resources utilized in their recovery.

Sample
Our sample was pulled from a larger survey of a college population (N=13504) from eighteen universities in the United States, of which 873 (6.5%) were identified as “past injurers,” or those whom, for the time being, could be said to have recovered from NSSI. Past injurers were defined as those who had engaged in NSSI more than once in the past, yet had not done so in the past year prior to haven taken the survey and also indicated that they were unlikely to engage in NSSI again.

Past injurers
- Mean age 21.7yrs (SD= 4.483)
- 72.9% female and 27.1% male [current injurers: 64.4% f, 34.8% m; full survey: 56.8% f, 42.2% m]
- 18.9% 1st year undergraduate, 19% 2nd year undergraduate, 18.8% 3rd year undergraduate, 20.3% 4th year undergraduate, 4.1% 5th year or greater undergraduate, 18.4% grad or professional students
- 75.8% Caucasian, 8.6% Asian, 7.6% Hispanic, 6.3% Asian-American, 4.5% African-American
- 27.6% Middle Eastern or East Indian, 1.8% American Indian, 4.2% other

Measures
This research was pulled from Wave 1 of a 3 wave longitudinal study on NSSI in a college population.

Qualitative measures (open-ended questions):

Experiences with therapy
- What in your experience with therapy has been most helpful in helping you understand or control intentionally hurting yourself?
- What has been least helpful?
- Factors inhibiting seeking therapy
- If you did not go to therapy, or did not consider seeking therapy during the time in which you were intentionally hurting yourself, why not?
- If you considered the possibility of therapy during the time in which you were intentionally hurting yourself, what kept you from going?
- Altering recovery paths
- If you have stopped altogether, please describe why you stopped and what specifically helped you to stop.

Results

Most helpful features of therapy in stopping NSSI

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<thead>
<tr>
<th>Most helpful part in therapy in stopping NSSI</th>
<th>n=274 qualitative responses, coded with 1-2 categories each</th>
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<tbody>
<tr>
<td>Comment category</td>
<td># of responses</td>
</tr>
<tr>
<td>Connection with therapist</td>
<td>42</td>
</tr>
<tr>
<td>Gaining new perspectives on problems</td>
<td>41</td>
</tr>
<tr>
<td>Learning new coping mechanisms</td>
<td>39</td>
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<tr>
<td>Other responses included emotion regulation (n=25), improving self-esteem (n=10), and meditation (n=10)</td>
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Least helpful features of therapy in stopping NSSI

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<tr>
<th>Least helpful feature of therapy in stopping NSSI</th>
<th>n=169 qualitative responses, coded with 1-2 categories each</th>
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<tbody>
<tr>
<td>Comment category</td>
<td># of responses</td>
</tr>
<tr>
<td>Not discussing NSSI</td>
<td>11</td>
</tr>
<tr>
<td>Non-directive nature of therapy</td>
<td>10</td>
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<tr>
<td>Lack of connection with therapist</td>
<td>10</td>
</tr>
<tr>
<td>Responses to what was least helpful varied more than those around what was most helpful. Other responses included focusing on intense emotional issues (n=9), inaccurately attributing reasons for NSSI (n=4) and involving parents (n=4)</td>
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Stopping NSSI without therapy: Why and how?

Over half of the past injurers surveyed (53.3%) recovered from NSSI without ever having a discussion about it and almost a third (32.8%) did so in complete secrecy, believing that no one knew or suspected they were injuring.

While most (58.6%) of those surveyed who stopped NSSI went to therapy during the period of time during which they were injuring, only half (52.9%) found therapy to be at all helpful in stopping NSSI. Those who did find therapy helpful cited making connections, broadening their perspectives and learning coping mechanisms as most beneficial in stopping NSSI.

Those who did not seek therapy most often cited their belief in self-reliance as a reason for not exploring the possibility. Many of those in therapy at the time of their NSSI did not bring up the issue with their therapists or, if asked, would avoid or deny the issue. Avoiding the topic of NSSI in therapy was most often cited as the least helpful part of therapy in recovering from the behavior.

This suggests that future research could focus on ways to better detect NSSI and engage those attempting to recover from NSSI in productive ways. Additional research could explore the role disclosure of NSSI plays in the recovery process. The fact that many people stop NSSI without therapy or conversations about it also suggests that more work could be done to better understand these alternate strengths-based paths to recovery.

Discussion

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