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## Self-harm – what, who, why and how to help



## What is self-harm?

Cutting and burning are the most common forms of self-harm, but it also includes scratching, head banging, poisoning, skin picking, bone breaking, hair pulling, interfering with wound healing, asphyxiation and biting.

## Who self-harms?

- Around 1 per cent of the population self-harm. About 1 in 600 people engage in self-harm which requires hospital treatment. Self-harm can lead to suicidal thinking or, in extreme cases, death.
- Women are more likely to self-harm than men, and recent British research suggests that 1 in 10 teenagers have self-injured. People who self-harm come from all walks of life, but those from minority groups (e.g. gay men, lesbians and bisexuals) are at increased risk.
- Those who self-harm are more likely to suffer from depression, anxiety and lower self-esteem than those who do not, and eating disorders can also be a problem.
- Self-harming is often 'medicalised'; for example, diagnosing self-harmers with Borderline Personality Disorder. But those who self-harm might ask which comes first: are they self-harming because of their 'disorder', or do others think they have a disorder because they are self-harming?

## Why do people self-harm?

- The most common reason given by people who self-harm is that they are releasing tension. Self-harm can actually be a means of survival – the best way of coping with overwhelming psychological pain, and communicating it to others. It can also arise from feelings of numbness, dissociation and unreality.
- Self-harmers often talk about a need to gain control; over painful emotions and an 'invalidating environment' (i.e. where the communication of private experiences is met with unreliable, inappropriate or extreme responses). As such, self-harm may reflect difficulties or distress within the family 'unit' or a relationship. Some authors argue that among those who have been abused (either emotionally, physically or sexually), self-harm is a form of self-blame or self-punishment.
- Self-harmers have difficulty regulating their mood and are more impulsive than those who do not self-harm.

## How can we treat self-harm?

- If someone you know is self-harming, the first thing to do is to ensure that they are safe. Either tend to the injury or help them to do so. If it is serious, or you do not know what to do, then contact a nurse or doctor for help or advice (see below). Next, listen, be understanding and try not be angry.
- Some people who self-harm might find it useful to talk – unfortunately, secrecy and shame can surround self-harm. Some labels applied to people who self-harm, such as 'attention-seeker' or 'manipulative', are not helpful. They simply add to the stigma of self-harm and may prevent some from coming forward. If you are affected by self-harm or know of someone who is, you can contact one of the sources below.
- Family and friends can be an invaluable source of support. Self-harmers often report that the sympathy, tolerance and respect of those close to them is integral to getting their self-harm under control. Family and friends also need support and understanding themselves.
- There are a range of approaches to working with people who self-injure, but the general consensus promotes the dual treatment of medication and psychotherapy. Anti-depressants and mood stabilisers can get the self-harm under control quickly, but we must also offer the self-harmer more constructive and effective coping strategies. Many people who self-harm do so repetitively, because although it is destructive it releases the unbearable tension and therefore seems to 'work'. Self-harmers need to learn a different means of expressing emotion.
- There is promising evidence for:
  - problem-solving therapy: usually involves identifying problems to be tackled, agreeing goals, considering steps to achieve these goals and evaluating potential difficulties.
  - the provision of an emergency access card: allows patients to make emergency contact with services whenever they need to.
  - standard care and dialectical behavioural therapy: combining weekly individual and group therapy over a one-year period. These sessions employ a range of techniques drawn from behavioural, cognitive and therapeutic backgrounds.

## Where to find out more

Self-Harm Alliance ..... [www.selfharmalliance.org](http://www.selfharmalliance.org)  
Young people and self-harm ..... [www.selfharm.org.uk](http://www.selfharm.org.uk)  
NHS Direct (24 hours) 0845 4647 ..... [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)  
The Samaritans ..... [www.samaritans.org.uk](http://www.samaritans.org.uk)  
The National Self-Harm Network ..... [www.nshn.co.uk](http://www.nshn.co.uk)  
Mind: The Mental Health Charity ..... [www.mind.org.uk](http://www.mind.org.uk)  
Young Minds..... [www.youngminds.org.uk](http://www.youngminds.org.uk)  
NCH ..... [www.nch.org.uk/selfharm](http://www.nch.org.uk/selfharm)  
The British Psychological Society Directory and Register of Chartered Psychologists  
[www.bps.org.uk/e-services/find-a-psychologist/psychoindex.cfm](http://www.bps.org.uk/e-services/find-a-psychologist/psychoindex.cfm)

## About the author

Dr Rory O'Connor is a chartered health psychologist at the University of Stirling who has conducted extensive research into self-harm and suicide. In writing this he reviewed evidence from scientific journals, 'self-harm' organisations and the internet.

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