

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 to 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 that aided in their recovery.

Sample

Our sample was pulled from a larger survey of a college population (N=13504) from eight 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 21.76yrs (SD= 4.483)
- 72.9% female and 27.1% male [current injurers: 64.4% f, 34.8% m; full survey: 56.8% f, 42.6% m]
- 18.9% 1st year undergraduate, 19% 2nd year undergraduate, 18.8% 3rd year undergrad, 20.3% 4th year undergrad, 4.1% 5th year or greater undergrad, 18.4% grad or professional students
- 75.8% Caucasian, 8.6% Asian, 7.6% Hispanic, 6.3% Asian-American, 4.5% African-American, 2.7% 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.

Quantitative measures:

Conversations about NSSI:

• Was there someone who knew or suspected that you intentionally hurt yourself? If so, did they have a conversation with you about it?

• Did your therapist know about your NSSI? If so, did you have a conversation about it?

• Who initiated the conversation? Was the conversation helpful?

Questions about therapy:

• Have you ever gone to a therapist to discuss an issue you were having?

• Have you ever gone to therapy because you intentionally hurt yourself?

• Did someone else insist you go to therapy or did you decide on your own?

• How did your therapist respond to the information that you intentionally hurt yourself?

• Did you intentionally hurt yourself for any reason after your therapy ended?

• In your opinion, how helpful was therapy in helping you to stop hurting yourself?

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

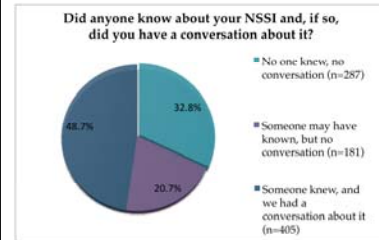
• If you did not go to therapy, or did not consider seeking therapy during the time in which you were intentionally hurting yourself, why not?

• If you considered the possibility of therapy during the time in which you were intentionally hurting yourself, what kept you from going?

Alternate recovery paths

• If you have stopped altogether, please describe why you stopped and what specifically helped you to stop.

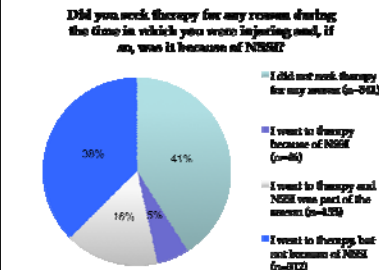
Results



• Of the respondents who said that someone knew about their NSSI, 237 said that a therapist knew and had talked with them about it.

• No respondents said that they believed their therapists knew but did not have a conversation about it.

• Of the respondents who did have a conversation with their therapists, 55.2% said that their therapist initiated the conversation, and the rest initiated the conversation themselves.



Did you go into therapy on your own or did someone else insist that you go?

Decided myself	24.9%
Someone insisted	61.6%
Other	13.5%

How helpful was therapy in helping you stop NSSI?

Not at all helpful	48%
Somewhat helpful	23%
Helpful	14.6%
Very helpful	14.4%

Therapists' Reactions to Disclosure of NSSI (multiple responses possible)

Response	Percentage	n
They seemed comfortable with the information	55.2%	131
They told me it was a coping mechanism	40.9%	97
They asked even when I did not bring it up	36.3%	86
They made it seem like stopping NSSI was a goal of the therapy	21.5%	51
They asked only if it came up	20.7%	49
I saw two or more different therapists and they reacted differently	16.9%	40
They made me sign a “no harm” contract	12.2%	29
They seemed uncomfortable with the information	11%	26
They said I would have to leave college if I did not stop	3.4%	8
They told me it was okay to continue NSSI	.8%	2

If you did not go to therapy, did you ever consider going during the time you were self-injuring?

Yes	19.1%	65
No	80.9%	275

Most commonly cited reasons for not considering or not going to therapy

NSSI not a serious problem
Important to be self-reliant
No motivation and / or interest in therapy
Unfamiliarity with therapy
Lack of access / cost factors
Desire for privacy

Most helpful parts of therapy in stopping NSSI

n=274 qualitative responses, coded with 1-2 categories each

Comment category	# of responses	Content
Connection with therapist	42	Having a good connection with the therapist /opening up and talking with someone about NSSI
Gaining new perspectives on problems	41	Gaining better understanding of interpersonal dynamics and broader viewpoints on life
Learning new coping mechanisms	39	Expressed relief at knowing alternate ways to cope without NSSI. 8 respondents specifically cited CBT / DBT as helpful

Other responses included emotion regulation (n=25), improving self-esteem (n=19), and medication (n=10). 70 respondents believed that little to nothing in therapy had been helpful in stopping NSSI.

Least helpful parts of therapy in stopping NSSI

n=169 qualitative responses, coded with 1-2 categories each

Comment category	# of responses	Content
Not discussing NSSI	11	The issue was not brought up by either the respondent or the therapist and/or was avoided in discussions
Non-directive nature of therapy	10	Respondents felt frustrated with therapists who were too silent or offered little practical advice for coping
Lack of connection with therapist	10	Many expressed that they did not connect with their therapist and/or did not feel comfortable opening up

Responses to what was least helpful varied more than those around what was most helpful. Other responses included: Focusing on intense emotional issues (n=8), inaccurately attributing reasons for NSSI (n=6) and involving parents (n=6).

Stopping NSSI without therapy: Why and how?

Comment category	Representative quotations
It was a phase / maturity issue / I outgrew it	“I became happy. It was young teenage angst and it passed as my self-confidence grew.”
They realized it was ineffective	“It was far from healthy or progressive in solving any of the problems that it was initially motivated to.”
Found alternate coping strategies	“I found better things to do.”
Increased self-esteem	“I really looked at myself and told myself that I am better than that.”
Support from others	“It was fairly easy for me to stop, with the support of a close friend.”

Discussion

Over half of the past injurers surveyed (53.5%) 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 (52.0%) 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 the behavior 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 NSSI also suggests that more work could be done to better understand these alternate strengths-based paths to recovery.

References

International Society for the Study of Self-injury. (2007). *Definitional issues surrounding our understanding of self-injury*. Conference proceedings from the annual meeting.

Whitlock, J., Eckenrode, J., & Silverman, D. (2006). Self-injurious behaviors in a college population. *Pediatrics*, 117, 1939-1948.

Acknowledgements

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