



Specialising in Personality Disorder
and Complex Trauma



Understanding the many functions of Non-Suicidal Self-Injury and Chronic Suicidality

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Content Warning



NSSI and Chronic Suicidality

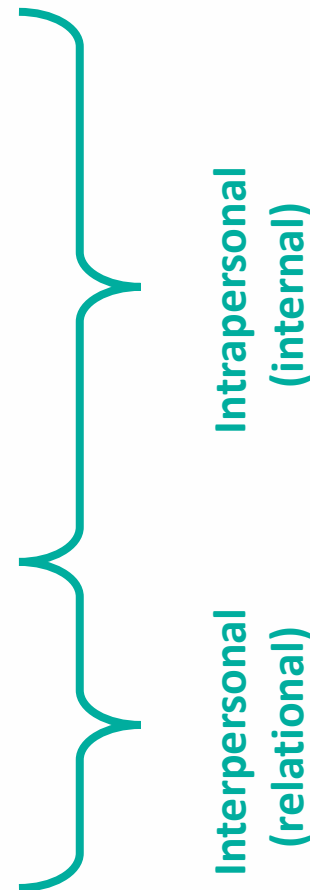
- **Non-suicidal self-injury** – injuring oneself without the intention of taking one's life.
- **Chronic suicidality** – suicidal thoughts, actions, gestures or communications which are repetitive in nature, however are not necessarily intended to end one's life.

Note: Whilst the function of these coping strategies are not intended to end one's life:

- *10% of people with BPD die by suicide*
- *10% of people with BPD die from self-injury*

Functions of NSSI

- Emotion (Affect) Regulation
- Anti-Dissociation
- Anti-Suicide
- Self-Punishment
- Autonomy / Control
- Self-Care
- Sensation Seeking
- Sense of “Toughness”
- Marking Distress
- Interpersonal Boundaries
- Interpersonal Communication
- Connection seeking / peer bonding
- Revenge



Sources: Klonsky & Glenn, 2009; Gallagher & Sheldon, 2010.



Other narratives around function...

The functions explored in the literature identify the common themes from self-report studies.

However the literature does not always encompass everyone's experience...

“I felt so dead inside that I wasn't sure if I really existed, but when I cut, I could see the blood, and feel the pain, and I could convince myself I was alive”

“I think it started just to feel something, then it changed and I wanted to feel nothing, but now I wonder if I'm just addicted...”

Functions of Chronic Suicidality

- Escape clause
- Comfort
- Autonomy / Control

(Source: Paris, J. 2007; Maple et al, 2020)





Cultural Considerations



Vignette: “Ev”

- Function #1: Emotional Release & Acknowledge Distress
- Function #2: Anti-Dissociation and Help-Seeking
- Function #3: Self-Punishment



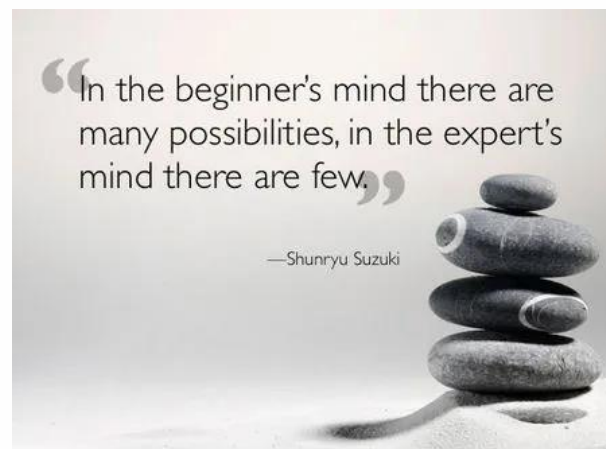
Vignette: “Sally”

- Function #1: Control (Autonomy)
- Function #2: Anti-Suicide
- Function #3: Self-Validation attempt
- Function #4: Escape route



Approach to Understanding Self-Injury

- Assume nothing
- Remain curious, ask
- Avoid categorising / labelling
- Use the person's descriptive language
- Accept function may change over time



A final thought...

“...It was never about the injury... It was about what came after. I could tend to the wound, watch it heal, see my skin knit together, and sometimes I could convince myself that maybe, just maybe, I could heal too...”



References

- Gallagher, J., & Sheldon, K. (2010). Assessing the functions of self-harm behaviours for dangerous and severely personality disordered males in high secure hospital. *British Journal of Forensic Practice*, 12(1), 22-32.
- Klonsky, E. D., & Glenn, C. R. (2009). Assessing the functions of non-suicidal self-injury: Psychometric properties of the Inventory of Statements about Self-Injury (ISAS). *Journal of Psychopathology and Behavioral Assessment*, 31(3), 215-219.
- Maple, M., Wayland, S., Kendall, S., Hua, P., Pearce, T., Newberry-Dupe, J., Ratnarajah, D. & Douglas, L. 'They can only talk themselves out of it if they're talking.' A Report for the National Suicide Prevention Advisor and Suicide Prevention Taskforce. University of New England. June 2020.
- Paris, J. (2007). Half in Love with Death: Managing the chronically suicidal patient.