What Is Self Harm?

The popular press and media have been giving an increasing attention to the behaviours referred to as self harm. The growing interest in self harm is consistent with the general trend to have discussions and produce accurate information about emotional and mental health issues.

In exploring a definition of self harm, we are not referring to recreational activities which involve a higher than usual level of risk of injury (e.g. sky-diving, hang-gliding, mountaineering etc.) Nor are we talking of daily activities where risks are present, e.g. speeding when driving, potentially hazardous workplace etc.

Self harm refers to any intentional act by an individual which inflicts pain or injury to oneself.

Self harm actions often are not intended to produce a permanent or lethal outcome, although sometimes this is the outcome.

Self harm is a behaviour, not an illness. People who self harm have difficulties coping and can feel ‘stuck’ when trying to solve problems. This can lead to frustration and feeling out of control. Self harm is not about seeking attention.

Some examples of self harm include the following intentional actions:

- Cutting to any area of the body;
- Burning the skin;
- Suicidal gestures or attempts;
- Head banging;
- Ingesting inanimate objects; or
- Planned drug overdoses.

Other actions which may also be viewed as self harm depending on the manner in which they occur include:

- Illicit drug use;
- Self-medication with pharmaceutical drugs (prescribed or over-the- counter);
- Excessive alcohol consumption;
- Non-compliance with life-sustaining medication;
- Risk taking behaviour such as dangerous driving; indiscriminate unsafe sexual practises; or
- Under-eating.
Why Do Some People Engage in Self Harm Actions?

It is always important to consider the following questions when trying to understand why somebody self harms:

- "What is happening in this person’s life that is so difficult that s/he chooses to deal with it by hurting him/herself?"
- "What emotions is this person finding hard to manage?"
- "What does this person get out of self harm?"

In many respects it is easier to explain why most people do not practise self harm. Steven Levenkron, in his book “Cutting: Understanding & Overcoming Self-Mutilation” states that people who have a good level of confidence, sense of value and good self-esteem do not participate in self harm behaviours.

Many people who initiate self harm actions do so at a time when they feel overwhelmed by their emotions. Some of the factors that have occurred in the lives of people who self-harm include:

- Recent loss.
- Conflict with peers and/or bullying at school.
- Intimacy and self-esteem problems.
- Previous abuse or assault that has not been resolved.
- Having lived in a violent environment or been exposed to threats of harm and/or death – where the impact of this has not been resolved.
- Emotional neglect in early life and/or ongoing personal denigration.
- Being impulsive and difficulty coping with stress.
- Self blame.
- Alcohol and/or illicit drug use.

Most people do not get a formal education about human emotional development. Thus, any understanding about the range of emotions that can occur in life is often left up to chance or the social setting in which one grows up. Some cultural groups actively discourage expression of difficult emotions and label open communication about emotion as ‘weak’. Fortunately, this situation is changing as understanding grows about the importance of feeling emotionally stable.

Many factors contribute to feeling emotionally unwell or vulnerable inside. Just a few of these factors include:

- Not having an understanding of one’s own reasons for self-harm.
- Problems with recognising or naming difficult emotions, such as anger, anxiety or depression, when they occur.
- Being afraid that nobody else will understand the self harm.
- Being afraid that nobody will know how to deal with or treat the self harm.
- Fear of being committed to hospital if this is disclosed to anybody.

While some people do require hospitalisation when their behaviour is life-threatening, most people who self harm do not require either voluntary or involuntary hospitalisation.

What To Do If Self Harm Is A Problem For You

The first step is to have a thorough assessment with a fully trained and experienced mental health professional. This would most often be a Psychologist or a
Psychiatrist. This can be arranged through the University Counselling Service (Building 109, Tel: 9266 7850) or your GP.

The second step is to develop a treatment plan with your mental health professional. This plan may include (a) individual therapy and/or (b) group therapy and/or (c) medication.

If you require after hours counselling or support you may telephone:

- **Crisis Care** 9223 1111 or 1800 199 008 (Country Callers)
- **Psychiatric Emergency Team** 1300 555 788
- **Lifeline** 13 11 14
- **Salvo Care Line** 9442 5777
- **Samaritans** 9381 5555 or 1800 198 313 (Country Callers)
- **Rurallink** 1800 552 002

**Tips For Coping With The Urge to Self Harm**

- List the triggers to self harm and develop a safety plan.
- Think of safe people and safe places to go when wanting to self harm.
- Remove or avoid objects which may be used to self harm.
- Develop awareness and recognition of feelings that may trigger self harm.
- Think of alternative behaviours to self harm such as going for a run or telephoning a friend.
- Try to be around other people when feeling vulnerable to self harm.
- Learn good coping strategies – seeking help, thinking about how you dealt with similar situations in the past, problem solving strategies.
- Take up regular, vigorous physical exercise and maintain a healthy diet and adequate sleep.
- Participate in activities that you really enjoy.