

Self-harm

The 'secret self'



This sheet aims to provide an understanding of self-harm. It is based on research carried out by SANE¹, with the help of 946 participants who shared their experience of self-harming behaviour.

Who is this sheet for?

You may find this sheet helpful if you self-harm yourself, as it may help you feel less alone; it may also help you to understand some of the reasons behind this aspect of your behaviour. It may help to provide some words and language for the feelings that prompt your self-harm if you have struggled to understand why you use this behaviour as a coping mechanism.

If you are concerned about someone who self-harms you may find it helps you understand this behaviour, and provide some thoughts about how you may be able to support the person about whom you are concerned.

What is self-harm?

Self-harm is a form of behaviour that may or may not be linked to a diagnosis of mental illness.

Self-harming is often a secretive form of behaviour; it can have many motivating factors for those who use it. It can also be both distressing and incomprehensible to those who do not have direct experience of it, and who may be concerned about the behaviour in those they care about.

There can be fears, anxieties and misapprehensions on both sides. Those who use this behaviour may be anxious about others knowing about it, while a concerned family member or friend may be bewildered and distressed and, while wanting to provide support and help, may not know how best to do this.

We hope this leaflet may help to clarify the behaviour and the reasons that lie behind it.

What motivates self-harm – and what does self-harm *do*?

These are questions that may be posed by those who self-harm as well as those who are concerned about them. Some feedback from SANE's research may help those who self-harm to articulate some of their motivations, and help others to understand them.

SANE's research results showed that each individual act of harm can have a number of meanings and motivations, and these may evolve and change with time.

While a number of strands of motivation were identified, a common theme that emerged was that of dealing with feelings and emotions. This theme manifested in a range of different ways for our participants.

¹ In 2004, the National Institute for Health and Clinical Excellence published the first treatment guideline on self-harm, revealing 170,000 people a year attended A&E departments with many being sent away with no proper help.

SANE responded to the report, and also undertook a major qualitative research study. The data collected from the research study charts self-harm behaviour from first episodes through to full recovery.

You can read about the study here: www.sane.org.uk/what_we_do/research/library

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1. The 'secret self'

Those who took part in our research often mentioned that self-harm helped them to keep their real feelings under wraps, to stop their anger or sadness “spilling out”. They felt that there was something *different* about their emotions. This was often expressed as people thinking there was something *wrong* about how and what they were feeling.

This sense of inner life (feelings, thoughts, beliefs) being unacceptable, or not understandable, something to feel bad about and to hide from others, was present in many guises throughout their responses.

There was a 'secret self' that had become separated from the 'social self'; people worried about “being found out” as someone who hates themselves, is angry, anxious or depressed.

This tendency to think of one's inner thoughts and feelings as unacceptable to others and as something to avoid showing in behaviour was found to be associated with a history of self-harm, and even more strongly, with current self-harm.

Those who thought their inner lives least acceptable and most in need of hiding, also tended to be those who harmed most frequently.

For some, the 'secret' self is the 'real' and 'true' self, while the 'social' self is a mask, a pretence that seems to be more acceptable and is thus presented in public.

Given that the thoughts and feelings of the 'secret self' are considered by the individual to be unacceptable and therefore not allowed to manifest openly in the day-to-day world of expression, behaviour and relationships, it is little wonder that a frequently identified purpose of self-harm was its ability **to give mental distress a physical form**, to make it tangible and valid (at least to the individual themselves), rather than the elusive, hidden experience it can be when it is felt it cannot be expressed openly.

2. Feelings before self-harm - self-loathing and a need for punishment

Self-loathing and a need to punish oneself were found to be significant factors associated with self-harm. These feelings and impulses were named by well over a third of the people in our research as a contributing factor for their first act of self-harm. It continued to be identified as a factor for ongoing and more recent acts of self-harm.

We also found that those who harmed most frequently (daily or weekly) tended to report these feelings and impulses for their recent acts of self-harm more often.

While the feelings were clear, people seemed unable to identify why they felt like this, or were not able to connect these feelings with particular events or circumstances. However, these are the kind of feelings that can be explored in counselling or therapy, to gain a better understanding of what such feelings might mean, and where they come from.

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For instance, it may be that self-loathing and the feeling of a need to punish are displaced anger, ie the person feels angry with someone else, or about something else, but feels unable to express it directly. They may not even recognise the feeling of anger, but simply be aware of the impulse to self-harm.

It might also be that other feelings such as sadness, grief, pain, hurt, which feel may difficult to manage or less 'acceptable', get translated into feelings of self-loathing, accompanied by a sense of 'badness' for having such feelings. These feelings of 'badness', unacceptableness and/or the difficulty of managing the original feelings may feel as though they've got to be 'punished', banished.

For some people, the first step may be missed out, ie the ability to identify the original feelings, so all they are left with are the feelings of self-loathing and the impulse to punish.

Self-harm can be a way of expressing the strength or intensity of a feeling without necessarily even being able to name the feeling.

It may feel 'safer' to express these feelings – whether recognised and articulated or not - on one's own body; it provides an expression of a kind, but keeps it private. Therefore, ***self-harm may provide a method of both expressing and repressing feelings at the same time.***

The perception (to the person who self-harms) may be that there is 'no consequence'. However, of course, the person has been hurt and damaged, even if they don't necessarily feel the pain or the hurt in a way that a concerned family member or friend may perceive it.

3. Feelings following self-harm – guilt, shame, embarrassment, frustration

One quarter (25%) of people who took part in SANE's research reported feeling a difficult emotion such as guilt, shame, frustration or embarrassment after acts of self-harm. One in eight (12.5%) felt hateful towards, angry or disgusted with themselves afterwards.

It is easy to see how this cycle of harm and self-recrimination can develop. While attempting to deal with difficult feelings, the act of self-harm can also leave people with different, but equally difficult feelings, which can be frustrating and upsetting. (These feelings can exist alongside the more positive feelings of relief and release of tension that can result from acts of self-harm.)

This cycle of difficult emotions may be fuelled by a number of factors, eg the self-harming behaviour may not have dealt adequately with the feelings it was intended to address. People may feel frustrated that they haven't been able to find a more effective way of dealing with such emotions, and are left with both the initial feelings the self-harm was meant to address, as well as their feelings about the self-harm itself.

Fears about stigmatisation and ill-informed prejudices of others may also play a role in contributing to this cycle. People may feel they 'shouldn't' have done it, based on their fears or apprehensions about what other people might think.

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4. *Feeling too much and / or too little*

The most frequently reported purpose of self-harm is to help people to manage feelings and emotions. However, there seems to be a difficulty in putting this experience into words.

This may be because there seems to be a contradiction in how or what people wanted to manage. This was explained to us in two ways. In one, emotions are felt and recognised, for example as sadness, anger, anxiety and so on – but the way in which emotions are felt is difficult – perhaps unmanageable or unacceptable – they may feel overwhelming, out of control, physically uncomfortable or confused.

Alternatively, the person feels nothing - empty, dead, disconnected from the world and other people, disconnected from themselves or any sense of self, perhaps struggling to maintain a coherent sense of self.

These experiences are very hard to find language for, and the person who harms is often left with a feeling that only those who share such experiences (ie others who self-harm) can understand why they do it.

There are many aspects of this dimension of self-harm that are a mystery. It isn't known, for example, why self-harm is capable of releasing anger, lifting depression and alleviating anxiety for some people.

There is even a sense in which the purpose of self-harm is paradoxical; it appears that ***whilst self-harm can help someone to feel less, it can at other times help them to feel more.***

5. *Behaviour control*

The concept of 'control' is often mentioned in the context of self-harm. Over a third of our participants reported having harmed in order to feel in control. One of the possible meanings of 'control' has been discussed earlier: emotion control.

Another aspect, that of ***behaviour control***, was mentioned in the context of suppressing the expression of thoughts and emotions in behaviour.

People also identified another important purpose of self-harm relating to behaviour control - ***over a hundred participants wrote about using self-harm to prevent suicide.*** This is discussed in more detail below – see 'Common misperceptions'.

In addition to these meanings for 'control', it seems there is also something like a 'sense of control' that that is different from emotion or behaviour control. It is akin to the feeling of being able to function 'normally' and get on with day-to-day life.

Self-harm can restore this feeling of being in control. Some people connected this feeling with being able to function and focus, eg "It helps me regain a sense of control and so enables me to get on with everyday things again."

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It could also be envisaged as a bridge between the 'secret self' and the 'social self', enabling the social self to carry on with everyday functions, while the secret self sits in the background, viable, but not dictating actions or functioning ability.

6. Positive feelings arising from self-harm – relief, release from tension

As outlined above, while self-harm is associated with attempts to manage difficult feelings, and can be seen as a difficult and painful coping strategy, it is also necessary to say that it wouldn't be used if this were the only experience arising from self-harm.

The most immediate response reported by those who use this behaviour is that it released tension, brought relief, helped to relieve pressure. People may or may not be aware of the factors or feelings contributing to the feelings of tension or pressure, but what is indisputable is that the relief experienced after self-harming is very immediate and clearly identified and experienced.

For some people, this sense of relief or release is so powerful that, at times, it may over-ride any other feelings, or clarity about other feelings or emotions. Counselling, therapy or specific self-harm support may help people to understand the mixture of emotions and motives that contribute to their behaviour and help them to identify and practise other coping methods.

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Common misperceptions about self-harm

1. Manipulation / attention-seeking

There is a widespread perception that the primary motivation for self-harm is a manipulative one, i.e. attention-seeking. However, our findings indicate quite the contrary, with one of the main themes being about hiding and being hidden. Hiding feelings, hiding thoughts, hiding behaviour.

Self-harming is most often a hidden form of behaviour, a hidden coping strategy. The majority of those who self-harm seek to hide it from their family (84%), while 66% seek to hide it from friends. Only one in eight (12.5%) reported their first act of self-harm having been motivated by a desire to make others take notice or care, and this proportion fell to one in twelve (8.3%) for more recent acts.

Another indication of the hiding / private aspect of self-harm is that the most important reason for choosing a particular body part to harm was found to be ease of hiding the damage.

2. Link to suicidal behaviour

Another common misperception about self-harm such as cutting or overdosing has been its identification with a failed suicide attempt. That self-harm is a risk factor for suicide is a well-documented fact; Hawton *et al* (2005) report that 25-50% of adolescents committing suicide have previously either engaged in self-harm or attempted suicide², and increased suicide risk has been shown in those who self-harm repeatedly³.

There is no doubt, then, that those who self-harm experience more suicidal thoughts and feelings than those who do not harm. But this does not mean that when someone self-harms they *intend* to commit suicide. On the contrary, for most of the time the majority of self-harmers do *not* want to die. Rather, they have persistent thoughts about death or suicide and the feelings associated with those thoughts, and they use self-harm to do help manage these thoughts and feelings.

Support for this claim comes from our study. Over a hundred participants said that self-harm helped them prevent suicide. Once it is more widely known and understood that **self-harm is primarily an act of self-preservation** rather than self-destruction, and that it plays a role in managing feelings, this assumption is likely to be made less frequently.

² Hawton, K; James, A; Viner, R (2005) Suicide and deliberate self-harm in young people. *British Medical Journal* 330(7): 891-894

³ Zahl, DL; Hawton, K (2004) Repetition of deliberate self-harm and subsequent suicide risk: Long-term follow-up study of 11,583 patients. *British Journal of Psychiatry* Vol. 185(1): 70-75

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Self-harm – the journey

1. Onset of self-harming behaviour

People reported having first harmed as early as four years old and as late as fifty-eight. That self-harm has an impact on one's emotional state was often discovered by chance, eg through accidental injury, a suicide attempt, self-punishment or while trying to elicit a response from others. People also reported that their first episode of harm was an instinctive response to distress, or a trial of a coping strategy learned from others.

2. Evolving motives and harming without reason: is self-harm an addiction?

It appears that self-harm is something that, once begun, tends to go on for quite some time. Of those who were still harming when they participated in our survey, nearly half had been harming for longer than five years and a quarter for longer than eleven years.

Nearly half had noticed a change in their motives to harm over time, and many found that they were now applying self-harm as a strategy more widely than when they first started. Quite often this seemed to be the result of the person learning more about the effect of self-harm and how it can help with a variety of uncomfortable experiences that had previously seemed unconnected.

However, a significant proportion said they had at some point they harmed without clear motivation. Sometimes this meant engaging in pre-emptive or experimental harming, and some people had harmed in order to prove to themselves that self-harm would still be an effective option if emotions became intolerable.

Most commonly, however, 'harming without reason' was a case of self-harm having become habitual or routine. Some people conceptualised their self-harm as an addiction.

References are made to the idea that self-harm is addictive in academic literature⁴, on internet sites and chat rooms dedicated to self-harm⁵, and in the media, which recount real-life stories with titles such as "I was addicted to self-harm".

Self-harm behaviour certainly exhibits many of the characteristics that define addictive behaviour (from Elster, 1999⁶) eg:

- Regular cravings or urges to harm
- Feelings of relief when one does so

⁴ Tantam, D; Whittaker, J (1992) Personality disorder and self-wounding. *British Journal of Psychiatry* 161: 451-64

Nixon, MK; Cloutier, PF; Aggarwal, S (2002) Affect regulation and addictive aspects of repetitive self-injury in hospitalized adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry* 41(11): 1333-1341

⁵ Whitlock, JL; Powers, JL; Eckenrode, J (2006) The virtual cutting edge: The internet and adolescent self-injury. *Developmental Psychology* 42(30): 407-417

⁶ Elster, J. (1999) *Strong feelings: emotion, addiction and human behaviour*. London: MIT Press

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- Tension and dysphoria when abstaining from self-harm
- Wanting to cease harming but being unable to do so
- Struggle for self-control
- Cue dependence (being 'triggered' by sight of sharp objects etc.)
- Belief dependence (ie urge to harm whenever opportunity arises)
- 'Crowding out' – the inability to think about anything else when feeling the urge to harm

However, it is not clear whether self-harming behaviour can truly be seen as addictive or, more to the point, whether such a distinction is either necessary or helpful. We learned from our participants about how very difficult it is to make a clear distinction between someone harming habitually or routinely because it has become part of his/her regular strategy for processing emotions, and someone being addicted to harm.

Nor is it clear when a craving is addictive and when it is 'simply' an impulse to harm in order to put some un-nameable wrong to rights. It is also very difficult to say whether the tension and dysphoria experienced by someone prior to harming is addictive withdrawal, or whether it is emotional distress arising from, or triggered by, some other source.

Some people noticed an increase across time in the severity and frequency of their harm, suggesting a build up of tolerance, and frequent harming was found to be associated with feeling compelled to harm.

Conceptualising a behaviour as an addiction may not always be helpful to the person in question, if they take it to imply that they are not in control of their actions – this can create a feeling of helplessness.

In addition, explanation of a behaviour *purely* in terms of addiction tends to ignore the personal reasons and experiences that the individual feels are driving it. Perhaps the best option would be to think of self-harm as motivated behaviour with a long-term function in a person's life, whilst being alert to its apparent addictive qualities.

3. Stopping self-harm

Just over a quarter (26.6%) of participants in our research with a history of self-harm said they had stopped harming. The most commonly identified driving force behind stopping was social pressure (20.1%), often in the absence of a sense of personal desire to cease harming, eg "I still miss it, and would continue if the scars were not so hard to hide and long in fading".

For many, the perceived pressure to stop was related to their understanding, or developing sense, of a particular personal role such as being a parent, an employee, a wife, husband or partner.

A related reason for success in stopping harm, also given frequently, was the perceived impact on loved ones (12.8%), eg "My parents found out and made me feel bad about it... I'm glad I

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don't do it anymore but only because I don't want to upset anyone." In this case again, the reason to stop seems to be purely social.

While these reasons were cited as being connected to external factors, there may also be an element of personal connection to these reasons. It may be that it is easier to identify the external factors rather than potentially more complicated internal factors.

Other important factors that enabled people to stop harming included self-development, sometimes in the form of insight into reasons for harming gained through counselling, other times simply through growing older and benefiting from the increase in confidence, stability, self-knowledge and control over life associated with this.

Counselling was reported to have been helpful by about twice as many people as medication. On this subject, quite a few of our participants reported (without having been asked about it) that some medications (in particular, some tranquillisers and anti-depressants) had *increased* their self-harm, either in frequency or severity, or both. More precisely, it increased the type of self-harm that is motivated by intolerable emotional numbness, ie feeling too little.

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Disclosing self-harm

1. *Fear of being misunderstood*

Fear of being misunderstood and concern about the impact of disclosure on others were identified as the most significant barriers to telling family or friends about self-harm, followed by being ashamed, guilty or embarrassed about harming and fearing condemnation as a consequence of disclosure.

As previously discussed, we found that participants felt unable to express their inner lives, were prone to self-recrimination and self-loathing, and assumed that their thoughts and feelings are out of line with what their family and friends would find acceptable.

These findings can help us understand some of the responses to questions about disclosing self-harm.

There was a prevalence among participants of the idea that family and friends would not understand their self-harm. Indeed only 10-15% of participants who hid their harm anticipated that family or friends would recognise that their self-harm is a response to emotional distress.

It seems that their inner lives, carefully hidden, are expected to be invisible to others. That in turn makes understanding self-harm difficult – as understanding a behaviour generally requires an awareness and understanding of the reasons and feelings behind it.

2. *Symptom of mental illness*

People also expected family and friends to explain self-harm by placing it in the context of mental illness. This may present a barrier to disclosing self-harm in at least two ways, the first of which is the obvious and often cited stigmatisation of mental health problems. The second is one that links with the fear of being misunderstood.

Explaining self-harm by reference to a mental illness can in some cases be used to cut across and devalue or even invalidate explanations that refer to the reasons and feelings of the individual who harms.

For the most part, self-harm is intentional, motivated behaviour, goal directed and even when impulsive, governed to some extent by the person's reasons and beliefs. This came across very clearly during this survey. To substitute all this with a view of self-harm that treats it as a simple symptom of a medical condition is a misunderstanding of the worst kind, insofar as it negates the context within which understanding could take place.

One important qualification is needed here. Some of our participants said that they *never* harmed *deliberately*, that is, in *every* instance their self-harm was an automatic action over which they had no conscious control, even if they were conscious of it while it was going on.

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These participants felt that self-harm is something that *happens to them*, rather than something that *they do*, and consequently, their self-harm might be more appropriately thought of as a symptom of illness.

3. Exposure of 'secret' self

Earlier, we described how there appeared to be a 'secret self', and how it could be separated from the 'social self'. The third and fourth most common reasons for hiding self-harm could also be related to this split; people were worried about being condemned if truth of their self-harm came out, and they felt ashamed about it.

These feelings and concerns both reflect, and are likely to feed into, the separation of selves. Self-harm becomes yet another shameful secret, to be kept for fear of being judged, even rejected (this was a concern with respect to disclosing to friends).

However, to feel shame it is not necessary to expect condemnation. We found that one in five people who hid their harm from friends, did so despite expecting them to be supportive if they were told about it.

These feelings may also be linked to fears of being pitied or thought of as mentally ill, which can engender shame, and the (also shame-related) feeling of standing out as different and therefore separate from others.

Interestingly, several people who were unwilling to disclose self-harm despite anticipating supportive reactions talked about their role as "the strong one" in their peer group. In other words, they felt that distress and its expressions were inconsistent with their 'social self'.

Equivalent concerns were expressed with respect to the family context; people were concerned not to disappoint, not to fail expectations. It is as if the 'social self' had been created to meet these perceived expectations (eg "I can't live up to any of their expectations, so I hide most of me"), and disclosure of self-harm would reveal the 'more than meets the eye': "[My family] might look at me as though I am a different person than the one they know. They might know it's not just self harm but because of the stuff going on in my head."

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How can you help yourself if you self-harm?

1. *Compassion and understanding*

Try to be compassionate with yourself. This may not feel easy; however, our research shows that people self-harm to a large extent to try to help them deal with very difficult, confusing, and sometimes elusive and frustrating feelings. If you can be compassionate about this aspect of self-harm, it may help you to be a bit more understanding and accepting of yourself and this behaviour.

Try to take steps towards understanding the context for your self-harm. As our research shows it is often linked to trying to manage feelings, you might like to try to think about the feelings, thoughts or circumstances that you experience just before you self-harm.

If you can begin to get a sense of the feelings and thoughts that seem to precede self-harm, you may be able to begin to think about other ways of dealing with these feelings.

2. *Getting to know the feelings behind your self-harm*

If you can start to think of self-harm as a coping strategy that attempts to deal with difficult feelings, you may also be able to find some creative alternative ways of dealing with those feelings. For example, you might like to write them down, or draw a picture of them, or depict them in shapes or colour, demonstrate them in movement, voice them, give them names and characters.

In part, this activity may act as a distraction from the act of self-harm. It can also be useful in identifying the feelings that prompt the need or impulse to self-harm. You may see a pattern developing, for example, you may find that it is generally a feeling of sadness, or anger, or hurt, or pain that precedes your need to self-harm. Giving these feelings a shape or form may help you to understand them more and express them for what they are, rather than channelling them through self-harm.

Your understanding of these feelings, or even the shape, colour or form of the feelings if you can't name them, may also be helpful to talk through with a therapist, counsellor or mental health professional if you have this kind of support.

3. *Distraction techniques*

Depending where you are on your journey with self-harm, you may find the above step difficult. If this is the case, you may find that *distraction techniques* help to create a breathing space, an interim alternative, that helps you to stop harming. Such techniques include:

- Having an **elastic band** to hand that you put around your wrist, snapping it against your skin when you feel the need to hurt yourself. The sting may go some way to providing the sense of being able to feel something. It may hurt to some extent, but won't damage you in the way that cutting, scratching or burning can damage and injure you.

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As an elastic band is easy to carry and hide, it can provide a handy, non-obtrusive aid to helping you manage your self-harm.

- Another technique is to hold **ice-cubes** in your hand. The stinging/burning sensation provided by this can also help to give something of the sensation provided by self-harm, while also not being physically damaging. (Because of the nature of this technique, it's more suitable for home-use.)
- **Making marks, or writing** on your arm or other parts of your body – using a felt tip pen, in a colour of your choice - you may wish to write words, or make marks on your arms, or other body parts, to represent what you feel at that moment. As this is done directly on your body, and leaves a visible representation of your feelings, it also fulfils some of the purpose of an act of self-harm, while not actually physically damaging you.
- You may like to think about **sending yourself a text** when you feel like self-harming. You can have a stored message, or range of messages to choose from, which you send to yourself when you feel the need to harm. These messages could be a reminder about care and compassion for yourself, an attempt to understand and not condemn your feelings and impulses. This can be helpful if you feel unable to speak to anyone else about your self-harm, but as the message comes through on your phone, it can still feel like a communication from the external world, and help you to re-connect with yourself and the world.
- If you have **something else you like to do**, eg watching a favourite television programme, a favourite DVD, reading a book, ringing or texting a friend, these may also act as distractions just in the moment when you feel the need to harm.

4. Damage limitation / harm minimisation

If these distraction techniques feel too difficult or don't fulfil the need you have to harm, you might like to think about damage limitation, eg reduce the number of cuts or scratches, reduce the depth of a cut or scratch, reduce the length of a cut or scratch, reduce the intensity or extent of a burn. You may find that a lesser level of harm still fulfils the required purpose. This can be a step towards finding a different way of meeting your needs.

5. Getting help

In whatever way you manage to distract yourself or limit the damage, you may create a space to think about what's been happening, what you were feeling around the time you felt the need to harm, and to think about how you might deal with such feelings in the future.

If you are getting support from a counsellor or therapist, or from a specialist self-harm worker, you can talk these things through with them, explore ways of furthering your understanding of your behaviour and alternative ways of understanding and coping with difficult feelings.

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Your unique journey

It may be useful to remember that, while there may be some similarities in the stories, thoughts and beliefs of those who self-harm, each person has a very individual relationship with this behaviour. You will also have your own unique journey towards understanding your self-harm and deciding how you want to manage it and seeking alternatives to dealing with the feelings that may contribute to this behaviour.

Being compassionate with yourself is likely to help you feel more open towards seeking alternative forms of coping, while balancing harm-minimisation, distraction techniques, and looking for alternative and less hurtful ways of helping you understand and cope with difficult feelings. Try to be compassionate too, with your own pace, and the stages of your own journey, while trying to be open to those who show understanding and try to provide support for you.

How can you help someone who self-harms?

1. Understanding and acceptance

One way of helping someone come to terms with their self-harm is to try to be understanding of their reasons and motivations for doing it. The above may be helpful in articulating some of these reasons and motivations.

This approach is not always easy; many of our participants wrote about hiding their self-harm so that they wouldn't have to explain it to others; the second most often cited reason for hiding self-harm was that family and friends would not understand.

Helping someone to stop self-harming may involve adopting a compassionate approach towards it. Compassionate acceptance by someone else may pave the way towards the person being able to be more open, understanding and compassionate with themselves about their behaviour.

The often private, secretive nature of self-harm is also a way of people keeping silent about the feelings that lie behind the behaviour, so showing acceptance of the behaviour may also communicate the fact that you are understanding of the difficult feelings with which the person is trying to cope.

If the person who self-harms feels you may be understanding of the behaviour it may also encourage them to believe that you are willing and able to listen to their feelings when they want to talk about them. This can offer a more healthy way of dealing with difficult feelings.

The opposite strategy of prohibiting the behaviour, or being disapproving and unaccepting, may serve only to drive the person to secrecy, making open discussion of harming, its triggers, motivations and effects impossible.

As difficult as it may seem, in many cases (and, as our findings suggest, especially for those who harm frequently) the best way to help someone to reduce their self-harm may be to help them to feel alright about it.

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Understanding the personal and individual reasons behind self-harming behaviour, and finding alternative methods of dealing with difficult feelings are key elements for those wishing to change their behaviour. For many people, there may be a parallel process they need to undergo – continuing to use self-harm as a coping strategy while at the same time exploring alternatives. This may be difficult for family and friends, but individuals need to find their own way through this process, and at their own pace. Understanding and acceptance of this process may also be helpful to those who self-harm.

Sources of help

SANE provides emotional support to anyone affected by mental health problems, including families, friends and carers.

One-to-one support:

- Helpline: 0845 767 8000 (6pm – 11pm)
- Email: http://www.sane.org.uk/what_we_do/support/email/

Peer support:

- Support Forum: http://www.sane.org.uk/what_we_do/support/supportforum/

Details can be found on our website at www.sane.org.uk