

# Self-harm and suicide (Favazza 1989)

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- The deliberate alteration or destruction of body tissue *without* a conscious attempt to die.  
A purposeful, if morbid, act of self-help.
- (Arnold 1995 – patient quote)  
It's the solution that means I'm not going to flip out completely and kill myself

# Why self-harm?

## Predictability

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- The world felt a very unsafe place. I never knew when or why I would be beaten. It was as if there were rules no-one had told me about

# Why Self-Harm Control

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- Everything felt chaotic and out of control. It was so frightening for me as a child and the only way I knew how to regain some feeling of control was to cut myself.

# Why self-Harm?

## Managing unbearable feelings

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- If I am feeling overwhelmed by life I start getting depressed and feel I am losing control. I then become extremely anxious and, when this state becomes unbearable, I am likely to cut myself

# Why self-harm?

## Managing states of dissociation

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- I used to feel like the world was going on around me but I was not part of it. I interacted with it like a robot. The real me was locked up inside but I couldn't reach it.
- I was sealed off and I would get really desperate to break out

# Why self-harm?

## Self-soothing, emotional self-care

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- When I was a child cutting was safe, reassuring, consistent, something that would always be there for me whatever happened. Now once I have cut myself I go into 'nurse mode' and can enjoy taking care of my wounds

# Overlaps and migrations between different kinds of self-harm

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- I have periods of not eating. It helps me cope if I'm not cutting
- I still hurt myself in lots of ways. Worrying, blaming myself, doing too much, not letting myself sleep.

# Self-harm as a multifaceted phenomenon

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- Self-directed acts of violence
- Self-harm by omission
- (Sub-clinical) 'cashas' – culturally accepted self-harming acts/activities

# Self-directed acts of violence

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- Self-injury
  - Self-cutting
  - Self-burning and self-scalding
  - Self-bruising, skin lacerations, fractures caused by hitting and punching
- Internally directed self-harm
  - Self-poisoning through intentional overdose of prescribed medication, alcohol or mood-altering drugs
  - Self-starvation
  - Over-eating to the level of morbid obesity

# Self-harm by omission

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- Striking lapses in self-care, resulting in injury (external) or damage to health (internal)
  - Frequent, potentially avoidable, accidents leading to injury
  - Neglect of a known medical condition resulting in serious ill-health or disability
  - Knowingly placing oneself in dangerous situations and coming to harm, for example sexual risk-taking
  - Overworking to the point of serious ill-health or death (karoshi)

# 'Cashas'

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- Culturally accepted self-harming acts/activities ('cashas – Turp 2003) are commonplace and occupy a border area between health and pathology.
- By 'commission' examples:
  - Nail-biting and cuticle chewing
  - Eating poorly and drinking too much alcohol
  - Smoking
  - Extreme sports

# Cashas 'by omission' examples

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- Poor quality food and irregular meals
- Markedly odd, chaotic, diurnal rhythm
- Insufficient sleep
- Never taking a holiday

# Self-regulation and interactive regulation

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- Allan Schore sees the capacity to bring both kinds of regulation into play and move appropriately between them as a crucial aspect of mental health
- Individuals who self-harm tend to feel they can only rely on themselves and prefer to be 'self-sufficient'

# Skin boundaries, skin defences: Toughening

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- The patient who is apparently ‘tough’, impervious to bids for contact, difficult to help, insensitive, angry, aggrieved, verbally ‘muscular’
- Usual form of self-harm is engagement in acts of self-directed violence
- Clinical example of ‘Tracey’

# Skin boundaries, skin defences, Porosity

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- The patient who is meek and unadventurous, open to contact but 'leaky', lacking in a sense of agency, accident prone, unable to protect herself from maltreatment by others
- Usual form of self-harm is self-harm by omission
- Clinical example of 'Kate'

# Conclusions 1

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- Involvement of earliest and most primitive terrors and defences
- Need to attend to issues of dependence, interdependence and pseudo-independence early on in the work

# Conclusions 2

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- Therapeutic value of attending to patient's self-harm/self-care presentation in all its aspects:
  - Active self-directed violence
  - Self-harm by omission
  - High level of reliance on 'cashas'
  - Poor general level of self-care
- Improvement or worsening in any of these areas merits explicit comment and exploration

# Conclusions 3

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- Key elements of therapeutic work include
  - Recognising and managing attacks on your capacity to think in the face of intense feelings
  - Demonstrating the possibility of making links and putting feelings into words
  - Challenging client to identify his or her needs and meet them in less self-destructive ways