

Self Injurious Behavior

“Deliberate non-life threatening, self effected bodily harm or disfigurement of a socially unacceptable nature” (Walsh and Rosen, 1988)

Differentiate from:

Suicide attempts

Psychotic self inflicted injury

Munchausen (Factitious Disorder)

Ritual Abuse

Cosmetic Body Piercing

In the general population, 4% indicated at least occasional instances of self mutilation. There is no significant gender difference. Younger subjects were significantly more likely to report this behavior.

In a clinical population, 21% indicated that they had self-mutilated over the previous six months. No significant gender difference, but, again, younger subjects were more likely to report this. Patients with a history of sexual abuse were also more likely to report non suicidal self injurious behavior.

In a survey of undergraduates, 12% admitted to having deliberately harmed themselves by cutting, burning, or carving at least once.

No one model explains this behavior. Some noted patterns:

Characterological issues
Addictive patterns
Adult children of alcoholics
Cluster B Personality Disorders
Dissociative Disorders

Common Reasons of self-injurious behavior:

Feel body is real
Get rid of anger
Stop guilt
Distraction from memories
Distraction from painful feelings
Feel inside body
Mark to show pain inside
Stop flashbacks
Self-punishment
Self-protection
Feel alive

Practical Considerations for Treatment

Judging risk factors
Importance of the therapeutic alliance
Presence of substance abuse issues
Avoiding power struggles
Promotion alternate behaviors to replace self-injurious behavior; i.e., learning another way to deal with the factors promotion the behavior