Education Research Statistics: Descriptive and Comparative

Literature Review

Sydney Azalia Novoa

The University of Texas at San Antonio

Literature Review of Non-suicidal Self-injury

Non-suicidal self-injury (NSSI) is defined as the intentional, self-inflicted damage to the surface of the body without suicidal intent, which is not socially sanctioned (International Society for the Study of Self-Injury, 2007). Although distinct in nature from a suicidal attempt, the behavior raises concern for how to distinguish the line between the two. Non-suicidal self-injury (NSSI) is not a new phenomenon. The attention and relevance in society has been impacted by many factors including social media. In the general population approximately 15% of adolescents, 14-35% of college students, and 4% of adults report engaging in NSSI (Knorr, Jenkins & Conner, 2013).

Pompili et al. (2015) describe the different methods of NSSI falling into three categorical forms; major, stereotypic, and superficial. Hoffman and Kress (2010) reported cutting, self-hitting, burning, scratching and hair pulling as the most common forms of NSSI. When describing different methods of self-inflicted harm, the word self-harm or intentional self-harm were used interchangeably to discuss NSSI acts. In a study conducted by Mitchell et al. (2016), self-harm included the intentional act of self-poisoning. This type of self-harm may differ from NSSI because of the added likelihood of suicidal intent in the action. The differing definitions and names attached the behavior can make it difficult for individuals to conceptualize NSSI adding another layer to an already difficult population.

The relevance of NSSI in society then begs the question how clinicians are properly equipping themselves to work with this population. Although the research is strongly focused on describing NSSI as a method of coping (McKenzie & Gross, 2014), there is still a debate on best practice when addressing the behavior. Whisenhun, Chang, Flowers, Brack, O’Hara, and Raines (2014) found that counselors working with clients who self-injure reported feeling doubt in their competence. Due to the nature of self-injury being unpredictable, the struggle to treat clients with this issue can be overwhelming. Hollander (2008) describes self-injury as a paradox because what normally brings pain brings immediate emotional relief. This concept can be difficult for clinicians to understand. Treatment is often centered on addressing the behavior to fulfil the goal of cessation. Counselor’s described the nature of self-injury and the limited knowledge on how to address it, heightening their sense of alarm and panic when faced with this type of work (Stefano, Atkins, Noble & Heath, 2012).

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