

Self-injury more about coping than a cry for help

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New research has revealed that most people who harm themselves do it as a way to deal with their emotional pain, rather than a cry for help.

While people do harm themselves as a way to communicate with, or to influence the behaviour of, others, only about 23 percent to 33 percent of people who self-injure say they do this.

Clinical Psychologist Dr. Peter Taylor, from The University of Manchester found that between 63 percent and 78 percent of non-suicidal people who self-injure do it as a short-term strategy to ease their emotional distress.

However, though self-injuring may work for short periods, the effect can be short lived, and make matters worse in the long term.

Non suicidal <u>self-injury</u> affects around 13 percent–17 percent of adolescents and young adults. Studies say it is associated with a range of psychological difficulties including depression, anxiety and <u>post-traumatic stress disorder</u>. Though many use it as a way to cope, it is also a risk factor for later suicide.

The study was carried out by researchers from The University of Manchester, University of Liverpool, Leeds Beckett University, and Edith Cowan University in Australia.

Dr. Taylor and the team combined the data from all published studies on



the topic, excluding prisoners and military or ex-military samples. The research review comprised over 10,000 people from 46 different studies and is published in the *Journal of Affective Disorders*.

Dr. Taylor said: "Non suicidal self-injury is a concern because it can often signal that a person is facing a great deal of distress and may not have found other ways to cope.

"Our research supports the idea that people engage in non-suicidal selfinjury for a variety of different reasons. These reasons may reflect different causes and treatment needs".

He added: "We believe this research has important implications on how self-injury is managed. Ideally, clinicians would seek to personalise the appropriate <u>therapy</u> to the specific reasons behind the behaviour.

"Problems coping with emotions, for example, may be helped by 'Emotional Regulation Group Therapy' or 'Dialectical Behaviour Therapy (DBT)' whereas self-criticism and shame may be better treated by Compassion Focussed Therapy."

"But unfortunately, most practitioners only have limited access to different talking therapies."

More information: Peter J. Taylor et al. A meta-analysis of the prevalence of different functions of non-suicidal self-injury, *Journal of Affective Disorders* (2017). DOI: 10.1016/j.jad.2017.11.073

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