



Cornell Research Program on Self-Injury and Recovery

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What's the relationship? Non-suicidal self-injury and eating disorders

Who is this for?

Anyone interested in knowing more about the relationship between self-injury and eating disorders.

What is included?

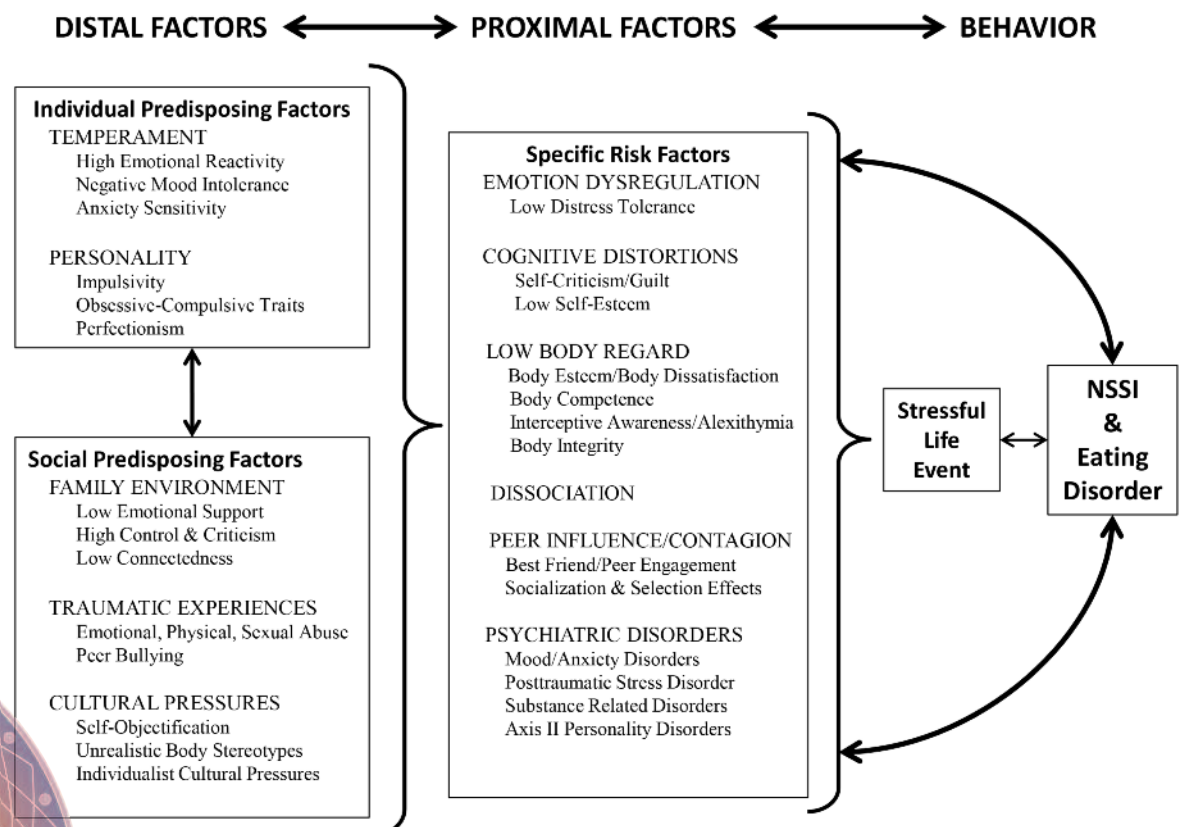
Information on self-injury and eating disorders as co-occurring disorders

Claes & Muehlenkamp's representational model of risk factors for NSSI and ED

What to look for

Suggestions for responding and supporting someone struggling with self-injury and an eating disorder

Non-Suicidal Self-Injury (NSSI) and eating disorders often co-occur (meaning that someone uses both practices in the same period of life, even if not at exactly the same time) and the link between them is well established in research. Individuals with both eating disorders and NSSI tend to show strong tendencies towards impulsivity, body dissatisfaction, cognitive distortions about oneself, and problems with emotion regulation. The model below, developed by authors Claes and Muehlenkamp (2014), gives a good visual representation of the interactive risk factors and relationship between NSSI and eating disorders.



Why NSSI and ED?

Both eating disorders and NSSI affect how people feel and are often used as a way to change, express, or suppress emotions. Essentially, both NSSI and eating disorders are used to cope with unwanted or overwhelming feelings, or to induce feelings when a person feels numb.

Although both of these behaviors are used to cope with feelings, neither are sustainable as long-term coping practices. Unfortunately, the longer they are used, independently or together, the fewer healthy coping skills are developed instead.

It is important to know what to look for in yourself or someone else who self-injures and may also struggle with an eating disorder. This information brief will provide you with practical advice on why these issues can co-occur, how to identify if you or someone else is struggling from an eating disorder in addition to NSSI, and what you can do to support yourself or offer support to someone else.

How often do eating disorders and self-injury occur together?

In total, over 50% of adolescent girls and 33% of teenage boys use food restriction measures to lose weight at any given time. NSSI is also common with 15% - 40% of youth indicating some self-injury history (depending on the behavior and sample examined).

In general, symptoms of both self-injury and eating disorders occur together in about 25% - 50% of individuals who engage in one or the other. So, for example, among individuals who self-injure, studies tend to find that 25%-40% will also report engaging in some form of disordered eating activity. The rate of overlap is higher in individuals who have been diagnosed with a mental illness of any sort (can be as high as 65% overlap). It is worth noting that self-injury most often occurs in individuals with the bulimia form of disordered eating.

Notably, there is a lower prevalence of NSSI among men with eating disorders, compared to women with eating disorders and eating disorder prevalence is also lower in male people. However, males who self-injure and suffer from an eating disorder may show significantly more

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More about eating disorders:

An eating disorder is most often characterized by abnormal or disturbed eating habits that result in too much or too little food or nutrients. The most common types of eating disorders in the US are Anorexia Nervosa (going without sufficient food) and Bulimia Nervosa (purging food after eating), and Binge Eating Disorder (over eating but without purging). Women are more commonly diagnosed with Anorexia and Bulimia, but for Binge Eating Disorder the difference in prevalence between males and females is less pronounced. Adolescents are more likely than adults to be diagnosed with an eating disorder.

Is someone you know experiencing an eating disorder? Ask yourself if you or the person in question...

ANOREXIA-NERVOSA

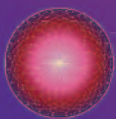
- Has an intense and irrational fear of gaining weight?
- Restricts food intake to induce or maintain weight loss?
- Experiences disturbances in how they perceive or evaluate their body? (i.e. denial of low weight; belief that control and vigilance is needed to maintain weight; descriptions of self as "fat" when other objectively disagree, obsession with losing weight or with food, etc.)

BULIMIA NERVOSA

- Have a sense of self that is disproportionately unfair by one's perceptions of weight and size
- Eating within a two-hour period an amount of food that is drastically more than others would eat under similar circumstances
- Engage in compensatory behavior(s) to prevent weight gain (such as self-induced vomiting, misuse of laxatives, diuretics, enemas, fasting or excessive exercise?)

BINGE EATING DISORDER

- Eat large amounts of food in a short amount of time or engage in uncontrolled binge eating (e.g. consuming an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances)?
- Have a sense of lack of control over eating (i.e. such as feeling that one cannot stop eating)?
- Engage in uncontrolled binge eating?
- Eating much more rapidly than normal, and excessively more even than others would under similar circum-



stances even when not physically hungry, and/or feeling embarrassed about food intake so

If you answered yes to any of the above symptoms or patterns of behavior it is important to be aware of the heightened risk for an eating disorder (when there is no biological explanation: e.g., sickness of Crohn), and consideration should be given to involve a mental health professional.

For more on recognizing and detecting NSSI please see the [“What is self-injury?”](#) Information Brief.

Who is most at risk for eating disorders and NSSI?

Research indicates that there are overlapping factors that put individuals at risk for both NSSI and eating disorders. Some of these factors include:

- History of trauma or abuse
- Absence of healthy family relationships
- Difficulty coping with negative emotions
- High body objectification
- High self-criticism
- Dissociative tendencies
- High drive for control
- Impulsivity
- Depression
- Negative body attitudes

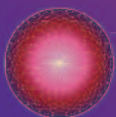
Suggestions for responding to and supporting someone struggling with NSSI & ED:

- Take a Respectfully Curious approach to the person’s behaviors (this includes asking open-ended questions about what the behavior does for them and not assuming that you know the reason for their distress). For more on [Respectful Curiosity see our factsheet](#)
- Remember that these behaviors communicate some underlying distress – they rarely signal attempts at manipulation, attention-seeking or other melodramatic efforts.
- Assess your own reaction to these behaviors before attempting to engage the person in a conversation about them, and practice how you will present your concern in a curious, respectful, and supportive way.
- Let the person know that you are here to listen and that you want to understand how these behaviors work to make them feel better.
- Let the person know that you care about them and want to support them.
- Try to avoid offering advice. Advice giving can easily be misinterpreted as criticism. Instead, validate what the person communicates about how they think, feel, and perceive the situation.
- Help the person start to identify other coping skills that they may use when they get the urge to engage in NSSI or ED.
- Pay attention that diminishing one (NSSI/ED) does not increase the other: gradual decrease of both behaviors is necessary in order to move towards recovery
- Understand that NSSI and ED, especially when they co-occur, can require long-term mental health treatment. Along with this, accept that the person may struggle with set-backs as they learn new behaviors and test them out. Have local therapy resources ready to offer the person and direct them to professionals who are experts in treatment of these behaviors. *You can express that you don’t like the behaviors (self-harming), but you like the person.*

Responding in supportive ways can help individuals who struggle with NSSI & ED move towards recovery.

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