

# **AVOIDANCE COPING & SELF-HARM BEHAVIOR IN COLLEGE STUDENTS: CONNECTIONS WITH SUICIDE?**

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# Presentation Objectives

- Identify signs and symptoms of self-harm behavior.
- Describe two or more reasons college students exhibit self-harm behavior.
- List a minimum of three strategies for addressing self harm behavior.
- Identify connections with suicidality

# What is Coping?

A range of diverse cognitions and behaviors used to manage the internal/external demands of a stressful or threatening situation

Cognitive: Attempts to change ones perception/conception of a situation

Behavioral: actions taken to reduce the effects of stress

# What is Coping?

**Approach:** Attempts to integrate painful material; approach allows for direct action in attempts to regulate stress

**Avoidance:** Attempts to protect oneself from a threatening event; serves to prevent negative emotions from becoming overwhelming by allowing distance from the trauma

Walsh, K., Fortier, M.A., & DiLillo, D. (2010). Adult coping with childhood sexual abuse: A theoretical and empirical review. *Aggression and Violent Behavior, 15*(1), 1-13.

# Introduction to the Topic

**Participants: N=302, 18-19 yo college students**

**Methods: Completed questionnaires – self esteem, coping style, personality disorder symptoms, SIB**

**Goal: Examine relationship between SIB and other variables**

**Results: Participants with SIB reported more of the following:**

- ⦿ **Personality pathology**
- ⦿ **Maladaptive coping styles**
- ⦿ **Less rationale coping**
- ⦿ **Lower self esteem**

**Total SIB was inversely related to adaptive coping styles and self esteem**

Cawood, C.D., Huprich, S.K. (2011). Late adolescent non-suicidal injury: The roles of coping style, self esteem, and personality pathology. *Journal of Personality Disorders*, 25(6), 765-781.

# SELF INJURY (SIB) HAS BEEN GAINING ATTENTION IN MAINSTREAM CULTURE



# SELF INJURY BEHAVIOR (SIB)

Individual inflicts harm to his/her body purposefully and without the obvious intention of committing suicide (Alderman, 1997)

Although associated with 'cutting', they encompass a wide variety of behaviors including carving or cutting skin, scratching, burning or ripping skin or hair, bruising and breaking bones.

# *Other researchers suggest -*

- Cutting
- Burning (or "branding" with hot objects)
- Picking at skin or re-opening wounds
- Hair-pulling ([trichotillomania](#))
- Head-banging
- Hitting (with hammer or other object)
- Bone-breaking

*SIB may represent a method of temporarily alleviating distress - An emotional regulation strategy*

*Despite the widespread concern that the practice is growing in adolescents and young adults, there exists few reliable studies that estimate accurate prevalence of SIB in the U.S.*





Although the CDC tracks self inflicted injuries through emergency room data, they do not differentiate between self inflicted injuries with and without suicidal intent.

*Estimates of SIB prevalence in US community samples range from 12%-38% (Gratz, Conrad, Groemer 2002)*



SIB is associated with:

- ① eating disorders
- ① history of childhood trauma
- ① severe psychological distress
- ① there is evidence of these associations in clinical and non-clinical populations

(Walsh, 2005)

# Who Is More Likely to Engage in Self-Injury?



- Adolescent females
- People who have a history of physical, emotional, or sexual abuse
- People who have co-existing problems of eating disorders, OCD and substance abuse
- Individuals who were often raised in families that discouraged expression of anger
- Childhood trauma, neglect and insecure attachment with family
- Individuals who lack skills to express their emotions and lack a good social support network

Occurs when people face overwhelming or distressing feelings that they don't know what to do with

- ⦿ Temporarily relieves intense feelings, pressure, or anxiety
- ⦿ Feel real, alive; feel something
- ⦿ Feel pain on the outside instead of the inside
- ⦿ A means to control and manage pain - unlike the pain experienced through physical or sexual abuse
- ⦿ Provides a way to break emotional numbness (the self-anesthesia that allows someone to cut without feeling pain)
- ⦿ Way to ask for help in an indirect way or draw attention to the need for help
- ⦿ Attempt to affect others by manipulating them, trying to make them care, trying to make them feel guilty, or trying to make them go away

# *Myths and facts about cutting and self-harm*

**Myth: People who cut and self-injure are ONLY trying to get attention.**

**Fact:** The painful truth is that people who self-harm generally do so in secret. They aren't trying to manipulate others or draw attention to themselves. In fact, shame and fear can make it very difficult to come forward and ask for help.

# *Myths and facts about cutting and self-harm*

**Myth: People who self-injure are crazy and/or dangerous.**

**Fact:** It is true that many people who self-harm suffer from anxiety, depression, or a previous trauma—just like millions of others in the general population. Self-injury is how they cope. Slapping them with a “crazy” or “dangerous” label isn’t accurate or helpful.

## *Myths and facts about cutting and self-harm*

**Myth: People who self-injure want to die.**

**Fact:** Self-injurers usually do not want to die. When they self-harm, they are not trying to kill themselves—they are trying to cope with their pain. In fact, self-injury may be a way of helping themselves go on living.

## *Myths and facts about cutting and self-harm*

**Myth: If the wounds aren't bad, it's not that serious.**

**Fact:** The severity of a person's wounds has very little to do with how much he or she may be suffering. Don't assume that because the wounds or injuries are minor, there's nothing to worry about.

# Helping a student who cuts or self-injures



**Deal with your own feelings.** You may feel shocked, confused, or even disgusted by self-harming behaviors—and guilty about admitting these feelings. Acknowledging your feelings is an important first step toward helping your loved one.

**Learn about the problem.** The best way to overcome any discomfort or distaste you feel about self harm is by learning about it. Understanding why they cut or self-injure can help you see the world from his or her eyes.

**Don't judge.** Avoid judgmental comments and criticism—they'll only make things worse. The first two tips will go a long way in helping you with this. Remember, the self-harming person already feels ashamed and alone.

# Helping a student who cuts or self-injures



**Offer support, not ultimatums.** It's only natural to want to help, but threats, punishments, and ultimatums are counterproductive. Express your concern and let the person know that you're available whenever he or she wants to talk or needs support.

**Encourage communication.** Encourage your loved one to express whatever he or she is feeling, even if it's something you might be uncomfortable with. If the person hasn't told you about the self-harm, bring up the subject in a caring, non-confrontational way: "I've noticed injuries on your body, and I want to understand what you're going through."



Postsecret.com



# Postsecret.com

This is where I was when I knew I wanted to step out into the traffic rather than keep struggling on alone



It's now one year on

- to the day

I still don't know why I didn't go through with it - but I'm glad.

- ◎ “Suicide and suicide attempts among adolescents are significant public health problems.
  - Consequently, identifying at-risk youth in time to provide intervention not only helps to prevent suicides and suicide-related injuries but improves young persons overall quality of life and increases the chances for healthy and productive lives.”

# *Suicide Terminology and Paradigm Shift*



Suicide:  
Killing of  
oneself

- Penacide:  
Killing the pain.

Goal: End  
life

- Goal: End pain  
and suffering.

# *Suicide Terminology and Paradigm Shift*



It is seen  
as an  
event or  
a  
behavior.

- It is seen  
as a  
process of  
debilitation

# *Suicide Terminology and Paradigm Shift*



Viewed  
as a  
decision  
and a  
personal  
choice.

- Viewed as a disease outcome; no choice involved beyond crisis point in the process of debilitation.

# *Suicide Terminology and Paradigm Shift*



Viewed as a means of control or manipulation.

- Viewed as the result of severe stress and psychological pain.

# *Suicide Terminology and Paradigm Shift*



Seen as a  
voluntary  
action and  
individual  
responsibility.

- Seen as  
an  
involuntary  
response.

# *Suicide Terminology and Paradigm Shift*



The individual is seen as a decision-maker.

- The individual is seen as a victim.

# *Suicide Terminology and Paradigm Shift*



Thought to be a phenomenon involving the mind.

- Thought to be a physiological or neurobiological phenomenon involving the brain.

# *Suicide Terminology and Paradigm Shift*



Etiology:  
Emotional  
disorder,  
personality  
disorder,  
poor  
coping  
skills

- Etiology: A biochemical deficiency created or aggravated by pain.

# Warning Signs



**Quiet,  
withdrawn,  
few friends**

- Often not recognized as significant because the person is not in obvious trouble. Withdrawal is = to invisible.

**Changes in  
behavior**

- Personality changes, e.g., from being friendly to withdrawn, from being quiet to being a disturbance (SIB)

# Warning Signs



**Increased failure or role strain**

- Role strain at school, work, home, with friends and with mates.

**Recent family changes**

- Illness, job loss, increased consumption of alcohol, poor health, etc.

# Warning Signs



## Recent loss of a family member

- Death, divorce, end of relationship, separation, someone leaving home, estrangement

## Symptomatic acts

- Taking unnecessary risks, drinking and drugging, inappropriate aggression or submission, giving away possessions.

# Warning Signs



**Despair and hopelessness**

- Note the manifestation of hopelessness in many forms – behavior, written, verbal

**Statements such as...**

- “Life is not worth living.”  
“I’m finished.” “No one would care if I were gone.” “I want to end it all.”

***Is there a connection  
between  
SIB and Suicide?***

- Participants: N=8,300 random sample, college students
- 36.9 response rate N=3,069
- Methodology: cross sectional analysis of suicidality and SIB, web based survey
- Hypothesis: SIB is a predictor of suicidal behaviors
- Results: 40.3% of those reporting SIB also reported suicidality; SIB status predicted suicidality when controlling for demographics (AOR 6.2, 95% CI, 4.9-7.8)
- Additional of trauma and stress attenuated the relationship (AOR 3.7, 95% CI, 2.7-4.9)

Whitlock, J. % Knox, K. (2007). The relationship between self injurious behavior and suicide in a young adult population. Archives of Pediatric and Adolescent Medicine, 161(7), 634-640.

***Conclusions: While SIB is not considered a suicidal gesture, the presence of SIB should indicate the need for suicide assessment***

# *Resources for Educators*

[www.wellaware.org](http://www.wellaware.org)

[www.selfinjury.com](http://www.selfinjury.com)

[www.Postsecret.com](http://www.Postsecret.com)

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) 800-273-  
talk

[www.cdc.gov/violenceprevention/pdf/suicide\\_strategic\\_direction\\_full\\_version-a.pdf](http://www.cdc.gov/violenceprevention/pdf/suicide_strategic_direction_full_version-a.pdf)

# Need help for self-harm or SIB?

If you're not sure where to turn, call the S.A.F.E. Alternatives information line at **(800) 366-8288** for referrals and support for cutting and SIB

If suicidal and help is needed asap, call the National Suicide Prevention Lifeline at **(800) 273-8255.**

# References

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