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Understanding and Supporting Young People who Self Injure in Social Care Settings

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Understanding and Supporting Young People who Self injure in Social Care Settings

Abstract: this article provides a brief discussion on the issue of young people who self injure in social care settings. The discussion identifies this issue to be extremely challenging for social care workers caring for clients presenting with self injurious behaviour. The article focuses on providing some key definitions of self injury, identifies some key concepts in helping professionals understand the functions and reasons for self injurious behaviour and finally suggests some practical guidelines for social care workers in responding to young people in their care who harm themselves. The underlying ethos of these guidelines being the importance of using a listening, practical and supportive approach in attempting to understand self injury and care for young people who engage in self injurious behaviour.

Introduction

The issue of self injury is one that has moved more centrally into the public eye within the last decade with increased media focus on celebrities such as Princess Diana, Amy Winehouse and actress Christina Ricci who have all admitted to intentionally harming themselves (Best, 2006). Often due to a lack of knowledge of the issue, television, radio, magazines and newspapers portray people who self injure as ‘freaks’ (Levenkron, 1998). This may be attributed to the lack of real understanding of the behaviour being presented.

My interest in the topic of young people in residential care and self injury arose some years when I was, for the first time in my career, faced with the challenge of managing incidents of self injury being displayed by a young person in my care. With over fifteen year’s experience of working with young people, I would undoubtedly identify managing these incidents as the most challenging aspect of my social care career to date.

From liaising with some colleagues in the social care field, it seemed they too were facing the challenging issues of managing incidents of young people self injuring and vocalised their struggles in supporting and meeting the needs of the young people in their care during these episodes. The immediate issues for social care staff in working with young people who present with self injurious behaviour seemed to centre on a lack of understanding of the behaviour and also a need for guidance in supporting young people who self injure. This brief article provides an overview of the definitions, functions and causes of self injurious behaviour and also provides some guidelines for workers supporting young people in their care who may be engaging in self injurious behaviour

Defining self injury

Connors (1996) and Inkle (2007) recognise the complications in attempting to define self injury due to the often interlinking motivations and intentions of the behaviour being exhibited and its' close relationship to other social issues such as body modification and para-suicide. Para-suicide is often confused with self injury, and describes repeated, unsuccessful attempts to commit suicide (Babiker and Arnold, 1997). Self harm and self injury might be seen as the opposite of suicide, as it is often a way of coping with life rather than giving up on it (Health Services Executive, 2007). The Health Services Executive (2007) identify self injury has also been referred to as self harm, deliberate self harm or self mutilation and refers to occasions when a person harm or injures themselves on purpose.

The term self harm describes a wide range of behaviours which have a negative impact on a person's well being (Babiker and Arnold, 1997). These behaviours can be categorised into behaviours which are socially acceptable such as smoking or drinking alcohol, behaviours which have more pathologised motivations such as eating disorders and unsafe drug use or behaviours which can be directly identified as self injury (Inckle, 2007). Babiker and Arnold (1997a) differentiate between self harm and self injury in that with self harming behaviours, the damage is indirect and not the main motivation of the behaviour e.g body piercing or tattooing.

Self injury may be defined as

'a compulsion or impulse to inflict physical wounds on one's body, motivated by a need to cope with unbearable psychological distress or regain a sense of emotional balance. This act is usually carried out without suicidal, sexual or decorative intent' (Sutton, 2005).

Aggleton, Hurry and Wilson (2000) suggest that the deliberate self harmer believes their behaviour will not result in death but is intended to damage body tissues. Self injury or deliberate self harm may also be seen as a way for people to make a statement they find it too difficult to verbalise (Bagley and Ramsay, 1997).

Many writers and researchers appear to use the terms self harm and self injury interchangeably despite Babiker and Arnold's (1997) and Inckle's (2007) distinct differentiation between the two actions. Therefore it is important to clarify that the focus of this discussion lies in the subject of self injury.

Understanding Self Injurious Behaviour

The understanding of self injury is complex and requires much discussion to identify the possible causes for any one individual. The issues are further complicated by the fact that many young people who self injure often do not understand the reasons for such episodes or cannot verbalise the reasons for their behaviours (Sutton, 2005). Levenkron (1998), a psychotherapist with over 20 years experience working with people who self injure, identifies two characteristics which he has witnessed in all the self injurers he has met, a feeling of mental disintegration or in ability to think and a rage that can't be expressed or perceived towards a powerful figure(s) in their life, usually a parent. Young people who self injure often have painful experiences in their lives including, bullying, loss of a person close to them, lack of love or affection, neglect by parents/carers, physical or sexual abuse or a serious illnesses which affects how the young person feels about themselves (Lawless, 2008).

Selekman (2006), drawing on his clinical experiences as a family therapist, recognises the most common reasons for young people self injuring being the:

- Quality of attachments between parents and their children i.e. lack of limits/boundaries or too much emotional distance
- Young person's ability to self regulate i.e. their inability to soothe themselves or manage their moods during period of emotional distress
- Inability of young person to 'fit in' with peers or affiliate with negative peer groups. Many teenagers learn to cut or burn themselves from peers and feel compelled to engage in the behaviour to feel accepted by their peer group
(Selekman, 2006: ix)

Strong (2000) notes that some self injure as a cry for help.

'The first time I cut I just wanted people to see how much pain I was in'

(Melanie, a 16 year old self injurer as quoted in Strong, 2000: 3)

The Health Services Executive (2007) outlines the following reasons for young people self injuring:

- Cutting makes the blood take away the bad feelings
- Punishing oneself relieves feelings of guilt and shame
- Pain can make someone feel more alive if feeling numb inside

- Self control may provide a sense of control which is not evident in other areas of the young person's life
- Self injury acts as a form of communication when unable to talk to anyone else or a way of communicating a cry for help
- Self injury acts as a safety valve, way of relieving tension when emotional pressure becomes too much

Self injury can sometimes be a hidden secret as young people feel guilt or shame about the behaviour and may be reluctant to wear short sleeve clothes or take off clothing for sports (Lawless, 2008). Some researchers associate self injurious behaviour with depressed feelings where the pain of the injuring acts as a relief and coping mechanism (Spirito and Overholse, 2003). Heatherton and Baumeister (1991) argue the behaviour blocks the trauma of unbearable emotions and acts as a coping mechanism. It is easier for people who self injure to manage the physical pain than the emotional pain they are experiencing and for some this brings comfort and pleasure. This seems to contribute to the addictive nature of self injury of the behaviour. In fact many young people have identified the low feelings following the euphoric high experienced after the episode of self injury. Some identified feeling empty, guilty or angry for not being able to control their impulses so often resort again to self injury for comfort (Selekman, 2006).

Supporting Young People who self injure

Carers can provide immediate support to young people who self injure in the following ways:

- Recognising signs of distress and finding ways to talk to the young person about their feelings
- Offering sympathy and understanding
- Helping solve problems
- Staying calm and in control of feelings
- Listening to the young person's worries and feelings and taking them seriously
- Accessing professional supports as soon as possible
- Being clear about the risks of self injury and assuring the young person that they will be able to stop self injuring once the underlying problems have been resolved

(HSE, 2007).

Selekman (2006) offers the following guides to professionals or parents responding to young people during incidents of self injury

- Avoid becoming angry and emotionally reactive as this anxiety will further overwhelm the young person.
- Soothe and provide emotional support following incident of self injury. Invite the young person to talk while maintaining eye contact and being a respectful listener.
- Carers should try to understand the precipitants prior to the incident and ask questions such as what does injuring yourself mean to you?, how does it help you?, is there anything stressful in your life at the moment I might be able to help you with?
- Assure the young person that it is ok not to talk but you are available if they need
- Carers should recognise young people may have slips on the road to recovery and following such incidents carers should support the young person getting back on track.
- Carers should recognise outside stressors in the young person's life such as school issues or difficulties with teachers and act as advocates for the young person during this difficult time.
- Carers should celebrate the young person's short and long term successes on managing their self injurious behaviours with perhaps trips to a favourite restaurant or a special privilege.

(Selekman, 2006: xvi)

Practical Guidelines for carers in responding to people who self injure

- Reflect on the range of skills you have to overcome feelings of powerlessness
- Use de-escalation techniques, life space interviews and Individual behaviour management plans to help young people talk about self injury and to provide consistent responses to a young person who is self injuring.
- Use your inter personal, communication and listening skills.
- Be empathetic
- Be clear by your behaviour that they don't need to self injure to be cared for
- Do believe you and your colleagues can deal with crisis incidents
- Do avoid labelling the person
- Help them describe their feelings after the incident and in general
- Avoid blaming
- Do not pressurise the client to stop the behaviour as may drive them to secrecy
- Self injurious behaviour is only one aspect of the person

- Work with person to promote alternative behaviours
- Seek to develop rapport and empathy with the person
- Help person see a future without self injury
- Access relevant professional services if needed

Conclusion

This article has provided a brief discussion on the topic of self injury and recognises the extreme importance of social care practitioners striving to fully understand the functions of self injury in order to fully support young people who engage in self injurious behaviour. The discussion outlines some of the key debates in defining the term self injury and progresses to identify some of the functions and causes of self injurious behaviour. The discussion highlights the importance of workers using a supportive and listening approach in attempting to support young people who use self injury as a coping mechanism and/or in attempt to have their needs met. This is important as it can help young people understand the reasons for using self injurious behaviour and also help them explore more constructive ways in which to manage difficult aspects and stressors in their life.

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Useful Websites

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www.seemescotland.org.uk

www.reachout.com

www.spunout.ie