



# Cornell Research Program on Self-Injury and Recovery

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## The relationship between non-suicidal self-injury and suicide

### Who is this for?

Individuals interested in understanding more about NSSI & suicide

### What is included?

Differentiating NSSI & suicide

Understanding the relationship between NSSI & suicide

Identifying and understanding risk factors

Both non-suicidal self-injury (NSSI) and suicide thoughts and behaviors (also called “suicidality” here) are part of a group of behaviors that result in physical damage to one's body. Because NSSI and suicide-related behaviors can **look** so similar, it can be very difficult to tell the difference between them. In general, the most important distinction is the *intention*. In general, NSSI is a behavior undertaken to feel better or cope, whereas suicide-related behaviors are undertaken to end the capacity to feel at all by ending one's life.

The following summary provides an overview of the unique relationship between NSSI and suicide thoughts and behaviors.

### Is NSSI a suicide attempt?

No. NSSI is most often used as a way to try to regulate emotional pain, or sooth oneself - not as a means of ending one's life. Nor does the presence of NSSI indicate suicidal ideation. While self-injury is a risk factor for NSSI, they differ in several important ways including but not limited to:

#### *Expressed intent*

The expressed intent of NSSI is almost always to feel better whereas for suicide it is to end feeling (and hence, life) altogether.

#### *The method used*

Methods for NSSI typically cause damage to the surface of the body only; suicide-related behaviors are much more lethal. Notably, it is very uncommon for individuals who practice NSSI and who are also suicidal to identify the same methods for each purpose.

#### *Level of damage and lethality*

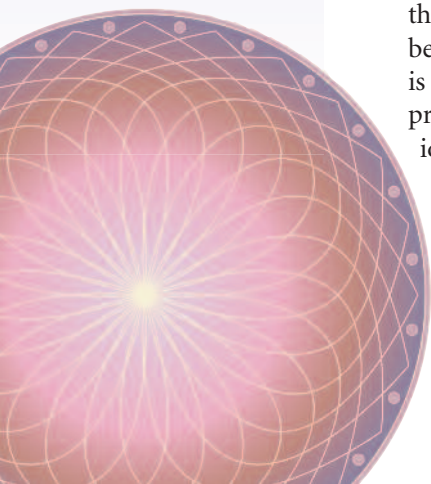
NSSI is often carried out using methods designed to damage the body, but not to lethally injure the body badly enough to require treatment or to end life. Suicide attempts are always more lethal than standard NSSI methods.

#### *Frequency*

NSSI is often used regularly or off and on to manage stress and other emotions; suicide-related behaviors are much more rare.

#### *Level of psychological pain*

The level of psychological distress experienced in NSSI is often significantly lower than that which gives rise to suicidal thoughts and behaviors. Moreover, NSSI tends to reduce arousal for many of those who use it and, for many individuals who have considered suicide, is used as a way to avoid committing suicide.



### *Presence of cognitive constriction*

Cognitive constriction is black-and-white thinking – seeing things as all or nothing, good or bad, one way or the other. It allows for very little ambiguity. Individuals who are suicidal often experience high cognitive constriction; the intensity of cognitive constriction is less severe in individuals who use NSSI as a coping mechanism.

### *Aftermath*

The aftermath of NSSI and suicide can be strikingly different. Although unintentional death does occur with NSSI, it is not common. The aftermath of a typical NSSI incident is short-term improvement in sense of well-being and functioning. The aftermath of a suicide related gesture or attempt is precisely the opposite.

## **Is there a relationship between NSSI and suicide thoughts and behaviors?**

Despite the different intentions associated with NSSI and suicide thoughts and behaviors, it is important to note that they share common risk factors. These include but are not limited to:

- History of trauma, abuse, or chronic stress
- High emotional perception and sensitivity
- Few effective mechanisms for dealing with emotional stress
- Feelings of isolation (this can be true even for people who seem to have many friends / connections)
- History of alcohol or substance abuse
- Presence of depression or anxiety
- Feelings of worthlessness

Because of these and other risk factors, the presence of NSSI is, in and of itself, a risk factor for suicide thoughts and behaviors.

## **How often are people both self-injurious and suicidal?**

In the general population of NSSI users, 35% - 40% will also report some suicidality. In clinical populations (individuals with multiple diagnosed mental illnesses), 65% or more who use NSSI will report some suicidality.

Most often, suicidality will be present *in the same general period or after* periods of life in which NSSI is practiced, but sometimes (in about 20% of people) it comes before NSSI.

It is important to note that although there is a link between NSSI and suicidal behavior, over half of those who report NSSI in average (non-clinical) youth and young

adult populations report no suicidal thoughts and behaviors.

## **How can I tell if some who practices self-injury is at risk for suicide?**

The risk for suicidal behavior is strongest among individuals engaging in more severe forms of NSSI, such as cutting, carving, and burning, compared to forms that are less intense, such as punching, skin picking, and self-scratching. It is also more common among individuals who have injured chronically and who use multiple methods to injure.

Compared to those who engage in NSSI but are never suicidal, people who engage in both suicidal behaviors and NSSI are more likely to report:

- Over 20 lifetime NSSI incidents
- Psychological distress in the last 30 days
- A history of emotional or sexual trauma
- Greater feelings of hopelessness
- Greater family conflict and poor relationship with parents
- More impulsivity and risky behaviors
- Greater substance use
- A diagnosis of Major Depressive Disorder (MDD) or Post Traumatic Stress Disorder (PTSD)

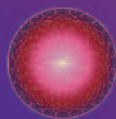
## **Does self-injury lead to suicide thoughts and behaviors?**

There is no evidence that practicing NSSI causes suicidal thoughts and behaviors. However, there is evidence that the practice of NSSI **lowers the inhibition** to suicide behaviors since it provides practice damaging the body. Despite what it may seem, it is quite difficult to overcome the psychological and physical barriers to carrying out suicidal urges; having practice overcoming these, even if using very different methods, can make it easier to carry out a suicidal intention.

## **Summary:**

Non-suicidal self-injury is typically used as a coping strategy for preserving and enhancing life; not ending one's life. However, since NSSI and suicidality both indicate underlying distress it is important to assess whether self-injurious youth are also suicidal. The National Institute of Mental Health lists key signs and signals in assessing whether a person is actively suicidal:

- Talking about wanting to die
- Looking for a way to kill, or making a plan to kill oneself



- Feeling hopeless or talking about having no way out
- Feeling trapped and as if there is no end to pain
- Expressing oneself as a burden to others
- Increased use of substances (drugs or alcohol)
- Anxious or agitated behavior
- Too much or too little sleep
- Withdrawing from family, friends, and important relationships

- Expressing extreme anger or rage
- Mood swings

If someone in your life is displaying any of these warning signs, they should be responded to immediately and referred for professional evaluation and support.

### Suicide prevention websites and resources:

The **National Suicide Prevention Lifeline** is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. By dialing 1-800-273-TALK (8255), the call is routed to the nearest crisis center in a national network of more than 150 crisis centers. The Lifeline's national network of local crisis centers provide crisis counseling and mental health referrals day and night: <http://www.suicidepreventionlifeline.org/>

The **Centers for Disease Control and Prevention** hosts a website on suicide injury and violence prevention, including research, publications, national statistics, prevention strategies and resources:

<http://www.cdc.gov/violenceprevention/suicide/index.html>

The **Crisis Text Line** serves young people in any type of crisis, providing them access to free, 24/7, emotional support and information they need via the medium they already use and trust: TEXT: <http://www.crisistextline.org/>

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