

Cornell Research Program on Self-Injury and Recovery

BY KEMAR PRUSSIEN, SARAH ROSENBLUM, & JANIS WHITLOCK

What role do emotions play in non-suicidal self-injury?

Who is this for?

Individuals who self-injure, professionals, parents

What is included?

How emotions are influential in self-injury

Understanding patterns of emotional avoidance and rumination

How NSSI works to help people feel better

How to interrupt the pattern(s)

Tips on managing emotion in healthy ways

How are emotions related to NSSI?

The link between self-injury and emotion is well established in the self-injury literature. People who self-injure often report that the act of self-injuring helps them to cope with difficult feelings. Some of the emotional experiences that people report feeling before they engage in NSSI include, but are not limited to:

- Guilt
- Sadness
- Overwhelmed
- Anxiety
- Frustration
- Anger at themselves or others
- Low self-worth
- Self-blame

Self-injury tends to bring a sense of relief or calm for those who find it useful. Some people with established self-injury practices also report feeling a rush of energy after self-injuring.

How does emotion lead to self-injury?

As we all know, life can be hard at times. There are a variety of strategies that people use to manage intense or hard life experiences. Because thinking and feeling are strongly related, they can become intertwined in patterns that heighten risk for self-injury. Teens are particularly vulnerable to this because developmental changes in the brain prime youth to interpret events more negatively than in any other stage of life.

Two of the most common patterns linking emotion to self-injury are:

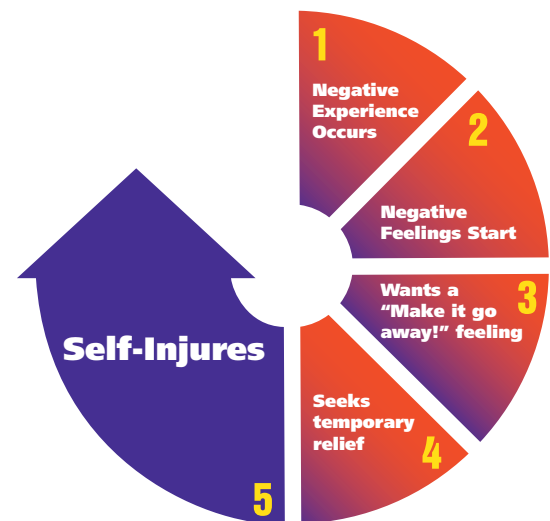
Emotional cascades: Occur when an individual consistently thinks about (ruminates on or revisits over and over) an

exchange or event that caused him/her to feel bad. The continuous revisiting tends to increase negative feelings to the point that they feel intensely overwhelming. Self-injury is then used to “down-regulate” or, in other words, calm and soothe those negative feelings.

Experiential avoidance arises from a persistent unwillingness to experience uncomfortable thoughts and emotions. Individuals high in experiential avoidance will seek out behaviors, such as self-injury, that assist in escaping unwanted emotions. This pattern of avoidance reinforces the need for the behavior.

Here is an example of how emotional cascades and experiential avoidance work in unison to lead to engaging in NSSI:

- Prior to self-injuring, an individual typically has an experience that is interpreted negatively. Common trigger experiences are perceived problems with others such as best friends, par-



ents or romantic partners; perceived failure, or other events that can be interpreted negatively.

- The negative interpretation leads to negative feelings (this can be experienced as an eruption of negative feeling all at once or something that builds through continual revisiting).
- The high emotional intensity is unwelcome and the individual wishes to “make it go away” or otherwise avoid it.
- Self-injury is used to acquire temporary relief from their emotions.
- Individuals also report that self-injury not only decreases bad feelings, but also increases good feelings.

While self-injury is best understood as a maladaptive coping process, it is one that works for a limited amount of time. The temporary relief that occurs after engaging in NSSI reinforces the behavior. This emotional reinforcement makes the individual more likely to self-injure the next time they encounter strong negative emotions.

How does NSSI make people feel better?

Researchers have begun to explore how NSSI helps people feel calm and relieved after they self-injure. Although many people believe that individuals who self-injure do not feel pain, laboratory research has shown that this is not the case. One explanation for how NSSI makes people feel better is called **pain-offset relief**:

People who self-injure often take a longer amount of time to perceive something as painful – meaning they have a higher pain threshold. They are also able to tolerate painful stimuli for longer periods of time. Although they typically have higher pain thresholds and tolerance, individuals who self-injure still describe their self-injurious actions as being painful. However, once the painful stimulus is removed or even slightly reduced, the individual does not return to the same affective state they felt prior to self-injuring. Instead, they report a more positive emotional experience than they had before the pain onset. This phenomenon is known as pain-offset relief.

In summary, it is not the pain itself that makes people feel better, but the combination of pain onset and offset that stimulates a sense of relief (Franklin et al., 2013). For more information on the pain-offset function of NSSI, please refer to the [How does Self-injury Change Feelings?](#) Fact-sheet.

How does someone interrupt the pattern(s) that lead to self-injury?

Ultimately, although self-injury creates temporary relief from negative emotions, it is not a healthy coping mechanism in the long run. The more an individual suppresses his/her intense emotions and negative thoughts, the more intense his/her emotional response to different situations becomes.

The pattern can be interrupted at each step by initiating new patterns of thought and emotion. This requires a willingness to understand one’s own patterns and to work on consciously interrupting habits of thought, feeling and behavior. Instead of engaging in experiential avoidance and thought suppression that can lead to NSSI, people who are struggling with negative emotions like stress, sadness, or anger can instead try other ways to cope such as:

- Not always going for the most negative interpretation of events; look for kinder, more “middle-of-the-road” interpretations
- Slow down the thought-emotion process by watching how fast it happens and being open to having other emotional responses
- Use mindfulness techniques like focused breathing, meditation, or using slow steady rhythms (e.g., tapping, walking, drumming) to slow things down and bring attention to the present moment
- Look for other expressive outlets for energy, emotion, and tolerating distress (e.g. music, journaling, painting, pottery, knitting, etc.)
- Use the body in a positive manner (e.g. exercise, yoga, swimming, Tai Chi, etc...)
- Take a hot (or cold!) shower
- Reach out for help; it is amazing how much sharing troubling thoughts diffuses them and provides the perspective it may take to interpret things differently

Healthy and positive coping strategies involve thinking about and *accepting* intense emotions and thoughts rather than *suppressing* them. All of the activities listed above help encourage individuals to focus on the present moment and all of the emotions associated with it. Focusing on the present moment helps to create positive “stress busting” thoughts, rather than negative “stress building” thoughts.

Focusing on the present moment helps to create positive “stress busting” thoughts, rather than negative “stress building” thoughts. Once you understand why you are upset, take action right away to make yourself feel more in control.



Once you understand why you are upset, take action right away to make yourself feel more in control. Whatever action you take can be large or small, but doing something will help change the course of your emotions.

For more information on how to positively cope with difficult situations and emotions, see the [Coping: Stress-Management Strategies](#) Factsheet.

Summary

Individuals who self-injure have difficulties with emotion regulation and typically use self-injury as an avoidance or relief response to intense negative emotions. Although using self-injury as a coping mechanism is effective in the short term, it can increase the intensity of emotional responses in the long run. There are many other alternative positive coping strategies that are more effective in emotion regulation.

Sources Consulted

- Chapman, A., Gratz, K.L., Brown, M.Z. (2006). Solving the puzzle of deliberate self-harm: The experiential avoidance model. *Behaviour Research and Therapy*, 44, 371-391.
- Anderson, N.L., & Crowther, J.H. (2012). Using the experiential avoidance model of non-suicidal self-injury: Understanding who stops and who continues. *Archives of Suicide Research*, 16: 124-134.
- Klonsky, E.D. (2009). The functions of self-injury in young adults who cut themselves: Clarifying the evidence for affect-regulation. *Psychiatry Research*, 166, 260-268.
- Zetterqvist, M., Lundh, L-G., Dahlstrom, O., Svedn, C.G. (2013). Prevalence and function of non-suicidal self-injury (NSSI) in a community sample of adolescents, using suggested DSM-5 criteria for a potential NSSI disorder. *Journal of Child Psychology*, 41, 759-773.
- Lloyd-Richardson, E., Perrine, N., Dieker, L., Kelley, M.L. (2007). Characteristics and functions of non-suicidal self-injury in a community sample of adolescents. *Psychological Medicine*, 37, 1183-1192.
- Swannel, S., Martin, G., Page, A., Hasking, O., Hazell, P., Taylor, A., Protani, M. (2012). Child maltreatment, subsequent non-suicidal self-injury and the mediating roles of dissociation, alexithymia, and self-blame. *Child Abuse & Neglect*, 36, 572-584.
- Franklin, J.C., Aaron, R.V., Arthur, M.S., Shorkey, S.P., Prinstein, M.J. (2012). Nonsuicidal self-injury and diminished pain perception: the role of emotion regulation. *Comprehensive Psychiatry*, 53, 691-700.
- Hookey, J.M., St. Germain, S.A. (2013). Nonsuicidal self-injury, pain, and self-criticism: Does changing self-worth change pain endurance in people who engage in self-injury? *Clinical Psychological Science*, online source.
- Ballard, E., Bosk, A., Pao, M. (2010). Invited commentary: Understanding brain mechanisms of pain processing in adolescents' non-suicidal self-injury. *Journal of Youth and Adolescence*, 39, 327-334.
- Nock, M.K., & Prinstein, M.J. (2004). A functional approach to the assessment of self-mutative behavior. *Journal of Consulting and Clinical Psychology*, 72(5), 885-890.
- Zetterqvist, M., Lundh, L., Dahlstrom, O., & Svedin, C.G. (2013). Prevalence and function of non-suicidal self-injury (NSSI) in a community sample of adolescents, using suggested DSM-5 criteria for a potential NSSI disorder. *Journal of Abnormal Child Psychology*, 41, 759-773.

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

This research was supported by the Cornell University Agricultural Experiment Station federal formula funds, received from Cooperative State Research, Education and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.

