Introduction

Non-suicidal self-injury (NSSI) refers to a variety of behaviors—such as cutting, bruising or scratching the skin, picking or pulling at hair, or breaking bones—in which an individual intentionally harms him 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).

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, & Eckenrode, 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, Eckenrode, & Silverman, 2006). Current research suggests that social connectedness may be positively related to the development of protective coping skills (Friedenberg, Carey, Freeman, & Chan, 2009) and that family connectedness may be a protective factor against emotional and behavioral issues (Ackard, Neumark-Sztainer, Story, & Perry, 2006). Studies on NSSI have found interpersonal influences on and effects of the behavior (see Klonsky, 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 (Holt, Nock, Lloyd-Richardson, & Prinstein, 2008).

Objectives

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 who 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 (7,753 individuals) who engaged in NSSI (61.5%) and were identified as having “current” NSSI, meaning they had either self-injured in the past year or else believed they would self-injure again. 873 individuals (61%) 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 – Quantitative

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 altogether (you are confident that you will not intentionally hurt yourself any more) and you wanted to stop, why did you stop? Those who did not respond affirmatively to the above questions, 725 individuals provided a yes/no response to the statement: Someone knows that I intentionally hurt myself and did not attempt suicide.

Results

Did someone know about your NSSI and did you have a conversation about it?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Person</th>
<th>Note</th>
<th>No</th>
<th>Yes</th>
<th>%</th>
<th>% Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Friend</td>
<td>515</td>
<td>162</td>
<td>677</td>
<td>78.1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Partner</td>
<td>766</td>
<td>40</td>
<td>606</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Parent</td>
<td>300</td>
<td>77</td>
<td>227</td>
<td>77.4</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Therapist</td>
<td>242</td>
<td>1</td>
<td>233</td>
<td>96.4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sibling</td>
<td>155</td>
<td>3</td>
<td>120</td>
<td>77.0</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Teacher</td>
<td>36</td>
<td>26</td>
<td>64</td>
<td>92.9</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Person</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Who did you have a conversation with?

- The 839 respondents who indicated they had conversations about NSSI reported a total of 1666 conversations, or an average of approximately 2 conversations per respondent (avg = 1.97).
- Overall, the perceived helpfulness of these conversations was mixed, with 25.2% (n=417) of all conversations perceived as helpful and 24.4% (n=316) perceived as unhelpful. Most (n=833) respondents did not know whether or not the conversations were helpful.

- If someone knew about their behavior, they were likely to have a discussion about it. About 83.7% of those who knew about a person’s NSSI had some kind of conversation about it.
- 6.6% of all conversations were initiated by the person who self-injured. Overall, others were only slightly more likely to initiate conversations about NSSI.

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 the least likely to have been helpful. In contrast, older individuals such as parents or teachers or resources such as physicians were more likely to initiate conversations about NSSI and these conversations were more likely to be perceived as helpful.

Though more research is needed in this area, this study suggests that disclosure to at least one trusted adult may be helpful for NSSI cessation. Since our initial analyses revealed no significant differences between individuals with past versus current NSSI in terms of patterns of disclosure, more longitudinal research is needed to determine if certain patterns of disclosure over time predict or affect the trajectory of NSSI cessation and recovery.

References


Acknowledgements

We would like to thank Amanda Purington for her guidance and support throughout our work.