A CONTENT ANALYSIS OF SIX SCHOLARLY JOURNALS: WHAT HAS BEEN WRITTEN ABOUT SELF-INJURIOUS BEHAVIOR?

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

OF THE DEGREE OF DOCTOR IN PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

DEPARTMENT OF FAMILY THERAPY

COLLEGE OF PROFESSIONAL EDUCATION

BY

CASSANDRA REID, B. S, M. ED.

DENTON, TEXAS

MAY 2011

TEXAS WOMAN'S UNIVERSITY
DENTON, TX

March 30, 2011

To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Cassandra Reid entitled "A Content Analysis of Six Scholarly Journals: What Has Been Written About Self-Injurious Behavior?" I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Family Therapy.

Glen Jennings

Glen Jennings, Ed.D., Major Professor

We have read this dissertation and recommend its acceptance:

Rhonda R Buckley

Q Fredrickson

Department Chair

Accepted:

Jennifer Martin

Dean of Graduate School

DEDICATION

To the man who was created just for me, my husband, James.

ACKNOWLEDGEMENTS

There are so many people to thank for this amazing and enriching experience. I first must thank my amazing husband, James, for his sacrifice of time while I was away working on this degree. He encouraged me to stay in school and not give up this dream that I have held for some time. He took this dream and made it his own. He is truly the rock that I have always needed.

I would like to thank Dr. Jennings for his humor, support, and dedication to my completion and success. His ability to make everything seem possible has changed many lives. I also would like to thank Dr. Fredrickson, without her this would never be completed, the deadlines saved the day. She didn't have to serve on my committee but willingly gave of her limited time to make this possible. Dr. Buckley is always a joy and pleasure, she makes research engaging and fun. Your sweetness and attention to detail have made this journey a smooth and easy one.

I am also grateful to Dr. Linda Metcalf, who taught me that there are always exceptions. Dr. Peter Bradley who taught me how to think differently and run a successful practice. Dr. Linda Brock who, through attention to detail, helped me to learn so many things. Dr. Carol Thomas who provided a sounding board anytime necessary, your motivation was priceless. I am also grateful to the wisdom and

training from Dr. Becky Taylor at Texas Christian University, she provided a strong framework from which to build this degree. Lastly I would like to thank Pastor Bob Hamp who showed me that it isn't so much about therapy but about hearing the voice of the Lord in any situation. These techniques and processes are the key to my success.

I am thankful for such amazing family and friends who supported me throughout this process. Your caring and motivational speeches were so helpful. To all of my classmates and colleagues, if you can dream it, you can achieve it. You can do it!

I am so grateful for this opportunity and for those who made it possible. I am a better person because of you, thank you for your support, love, and encouragement. This has been a process I will never forget.

ABSTRACT

CASSANDRA REID

A CONTENT ANALYSIS OF SIX SCHOLARLY JOURNALS: WHAT HAS BEEN WRITTEN ABOUT SELF-INJURIOUS BEHAVIOR?

MAY 2010

Self-injurious behavior is defined a variety of ways across many disciplines including medicine, social work, sociology, and psychology. It is important that the field of Family Therapy develop its own definition of this widespread problem in order to find the best systemic methods to work with individuals and their families facing this problem. The different definitions and approaches to working with individuals who self-harm does not provide a consistent method for working with families within a systemic framework.

The purpose of this study was to ascertain what is being written about self-injurious behavior in six scholarly journals: *Family Process, Journal of Marital and Family Therapy, Journal of Family Therapy, Family Relations, Contemporary Family Therapy,* and *Professional School Counselor* since 1990, in 1993 Favazza and Rosenthal distinguished between culturally-sanctioned self-mutilation and deviant-mutilation, distinguishing between

those who harm as a result of religious and cultural implications and those who harm as a result of emotional and psychological factors.

Each article was read and analyzed by the principal investigator focusing on the primary research question, "What has been written about self-injurious behavior in selected scholarly journals (*Family Process; Journal of Marital and Family Therapy; Journal of Family Therapy; Family Relations; Contemporary Family Therapy;* and *Professional School Counselor)*?" The articles including the desired self-injurious terminology were read in detail and coded into pre-determined categories of theory, training, clinical practice, research, and academia. Once coded, four themes emerged: mental health, adolescent high-risk behavior, school counseling and borderline personality disorder. These themes emerged after a total of five rounds of the coding process by three separate investigators.

Family Therapists can provide a level of care to the self-harming individual and their family that surpasses the traditional approaches to individual therapy. The systemic approach is pivotal in eliminating the problem at the root cause as well as engaging the entire family in the healing and rehabilitation process. There is a significant need for this type of recognition, implementation, and research.

TABLE OF CONTENTS

LIST OF TABLES

Table Page

CHAPTER I

INTRODUCTION

Self-harm, defined as deliberate and voluntary destruction of body tissue that is not life-threatening and without any conscious suicidal intent (Gindhu &Reichl, 2005; Nock, Prinstein, & Sterba, 2010; Prinstein et al. , 2010) has become a widespread concern for the population under the age of 35. Further diverse terms exist to describe this behavior such as self-mutilation, self-cutting, self-injurious thoughts and behaviors (SITB) self-injury, and non-suicidal self-injury (NSSI) (Gindhu and Reichl, 2005; Prinstein et al. , 2010). Clinicians and investigators have developed a heightened interested in a group of self-injurious behaviors that do not appear to include suicidal intent (Prinstein et al. , 2010). Many clinicians are investigating this phenomenon as a result of the differentiation between suicidal intent and the self-injurious behavior. Many clinicians feel that these behaviors have been incorporated into a category of suicidal behavior, hindering the investigation of the origin of their nature. This chapter will elaborate on the need and development of research pertaining to these behaviors; highlight the need for this epidemic to be recognized by the field of Family Therapy, and the need for the development of interventions for the family system as a whole.

Self-Injurious Behaviors

Self-injurious behaviors are among the leading causes of death worldwide (Nock et al. , 2010) and represent one of the most perplexing problems facing clinicians today. The distinguishing differences between suicidal attempts and self-injurious behavior are very difficult to detect. Most of the individuals who self-injure do not have suicidal ideation but many times their injuries become too severe and result in death. Much of the research conducted on self-harm behavior has been conducted on psychiatric patients, implying that mental illness is a precipitating factor in the manifestation of self-harming behaviors (Gindhu & Reichl,2005). More recent investigation of this topic leads researchers to believe that there is a distinguishing line between suicidal behavior and the behavior of those who are choosing to self-harm, this distinguishing line also eliminates the perspective that suicide is the ultimate goal.

Prevalence estimates indicate that 13-26% of youth aged 12 to 20 years have engaged in self-injurious behaviors. According to Glenn and Klonsky (2010) approximately 85% of children ages 12 to 14 have engaged in self-injurious behavior as well as 14-15% of adolescents, and 175 or more of college students report having self-injured. There are multiple behaviors by the self-harmer that result in intentional self-harm. Examples of these include overdosing, poisoning, cutting, burning, scratching, biting, hitting, hanging, and jumping from high places (Chiu, Fitzgerald, Tusaie, & Ross, 2010). According to Glenn & Klonsky (2010) over 14 types of self-injurious behavior exist, with the most common forms being skin-cutting, burning, and scratching.

Non-suicidal self-injurious behaviors have captured the attention of the popular media, with highly visible profiles in news outlets, and active online discussion groups (Prinstein et al. , 2010). The frequency and openness of the dialogue regarding this subject has led many researchers, clinicians, and physicians to speculate about the increasing frequency of these behaviors. Self-harm without intent to die has come into the main stream through the Internet, music, and movies and is now reported more in day-to-day communities than in psychiatric patients (Chiu et al. , 2010).

Research and Self-Injurious Behaviors

There is a significant need for research regarding factors that lead to non-suicidal self-injury (NSSI) onset. It is unclear why individuals with specific risk factors select NSSI as a behavioral strategy as opposed to many other possible adaptive or maladaptive behaviors that serve similar functions (Prinstein et al. , 2010). There is significant research to demonstrate that the behaviors are peer influenced and many times behaviors that are mimicked by others. According to Prinstein et al. (2010), this is an area that has been significantly understudied.

There is little research that explores self-injurious behavior that tests empirically, in a laboratory or clinical setting, which ultimately allows for investigation of the actual onset of the behavior and intent to harm. As a result of these limitations, basic information about self-harming behavior is lacking (Nock et al. , 2010). There is little generalizability of findings to research conducted in a psychiatric sample, rendering the generalizability of findings of nonclinical samples of adolescents questionable (Gindhu &

Schonert, 2005). According to Nock, et al. , (2010), little is known about the proximal triggers for self-injurious thoughts, about what factors predict the transition from self-injurious thought to self-injurious behaviors, or about why people engaged in these behaviors. This allows for numerous studies to be conducted in relation to the family system, family structure, and other factors of the family environment that could possibly contribute to these behaviors.

Nock et al. (2010) report that individuals engaging in self-injurious behavior in the service of (a) intrapersonal-negative reinforcement (e. g. , to decrease/distract from negative thoughts/feelings), (b) intrapersonal-positive reinforcement (e. g. , to generate feeling/sensation when experiencing numbness or anhedonia), (c) interpersonal-negative reinforcement) e. g. , to escape from some undesirable social situation), or (d) interpersonal positive reinforcement (e. g. , to communicate with/seek help from others. The last reason leads to significant research to be conducted by the field of family therapy. Exploration of the communication and the motivation behind that communication will allow family therapists to work more effectively with the family system. It will allow for goal setting and family involvement in the behavior change necessary to eliminate self-injurious behavior.

Adolescents, reporting deliberate self-harm are less likely to seek help, or talk to their family about their difficulties (Hall & Place, 2010). This indicates the need for communication skills and family involvement when an incident of cutting is present. Many family therapy resources do not highlight this topic and the goal of this research is

to highlight the deficits and provide opportunity for improved acknowledgement of the issue by the field of family therapy.

Statement of the Problem

Self-injurious behavior is defined a variety of ways across many disciplines including medicine, social work, sociology, and psychology. It is important that the field of family therapy develop its own definition of this widespread problem in order to find the best systemic methods to work with individuals and their families facing this problem. The different definitions and approaches to working with individuals who self-harm does not provide a consistent method for working with families within a systemic framework. Kuhn (1996) highlights the significance of developing a universally shared language within a scientific paradigm, so researchers in that field and across disciplines can work with and understand each other. Underlying principles and assumptions about family therapy and the family contribution and prevention of the problem are necessary to provide the framework upon which to practice, and guide the direction of research.

Purpose of the Study

The purpose of this study was to ascertain what is being written about self-injurious behavior in six scholarly journals: *Family Process, Journal of Marital and Family Therapy, Journal of Family Therapy, Family Relations, Contemporary Family Therapy,* and *Professional School Counselor* since 1990, in1993 Favazza and Rosenthal distinguished between culturally-sanctioned self-mutilation and deviant-mutilation,

distinguishing between those who harm as a result of religious and cultural implications and those who harm as a result of emotional and psychological factors.

Research Question

The general research question guiding this analysis was the following: What has been written about self-injurious behavior in selected scholarly journals (*Family Process, Journal of Marital and Family Therapy, Journal of Family Therapy, Family Relations, Contemporary Family Therapy,* and *Professional School Counselor)*? This research question provided the framework for coding and analysis of articles containing the terms self-injurious behavior, self-harm, and self-mutilation as a component in family therapy.

Definition of Terms

For the purposes of this study, the following operational definitions apply:

Family System- An interdependent, contributing part of the system that control his or her behaviors (Nichols, 2003).

Self-harm- Deliberate and voluntary destruction of body tissue that is not life-threatening and without any conscious suicidal intent (Gindhu & Reichl, 2005; Nock, Prinstein, & Sterba, 2010; Prinstein et al. , 2010)

Family Therapy- Type of therapy that involves the entire family system in the therapeutic process. This type of therapy thinks about the cause and effect for all members involved in the family when a crisis occurs.

Assumptions

The following assumptions ground this investigation:

1. Adolescents, reporting deliberate self-harm are less likely to seek help, or talk to their family about their difficulties (Hall & Place, 2010).
2. The existence of self-injurious behavior have some effect on the family system.
3. The existence of self-injurious behavior has some relationship to family functioning and the system as a whole.
4. Minimal research exists about self-harm pertaining to the family system and the field of family therapy.
5. All families cope with problems differently, including self-harm, and can benefit from research, education, and insight in this area.
6. Family therapists can benefit from research about self-harm and the family.
7. Families can benefit from family therapy when faced with a self-harming member of their family.

Delimitations

The delimitations for the purpose of this research study are the following:

1. Only refereed articles published from 1990 to 2010 which contain the term self-harm/self-injurious behavior were the focus of this study.

2. Only the selected journals *Family Process, Journal of Marital and Family Therapy, Journal of Family Therapy, Family Relations, Contemporary Family Therapy,* and *Professional School Counselor* were the sample for this inquiry.

Summary

This chapter discussed the necessity of the definition of self-harm in the family therapy field. Self-injurious behaviors typically have a systemic cause and the family can be a pivotal component in the prevention, identification, and treatment. Since there are various interpretations of the manifestation, cause, and effect of self-harm as well as little research conducted without co-morbid psychological diagnosis, the purpose of this study is to ascertain what is being written about self-harm in six scholarly journals from 1990-2010, taking into consideration the differentiation of religious and psychological self-harm by Favazza and Rosenthal in1993.

CHAPTER II

LITERATURE REVIEW

This chapter will provide a review of literature on self-harm, self-mutilation, and self-injury apart from the research that was included in the research sample. There has been significant research conducted on this topic but very little has been conducted by family therapists. Very little research exists on the implications for the family and comprehensive treatment including the family system. This literature review will provide a comprehensive look at the implications of self-harm, the treatment strategy, and the various effects this behavior can have on the individual and beyond.

Characteristics of Self-Harming Behaviors

Self-harming behavior has been studied for some time but just recently have researchers begun to look at the specific behaviors. The age of onset is typically 13 or 14 (Klonsky & Muhlenkamp, 2007, Richardson, Perrine, Dierker, & Kelley, 2007, Whitlock, Eckenrode, & Silverman, 2006). This is a pivotal time in adolescence that can cause a great deal of emotional, physical, and mental stress.

There are many forms of self-harm but most of the research indicates the prevalence of cutting, scratching, or burning. The most common form of self-injury appears to be skin-cutting or scratching utilized by more than 70% of those who self-injure. Banging, hitting, and burning are also relatively common forms of self-injury

(Klonsky & Muhlenkamp, 2007, Ross & Heath, 2001). The type of injury can make it difficult to detect if one does not know what to look for. Most report performing their self-injurious acts on their arms, legs, or stomach.

In the United States and Canada 14-15% of adolescents report at least one instance of self-injury (Klonsky & Muhlenkamp, 2007, Richardson et al. , 2007). About 1 of every 25 members of a large group of relatively high-functioning nonclinical subjects reported a history of self-harm (Klonsky, Oltmanns, & Turkheimer, 2003). Many feel that the population of self-injuring individuals involves a clinical diagnosis; this is typically not the case. There are many individuals who have no clinical diagnosis, no medication, and no mental illness that engage in this behavior. Some research indicates that the behavior can continue from age 14 until the late 20's but the typical duration is less than five years (Whitlock, Eckenrode, & Silverman, 2006).

In much of the initial research it was said that women were more likely to engage in self-harming behavior than their male counterparts. This is most definitely not the case any longer. Recent research by Klonsky & Muhlenkamp (2007), reports that similar overall self-harm rates exist between men and women, where it was initially proposed that women were more likely to self-injure than men. The research shows that women are more likely to cut where men are most likely to use a method of burning to self-injure. Research by Crawford et al. (2003), indicates that socio-economically deprived young people and gay young men are at higher risk. As a result of the stereotype men are

less likely to be investigated for this behavior and many find it to be an epidemic that only affects the mentally ill populations.

Many researchers have investigated the outcomes of the self-harming behaviors. They spent time surveying and interviewing many individuals who engage in the behavior to find out exactly why the behavior is appealing. Some of the consequences for those who self-harm include relief of tension, communication of emotional pain, and paradoxical disengagement from care givers (Mangnall & Yurkovich, 2008). The functions of self-injury include affect regulation, self-punishment, interpersonal influence, anti-dissociation, anti-suicide, sensation seeking, and interpersonal boundaries. Relieving negative emotions such as anxiety, guilt, lowliness, self-hatred, and alienation can also be functions of this negative behavior. In addition release of tension, anger, emotional pain, unpleasant thoughts/emotions and gain of control can also be contributing factors or functions (Klonsky & Muhlenkamp, 2007, Richardson et al., 2007, Nock & Prinstein, 2005). Many individuals contribute their self-harming behavior to the inability to feel emotion or regulate emotion. The self-harming behavior allows them to "feel" and have control of their emotion. Self-injurious individuals frequently report difficulties maneuvering comfortably within interpersonal relationships and show heightened sensitivity to anticipated and/or perceived rejection (Whitlock, Lader, & Contrero, 2006).

It is often thought that individuals who engage in self-harming behavior want to commit suicide. This is a misconception, while the individuals are at higher risk, they do

not wish to end their lives. It is well established that suicidal behaviors are different from self-injury in their phenomenology (Klonsky & Muhlenkamp, 2007, Crawford, Geraghty, Street, & Simonoff, 2003). Regardless of this finding it is indicated that repetition of deliberate self-harm increases the risk of suicide over the short and the long term (Zahl & Hawton, 2004). Those who self-harm with the intent to kill themselves do so from far different antecedent causes and with far different outcome expectations than those who self-harm without the intent to kill themselves (Mangnall & Yurkovich, 2008).

While there may not be correlation between self-harming behavior and suicide, the frequency of the behavior can become detrimental. The behavior can become more frequent and can also become addictive. It their research Richardson et al. (2007) found that experience with self-harm facilitates future self-harm through repeated exposure to the experience, as well as through opponent-processing effects, namely the decline of fear-inducing effects and an increase in the reward value of self-harm. Many individuals are unable to cope with stress and find self-harming behavior to be a substitute for their inability to cope with stress. Young people who self-harm are less likely to use other coping strategies in times of stress (Young, Beinum, Sweeting, & West, 2007). Stress is indicated as a cause in numerous pieces of research and self-reports.

Only a small proportion of the adolescents who engage in deliberate self-harm had presented to a general hospital following their act. One third of self-harming adolescents receive help from their social network without any attention from the health

services and nearly half of the adolescents who engage in deliberate self-harm do not receive any help (Ystgaard et al., 2009).

Causes of Self-Harming Behavior

Family Therapists and other professionals must understand the implications and causes of self-harming behavior in order to best assist their clients. Having an understanding of the root cause of the problem allows for appropriate acknowledgement and processing for the individual. Insecure attachments in early childhood may play a role in the development of self-injury as well as difficulty developing subsequent attachments. This can also be associated with child physical and sexual abuse (Klonsky & Muhlenkamp, 2007, Whitlock, Lader, & Contrero, 2006). These antecedent behaviors can serve as red flags when working with a client possessing these histories in their past. It is important to be aware of the physical appearance of the client as well, checking for self-injurious behavior each meeting time. Individuals who self-injure are most likely to exhibit characteristics of negative emotionality, deficits in emotional skills, and self-derogation (Klonsky & Muhlenkamp, 2007). Many clinicians believe that self-injurious behavior is directly associated with a mental illness or diagnosis. The only description or definition of self-harm falls under the Borderline diagnosis in the Diagnostical and Statistical Manual TR-IV. Self-injurious behavior is associated with Borderline Personality Disorder, substance disorders, anorexia, bulimia, as well as depressive and anxiety disorders (Klonsky & Muhlenkamp, 2007).

Recommendations for Clinicians

Individuals who self-harm find it difficult to seek help from a professional for fear that their secret will be shared. It is important for professionals to have an understanding of the concepts, behaviors, thought processes, and diagnosis. It is recommended that professionals that could come in contact with this population be as educated on this subject as possible. They also indicate the necessity for a positive attitude towards this population to ensure their compliance with treatment. Crawford et al. , 2003 found that nearly half the people in their study were aware that adolescents who self-harm are at increased risk for suicide.

Many individuals who engage in self-harming behavior, find that they live in two separate worlds. They have a secret world where they cut but then a real world in which they live. Many times the real world circumstances propel them into the self-harming frame of mind. It is essential for professionals to bring the two worlds together in order to allow the individual to eliminate the differentiation and bring the secret to light. Contemporary psychotherapists must bridge virtual and "real" worlds for many patients (Whitlock, Lader, & Contrero, 2006).

The resistance of self-injuring clients to seek help or advice renders it critical that medical and mental health providers find effective strategies for detecting and addressing self-injurious behavior (Whitlock, Eckenrode, & Silverman, 2006). It is essential to become familiar with the behavior, scarring, and precipitating events in order to effectively treat each client. It is recommended that when working with self-harming

individuals that an assessment be conducted about all incidents in order to have a comprehensive picture of the behavior (Zahl & Hawton, 2004).

This allows for the professional to understand the scope and sequence of the behavior as well as how best to treat the individual. Recommended treatments for self-injurious behavior include Cognitive-Behavioral Therapy (CBT), Psychodynamic Therapies, and Pharmacotherapy (Klonsky & Muhlenkamp, 2007).

Online Communities and Self-Harm

The modern era and the computer technology have allowed for many forms of community to be developed electronically. This allows individuals with many interests, including self-injury, to find others who are sharing the same experiences.

For many of those who self-injure, the ability to find others like themselves reduces the isolation and loneliness which to often characterizes the behavior (Whitlock, Lader, & Contrero, 2006). Many of these communities provide support but are unable to aid in the processing and elimination of the behavior. In a study of self-injury message boards by Whitlock, Powers, & Eckenrode (2006), informal support and discussion of proximal life events that trigger self-injury were the most common types of exchange followed by casual and sometimes personal information related to the addictive qualities of their practice, their fears relating to disclosure, experiences with psychotherapy, how they self-injure, and other related health concerns.

Whitlock et al. (2006) indicated that online interactions clearly provide essential social support for otherwise isolated adolescents, but they may also normalize and encourage self-injurious behavior and add potentially lethal behaviors to the repertoire of established adolescent self-injurers and those experiencing identity options. Many individuals learn various behaviors that become more severe from these online interactions. These sites almost normalize the behavior and create a sense of acceptance.

A simple query on the Google search engine using terms such as "self-injury," "self-mutilation," or "self-inflicted violence," results in over a million hits (Whitlock, Lader, & Contrero, 2006). There are many sites dedicated to this cause as well as many individuals seeking help for this problem. There are benefits and detrimental pieces to the online community. According to Mitchell & Yabarra (2007), those who engage in self-harm may be more likely to engage in online behaviors that have the potential to place them in risky situations. This indicates that those who are able to discuss this secret would be willing to discuss additional personal and private information. The other side of this argument provides that if mental health professionals would engage in these chat rooms, message boards, and wiki's then the individuals would find the help that they need. Interventions in the various online chat rooms and other online communities have potential to be helpful to those who engage in online self-harming communities (Mitchell & Yabarra, 2007).

Role of the Family in Self-Harming Behavior

According to a qualitative study by Sinclair and Green (2005) one of the major implications for self-harming behavior was the family and their likelihood to dismiss the individuals' struggles, stories, and frustrations as valid. They also found that unpredictability and powerlessness within a family situation, a lack of validation of unique personal experiences, and a sense of not being heard or important. Many professionals tend to treat the individual rather than look at the entire family system. According to most research the system is responsible for the self-harming behavior or the system is not responding in a way that allows the individual to feel heard and accepted. Problems in the relationship with parents are considered one of the strongest risk factors for self-harming behavior and suicidal ideation (Ystgaard et al. , 2008) Each antecedent can lead to negative behavior and more severe episodes of self-injurious behavior. Some of the most common reasons for self-harm are trying to get the attention of someone in the family, to get control of a situation, and not to feel bad feelings (Richardson et al.,2007).

The other side of the argument provides that family can be a great support to the individual in times of need. They can allow the individual to feel support and acceptance from those closest to them. Friends (40%) and family (11%) were shown to be the highest form of support for self-harming adolescents. This research also indicated that some adolescents were deterred from seeking help by the concern that it would actually

make things worse, or that they would hurt people in their family (Fortune, Sinclair, Hawton, 2008).

Summary

This chapter provided the history, causes, effects, family involvement, and online implications for those who self-harm. This chapter demonstrates the depth of the issue as well as the need for research in regard to families. This allows for the reader to have a better understanding of self-harming behaviors as well as the best methods for aiding the individual in elimination and treatment of this problem. This chapter also introduced the various research and characteristics of this epidemic. The research highlighted causes as well as implications for family members coping with this situation. It allows for the online aspect of self-harm to also be explored. It is essential to gain as much education and understanding in regards to this behavior in order to best provide treatment and intervention.

CHAPTER III

METHODOLOGY

This chapter explains the research design, content analysis methodology, selected for this project. Content analysis is defined by Weber (1990) as a research method that uses a set of procedures to make valid inferences from text. These inferences are about the sender(s) of the message, the message itself, or the audience of the message. Babbie (2007) defines content analysis as being well suited to answer the question about communications research "Who says what, to whom, why, how, and with what effect? The primary methodology for this research originates in the social and behavioral sciences, and follows the standards of scientific research (Neuwndorf, 2002).

This research project is a descriptive analysis identifying and describing articles, which contain the terms self-harm, self-mutilation, or self-injurious behavior. The definitions, constructs, and hypothesis presented in Chapter I focused the researcher in coding and concept definition. This research took on classifying, coding, and analyzing the data using the content analysis method presented by Babbie (2007). Key words, prevalent themes and/or topics from the articles chosen from the six scholarly journals, were recorded.

Sample

The purpose of this study was to ascertain what is being written about self-harm in six scholarly journals from 1990-2010, considering that in 1993 Favazza and Rosenthal distinguished between culturally-sanctioned self-mutilation and deviant-mutilation, distinguishing between those who harm as a result of religious and cultural implications and those who harm as a result of emotional and psychological factors.

The sample population for this research study included articles in all issues of the six peer-reviewed journals, *Family Process, Journal of Marital and Family Therapy, Journal of Family Therapy, Family Relations, Contemporary Family Therapy,* and *Professional School Counselor* published from 1990 to 2010, which included the terms self-harm, self-mutilation, or self-injurious behavior. Book reviews, honorariums to any particular scholars, introductions, commentaries and responses, and forwards were excluded in this study.

The Journal of Family Therapy is published on behalf of the United Kingdom Association for Family Therapy and Systemic Practice. This journal advances the understanding and treatment of human relationships constituted in systems such as couples, families, professional networks, and wider groups, by publishing articles on theory, research, clinical practice, and training. It is indexed in multiple databases including EBSCO, Psych INFO, SocINDEX, and PsychLIT. *The Journal of Family Therapy* is a significant resource for individuals working with any family system, highlighting research and practice in these areas.

Family Process was first published when the field of Family Therapy first originated. *Family Process* is unique because it publishes a variety of papers related to clinical practice, theory, quantitative and qualitative research, and training the family and family therapy fields. It is indexed in Abstracts of Research in Pastoral Care and Counseling, Abstracts for Social Workers, Care and Counseling, Family Research Database, Index Medicus, Psychological Abstracts, Sage Publications Family Studies Abstract, Social Work Research Abstracts, Sociological Abstracts, Social Services Abstracts, and the International Bibliography of Periodical Literature on the Humanities and Social Services.

The Journal of Marital and Family Therapy is a highly esteemed journal in the field of Family Therapy. This scholarly journal is published quarterly by the American Association of Marriage and Family Therapy. It is a peer-reviewed journal with over 20,000 subscribers. This journal publishes articles on research, theory, practice, and training in marital and family therapy. *The Journal of Marital and Family Therapy* is indexed in ProQuest, ERIC, Family and Society Studies Worldwide, Family Index PsychINFO, and numerous other sources.

Family Relations is an interdisciplinary journal of applied family studies. It highlights work for family practitioners, educators, family therapists, researchers, and social policy experts. The journal content emphasizes public policy with emphasis on family relations, intervention, education, and other family related research topics. *Family Relations* works hard to focus on the needs of practitioners and meeting them through

research on prevention and intervention. *Family Relations* is indexed in Academic Search Complete, ProQuest, Social Services Abstracts, SocINDEX, and ERIC, as well as many others.

Contemporary Family Therapy is a journal highlighting families within their broader community. The journal emphasizes socio-economic, ethnic, and family value systems. This journal presents the latest practices in research, practice, and theory in the field of family therapy. *Contemporary Family Therapy* emphasizes the systemic viewpoint of all individuals served in the family therapy field. This journal is indexed in Academic Search Complete, EBSCO, Family and Society Studies Worldwide, and many other databases.

Professional School Counseling is a journal directed to school counselors and the academic community. This journal emphasizes issues relevant to the school counselor, including implications for academic advising, current research, clinical practice, and student trends.

Population

The sample population for this research study included articles in all issues of *Family Process, Journal of Marital and Family Therapy, Journal of Family Therapy, Family Relations, Contemporary Family Therapy,* and *Professional School Counselor.* All of the articles were published from 1993 to 2010, and included the terms self-harm,

self-mutilation, or self-injurious behavior in the content. Articles were defined and described as theoretical, research, training, or clinical practice.

Data Collection

The researcher retrieved all issues of the six journals published from 1990 to 2010 from the library at Texas Woman's University. Each article was read and analyzed by the researcher with the research question "What is written about self-harm, self-mutilation, and self-injury in these journals?" Articles including the terms self-harm, self-mutilation, or self-injury were read in detail and coded by content.

Categories for Coding

Content analysis is a research methodology that addresses topics that are studied in an unobtrusive way in order to not disturb the natural occurrence. In this research the analysis of self-harm, self-mutilation, and self-injury allows for the exploration of the prevalence of this topic in six scholarly journals mostly in the field of family therapy. In order to best observe the content the researcher investigated the manifest content, which is defined as that which is easily observable, such as written word or phrase in a text. The researcher scanned each issue of the journals selected for this study for the terms self-harm, self-injury, and self-mutilation. Those articles containing the term(s) were then read and evaluated by the researcher. Latent content was also analyzed. This is the underlying meaning of the text, the depth of communication (Babbie, 2007). The researcher, through reading the articles, began to understand the latent content and began

categorizing the information in each article based on key words and phrases. These key words/phrases which related/described self-harm, self-mutilation, and self-injury were documented on the coding sheet (Appendix A). The researcher also made narrative notes about each article and the content.

The coding worksheet includes the name of the journal, article title, article author with credentials, full citation of the article, a section for notes (narrative), and predetermined categories of family therapy, school counseling, psychology, education, medical, and other.

Treatment of Data

The total number of articles obtained were recorded and separated into categories for each of the six journals. This allowed for the researcher to see and understand the frequency and percentages from each publication. Once the articles were collected the researcher read each article and completed a coding sheet. The researcher also included key words and phrases in order to analyze the frequency of each word and preferred terminology. Data regarding the discipline of the author were presented quantitatively. The primary content themes were presented qualitatively. Appendix B contains the complete list of articles from each of the six journals that met selection criteria to be included in the research. Appendix A is the coding worksheet, which provided the structure and guidelines for the analysis.

Each article was selected and then read to verify inclusion. The articles were each read two additional times to then categorize the content of the material. When conducting a content analysis it is important that the researcher look for salient themes and uniformity among the research content to ensure that the highlighted content is significant.

Credibility and Trustworthiness

According to Babbie (2007) replication is significant to validity in social science research. Babbie also emphasizes that if the tests repeatedly yield the same results then the content analysis is valid. The researcher has mapped out the purpose and research questions for this study in order for additional researchers to investigate the same subject.

In order to increase the validity of the coding process of the content analysis procedure, and the trustworthiness of the results, two independent coders familiar with the qualitative inquiry process reviewed and coded articles randomly selected independently of the primary researcher. According to Babbie having multiple individuals involved in the coding and analysis process ensures that the data analysis is not skewed by the primary researcher. One independent coder who volunteered to assist in the study is a professional counselor (LMFT and LPC), and is currently completing a PhD program in the field of Family Therapy. The second coder is also a professional counselor (LPC) and is completing a PhD program in Family Therapy. One is working at an agency and the other in a university setting.

An orientation was conducted with each coder prior to their enlistment. This allowed them to become familiar with the Coding Worksheet as well as gain understanding as to the purpose of the research. The research questions were presented and the coders were allowed to ask questions regarding the study.

Once the articles were divided evenly between the two coders the articles were read and a Coding Worksheet was filled for each article by the independent coder. The coders then met with the primary investigator in order to discuss emerging themes and concepts developed from the articles. Each coder was in agreement and did not have concern with the coding worksheet or research process.

Summary

This chapter elaborated on the research methodology of the content analysis as well as explained the research process involving this method of research. The sample population for this research study includes *Family Process, Journal of Marital and Family Therapy, Journal of Family Therapy, Family Relations, Contemporary Family Therapy,* and *Professional School Counseling* published from 1990 to 2010, which included the terms self-harm, self-mutilation, and self-injurious behavior. Each article was read with the research question "What has been written about self-harm, self-mutilation, and self-injury in these six scholarly journals?" The researcher read each article, completing a Coding Worksheet for each. The researcher then randomly assigned articles to the two independent coders, who then filled out an additional Coding

Worksheet and highlighted themes. These coders then discussed the themes with the primary researcher to ensure reliability and trustworthiness.

CHAPTER IV

RESULTS

This research project is a descriptive analysis for the purpose of ascertaining what has been written about self-injurious behavior in six scholarly journals: *Family Process; Journal of Marital and Family Therapy; Journal of Family Therapy; Family Relations; Contemporary Family Therapy,* and *Professional School Counselor* from 1990-2010 that included self-harm, self-injury, or self-mutilation in its content. The sample population included articles in all issues of these six peer-reviewed journals. In 1993 Favazza and Rosenthal distinguished between culturally-sanctioned self-mutilation and deviant-mutilation, distinguishing between those who harm as a result of religious and cultural implications and those who harm as a result of emotional and psychological factors. This chapter will discuss the results of the study in two sections: The manifest content expressed quantitatively, and the latent content of the inquiry which is the qualitative component of this research.

The manifest content is expressed quantitatively. The issues from 1990-2010 were examined for each journal included in the research. The total number of journal articles was recorded as well as the number of articles containing the desired content. The total number was recorded in order to establish a baseline to obtain percentages and frequencies of occurrence of self-harming journal articles in the established time period (Table 1). The total number of articles in *Family Process* observed from its table of

contents was 887, two (. 23%) of which included any self-injurious terminology in its content or title. The *Journal of Marital and Family Therapy* contained one article (. 07%) out of the total 1,381 articles observed. The total number of articles in the *Journal of Family Therapy* including the desired search terms was 898 with six (. 67%) yielding the desired search terms in the content or title. *Family Relations* published one article (. 07%) from 2000-2011 among the 1,518 total number of published articles. *Contemporary Family Therapy* contained no articles among the 739 articles viewed containing any of the desired self-harm terms or topics. Lastly the journal *Professional School Counselor* from 2005-2011 contained three articles (. 98%) out of the 307 that were viewed for the desired content. This journal began publication in 2005 so articles were examined from the inception of the publication. The researcher viewed a total of 5,730 articles only finding 13 (. 23%) containing the terms self-injury, self-harm, or self-mutilation.

Table 1

Number of Self-Harm Articles Published from 1990-2010

Journal	Total Number of Articles	Total Number of Self-Harm Articles	Percentages
Professional School Counselor 2005-2011	307	3	.977%
Family Relations 2000-2011	1518	1	.066%
Family Process 1990-2011	887	2	.225%
Journal of Marital and Family Therapy 1990-2011	1381	1	.072%
Journal of Family Therapy 1990-2011	898	6	.668%
Contemporary Family Therapy 1990-2011	739	0	0%
Total	5730	13	.227%

Qualitative Content Analysis

Each article was read and analyzed by the principal investigator focusing on the primary research question, "What has been written about self-injurious behavior in selected scholarly journals (*Family Process; Journal of Marital and Family Therapy; Journal of Family Therapy; Family Relations; Contemporary Family Therapy;* and *Professional School Counselor)*?" The articles including the desired self-injurious terminology were read in detail and coded into pre-determined categories of theory,

training, clinical practice, research, and academia. Once coded, four themes emerged: mental health, adolescent high-risk behavior, school counseling and borderline personality disorder. These themes emerged after a total of five rounds of the coding process by three separate investigators.

Mental Health

Many individuals believe that self-harming behavior is a result of a mental illness and this emerged in two of the articles investigated in the research. Self-harming behavior is rarely correlated with mental illness outside of the borderline personality diagnosis, which will be discussed in depth later in the findings. Self-harming behavior is often wrongly categorized as a mental illness when it is actually an expression of emotion. Regardless of the health of the expression it is not a direct relation to mental illness.

Mental health and mental illness are a prevalent aspect of families and a topic that will be encountered by many family therapy professionals. Many individuals attempt to separate the family from the mentally ill as opposed to including the family in the therapeutic process. One might anticipate that systemic thinking and family therapy would contribute to the treatment of mental illness in a number of respects. First by providing interventions in patterns of relationships which provoke or maintain mental illness; second, by helping family members devise strategies for the management of the patient with the illness, and finally, by addressing the social context in which the patient

and family experience the illness and its sequence, particularly social isolation, stigma shame, self-blame, and mutual recrimination (Bishop, Cliverd, Cooklin, & Hunt,2002).

Many families are not involved in the overall rehabilitation of the mentally ill or those who self-harm. There are two key variables to mental illness: relationship to the illness and membership of the family (or family/treatment) system (Bishop et al., 2002). The family and their involvement with the process of diagnosis, treatment, and maintenance is essential to the comprehension and understanding of the disorder itself. The same applies to those who self-harm, the family involvement creates a sense of ownership by all members of the family system as opposed to putting all of the responsibility on the identified patient. Family intervention may be considered an opportunity for family members to revisit and reconstruct the family's way of managing mental illness—to gain a sufficient understanding of each other; predicaments and evolve a lasting and workable compromise such that these issues relating to the sufferers' mental health may be addressed in a context of concern for the quality of life of all members (Bishop et al., 2002).

An area of concern is the labeling and diagnosing process emerging for those diagnosed as mentally ill. Many hospitals and doctors give a diagnosis with little consideration of the implications for the individual or the family system. This is significant for family therapists and essential that they have an understanding of the hindrances and negative effects of the labeling process. Institutions and pathology-deficit based models of understanding people have the power to define those people in negative

frames of reference—with implications for how individuals then behave and define themselves. Both those experiencing mental health problems, as well as their families, have been subject to such processes (Bishop et al. , 2002).

A significant amount of research has been conducted about the benefit of family involvement in mentally ill rehabilitation process or the same applies to those who possess self-injurious behavior. The family involvement can create an environment for significant change and eliminate major episodes that could include this behavior as well.

The preliminary results of Falloon et al. (1993) and their research provide that adult mental health care in a systemic manner suggest that integrating family and primary care resources is not only feasible, but may contribute to reductions in clinical morbidity, particularly in the number of major episodes of schizophrenic, depressive and manic disorders, and the subsequent need for intensive crisis management, either at home or in the hospital.

Adolescent High-Risk Behavior

Many individuals would categorize self-injurious behavior as high-risk, two of the thirteen articles included it in their content or title. This behavior is risky but is typically not associated with suicidal ideation. Many individuals believe this behavior is risky as a result of a misunderstanding in the purpose or cause. In many cases self harming behaviour represents a transient period of distress; in others it is an important indicator of mental health problems and risk of suicide. (Hawton, et al., 2002).

Much of the research did focus on how the family system serves as a contributor or prevention mechanism for high-risk behaviors. Family-based prevention has emerged as a promising intervention modality for addressing the complex web of ecological influences that gives rise to the initiation of severe behavior problems. The impact of family-related factors on the development of antisocial behavior is now well documented. Disruptions in family management practices, high rates of conflict and low rates of communication and involvement, and lack of parental investment in and attachment to their children, all create vulnerability to various problems in youth (Liddle & Hogue, 2000). The high-risk behavior was defined multiple ways but when thinking about self-injury there are many factors that can translate across the category.

The articles included indicate that the parenting style and response to the behavior play a significant role in the outcome and involvement of the individual. Much research also indicates that older family members provide a foundation from which to learn coping mechanisms and problem solving behaviors. During childhood, parents provide behavioral models for dealing with problems, especially with respect to whether they are talked about and whether help from others is sought in addressing the problem. Apart from the modeling, the ways in which family members relate to one another could be expected to affect the ways in which adolescents address problems they encounter (Fallon & Bowles, 2001).

Self-injurious behavior is a problem that carries a significant amount of shame for the individual struggling. Many adolescents and other individuals will seek help for

specific problems, many times not including self-harm, as a result of the stigmatizing nature and perception of others. Research suggests that help-seeking is affected by the nature of the problem and how the problem is perceived by the individual. With regard to the problem, findings show that individuals ask for help less often for intimate problems, for problems that are perceived as stigmatizing, and for problems that reflect personal inadequacy. Others reported the help is sought more often for problems that are regarded as serious and when the cause of the problem is attributed to personal causes (Fallon & Bowles, 2001).

The included articles also addressed the adolescent perception of the family in relationship to self-harming behaviors and other high-risk behavior. Individuals who see their family system as safe and open to discuss problems find that they are less likely to deal with high-risk behavior or self-harming behavior. Adolescents are better adjusted when they see their family as cohesive, expressive and organized, and when independence is encouraged (Fallon & Bowles, 2001). As family therapists it is essential to incorporate the family perceptions as well as the family itself in order to ensure a comprehensive view of the problem and solution. Family professionals can benefit from gaining understanding from the system as well as providing an action plan for all members involved with the identified patient.

School Counselors

Three articles were found in the *Professional School Counselor* journal and the information provided in these articles was the most current and practical for the family

therapy professional. Many school counselors have the opportunity of being the first line of defense for many individuals who engage in self-harming behavior. As school counselors are often among the first to be made aware of students' self-injurious behaviors, they are in a position to effectively intervene with self-injurious students (Kress, Drouhard, & Costin, 2006).

There are many legal and ethical considerations for individuals in the school counseling profession. The separation of suicidal ideation from self-injurious behavior is key. Many school counselors will report the behavior, drawing attention to the individual, breaking confidentiality, as a result of their perception of suicide being the ultimate goal. While it is important for school counselors to be aware that most people who engage in self-injurious behavior make a clear distinction between suicidal ideation and intention, and deliberate self-injurious behaviors without the intention to die, the school counselor must consider the serious consequences and the liability that may occur by withholding this information from parents (Kress, Drouhard, & Costin, 2006).

Self-injurious behavior is an emerging topic and becoming more prevalent in schools. As indicated by the few number of articles found in this inquiry, there are very few studies being conducted and very little information being distributed about this serious behavior. Many school counselors, being in a different stage of life, can find themselves out of touch with current issues and trending topics, such as self-injury. It is important that school counselors monitor their personal reactions to disclosures of self-injury and make decisions based on student-reported experiences and intention rather

than transference reactions such as fear or a desire to control the student's behavior (Kress, Drouhard, & Costin, 2006). The reaction of the counselor can determine the level of trust, the amount of information shared, the future implications for the individual, as well as the action plan for the school counselor.

Understanding self-injury is important as well as understanding how the students can become engaged in this negative behavior is also essential to eliminating this epidemic. Several students learned self-mutilation from their friends; They had asked a friend about it or had a friend recommend self-mutilation to them (Moyer & Nelson, 2007). It is pivotal that school counselors understand the resources and the various types of access that students have to forums, websites, and other individuals who may encourage (and discourage) this behavior.

The school counselor must also understand the benefit to the student as a result of the behavior. Many students will express the need for emotional release and the benefit of cutting for this purpose. In the study by Moyer & Nelson (2007), students described thinking constantly of difficult or problematic situations in their lives prior to and/or during their self-mutilation. This process was portrayed as similar to a broken tape recorder repeating thoughts and ideas.

The school counselor must create an atmosphere for acknowledgement and acceptance of the behavior in order for the student to feel confident and comfortable expressing their reasons for the behavior. The expectations and mental stress placed on

these students often became overwhelming, leaving them feeling as though there was no escape, with the exception of self-mutilation (Moyer & Nelson, 2007).

In the three articles the authors discussed the family dynamics contributing to the self-harming behavior. While the articles were tailored for school counselors the concepts within are very applicable to family therapists. Many contributing factors are a result of family dynamics, family trauma, parental involvement, and other systemic causes. Dealing with parents' separations, abusive family members, break-ups within friendships, or any of a number of other situations might seem difficult for any teenager; however, the students who participated in this research felt a need to handle their situations independently, by not "bothering" other family members with their problems, feeling that no one could understand them (Moyer & Nelson, 2007).

Individuals engaging in the self-injurious behavior continually express their desire to not burden anyone else with their issue and to keep it as much of a secret as possible. Each student engaging in self-mutilation acknowledged emotional pain and did not want to inflict this type of pain on anyone else, whether it was a parent, friend, or extended family member (Moyer & Nelson, 2007).

The individuals who self-harm find it difficult to express emotion and as a result engage in the release through the self-injurious behavior. The emotions that (self-harming) students struggled with on a day-to-day basis had been pushed down inside them because they did not believe there was anyone with whom they could discuss those feelings (Moyer & Nelson, 2007).

Borderline Personality Disorder

Many individuals have considered the manifestation of self-harming behavior to be a result in borderline personality disorder (BPD). Self-injurious behavior has long been a characteristic pointing back to this diagnosis. Recently many individuals have emerged with the self-harming behaviors but have shown no signs or indication of a borderline personality disorder diagnosis. This theme contained 6 articles, yielding the most significant results among the categories.

The diagnosis of borderline personality disorder reveals a complex, confusing, and challenging disorder not only for patients and mental health professionals, but also for family members of those with BPD. Not surprisingly, the behaviors that commonly accompany BPD, such as suicide attempts, intense anger, ands self-injury, create stressful situations for persons with BPD and their family members, who frequently report being overwhelmed by the chaos that results (Hoffman et al. , 2005). It is important for family therapists and other family professionals to understand the implications of BPD as well as the effects on the family system.

The characteristics of BPD include self-injurious behavior in addition to many other features. Common elements of BPD include major interpersonal difficulties—often intense and unstable relationships; marked "lability" of behavior; frequent emotional crises, with excessive efforts to avoid abandonment and a series of suicidal threats or acts of self-harm, and a variety of psychiatric symptoms and diagnosis, particularly affective (James & Vereker, 1996). Many of these characteristics have a significant impact on the

family system. BPD is very likely to be across the family system and has an impact on all systems in the individual's life. Many of the difficulties experienced by people with a BPD label are relational in nature, often clearly stretching horizontally across their current networks and vertically across the generations (Allen, 2004).

Knowledge of the causes of BPD enables the family professional to diagnose and properly treat individuals with this difficult diagnosis. People who carry a diagnosis of BPD tend to come from families in which there has been some kind of trauma (Lord, 2007). This allows the individual to better understand the individual, family, and more global system. Families with members having borderline personality disorder are described as chaotic, disorganized and abusive; consequently therapy is often problematic and exhausting (James & Vereker, 1996). This can create difficulty in treating the individual with family therapy and at times the individual may be resistant to the idea of even recognizing the diagnosis.

The relevance and scarcity of family therapy is noted for people diagnosed as having BPD. Despite the obvious compatibility between the family and modern systemic practice, the concept is almost invisible in the systemic and family therapy literature (Allen, 2004). This shows a vital need for more systemic thinking about BPD and the effect of the system upon this diagnosis. The main aim of the systemic approach is to place the symptoms in context of the individual's current and past relationships with family members and/or significant others, as well as of social and cultural factors or

discourses (Allen, 2004). When the family is not involved in the process it is difficult to find the root cause of the conflict, dynamics, and other causal factors.

Considering the little research in this area in relation to the family systems approach this theme emerged the strongest in the research at hand. This indicates a significant need for further research in this area, not only with the BPD individuals, but into the systems surrounding self-injurious behavior.

Summary

This chapter discussed the results of the content analysis, which contained both qualitative and quantitative components. It was a descriptive analysis for the purpose of ascertaining what has been written about self-injurious behavior in six scholarly journals: *Family Process; Journal of Marital and Family Therapy; Journal of Family Therapy; Family Relations; Contemporary Family Therapy,* and *Professional School Counselor* from 1990-2010 that included self-harm, self-injury, or self-mutilation in its content. These articles were read three times by the principal investigator and then read by two other family therapy professionals in order to be coded for emerging themes and underlying concepts.

The quantitative component included the total number of articles viewed which was 5,630 between the years of 1990-2010 with the total number of articles containing the terms in relation to self-injurious behavior, self-harm, and self-mutilation. The *Journal of Family Therapy* produced the highest number of articles (six at . 11%) which

mostly addressed borderline personality disorder and its relationship with self-harming behavior. These articles did not differentiate between the self-harming behavior and the diagnosis, which is becoming the norm. These articles demonstrated the significant need for research in the area of self-harm. The research of this epidemic is essential but even more pivotal is the research regarding the family system in relation to this problem. Family therapists have little to no guideline for working with a self-harming individual, let alone their family.

CHAPTER V

DISCUSSION, LIMITATIONS, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS FOR FUTURE RESEARCH

Discussions

This chapter is a discussion of the findings of this research pertaining to the family therapy field and the apparent need for significant research in the area of self-injurious behavior in relationship to the family. Findings are related to present implications for family therapists, limitations are discussed, as well as recommendations made for further research.

Self-injurious behavior is a taboo subject that is rarely discussed. Based upon the findings of this study there are very few resources available for family therapists. The family system is shown to play a significant part in the onset, duration, and severity of self-harming behavior, but is rarely included in the research of family therapists and others in the field. Self-harming behavior is on the rise and is having an impact in schools, homes, and in the lives of some individuals across the country. The recognition and education of family professionals is imperative to the treatment and successful interventions of these individuals suffering with the self-harming behaviors.

Family therapy provides a systemic approach to any problem, allowing all of the members of the family or system to work together to challenge the problem. When

specific problems, such as self-injurious behavior, are eliminated from the research and information available to family therapists it creates a deficit and weakness for those suffering with that problem. It also can send the message that the problem is not significant and therefore is not something to be accepted, addressed, or solved by the therapist and individual. This is the exact opposite message that should be sent to those struggling, not only with self-injurious behavior, but other situations and circumstances that may be viewed as against the norm.

There has been research conducted around self-injurious behavior but mostly in relationship to the nature of the problem, very little about how to help the individual, let alone the family system. The journals included and reviewed for this project are the leading journals in the field of family therapy and school counseling, providing little information about this subject. If these professional publications are not willing to recognize the implications for the family members of those who engage in self-injurious behavior, then that leaves little room for others to recognize the same.

Limitations

The limitations of this research are based upon the scope of the research conducted. Only refereed articles published from 1990-2010 which contained the terms self-harm, self-injury, or self-mutilation were analyzed from the journals *Family Process; Journal of Marital and Family Therapy; Journal of Family Therapy; Family Relations; Contemporary Family Therapy;* and *Professional School Counselor* were included in the

study. The researcher looked at all of the issues within the date range of 1990-2010, a twenty year time period.

This inquiry is also limited in its exclusion of psychology, counseling, social work, and other health professions, which assist those who might engage in self-harming behavior. The articles included in this study are by no means an exhaustive list of research articles including self-harm, self-injury, and self-mutilation.

The six scholarly journals selected for this study are held in high regard, highly circulated, and are a quality sample within the family therapy field. There clearly needs to be more research conducted in the field of family therapy and systemic thinking in regards to self-injurious behavior.

Conclusions

The basic conclusion of this study indicates a significant need for additional research and recognition of self-injury by the field of family therapy. The investigation of these most prominent family professional publications indicates a need within our society and the field as a whole. It is important that the school counseling publications are addressing the issue of cutting, self-injury, and self-harm since they are typically the first line of defense for many individuals. The negative side is that their research far surpasses what is out there from family therapy publications. The family therapy field serves the whole family system and whether the first line of defense or not, has just as much need to know the information as the school counseling field.

The amount of research found on borderline personality disorder is interesting. This disorder is very complex and requires a lot of understanding by all individuals involved. The issue that arises involves the tendency to view the self-injurious behavior as a characteristic only of borderline personality disorder. It is true that self-injurious behavior can be a characteristic but it is definitely not only a result of the disorder. So many professionals struggle with this population so seeing the behavior only tends to indicate an individual possessing the diagnosis. It is essential that the two be separated.

Education about self-injurious behavior is something that can benefit a clinician practicing within the field of family therapy. Many individuals are seeking help for this problem understanding that there are underlying causes of the thoughts propelling them to injure themselves. Possessing the appropriate knowledge and skill in regards to self-injurious behavior can be a benefit to any practice or agency.

The emphasis on adolescent risk-taking behavior is also a bit skewed. Many view this behavior as part of a risk where ultimately it is about an expression of emotion. Individuals who engage in self-harming behavior are unable to express their emotion in appropriate ways or find that the emotion becomes overwhelming and difficult to manage without the assistance of outside means, such as self-harming behavior.

The indication that self-harming behavior can be categorized with mental illness is similar to categorizing it with borderline personality disorder. There is a misconception that the self-injurious behavior is an indication of mental illness, not just of emotional stress. Many adolescents and others suffering from self-harm are hesitant to

approach anyone, let alone someone in the therapy field, about their behavior for fear of a label or judgment. It is important that as professionals, family therapists are able to combat the stereotype and allow the individuals encountered to feel accepted for this behavior regardless of the severity. It is not that family therapists embrace and perpetuate the behavior but that the individual feels accepted and is able to work through the behavior.

Implications

The benefits of pursuing research in the area of self-injurious behavior and the family system far surpass the detrimental effects. The number of individuals engaging in self-harming behavior is on the rise. As professionals it is essential that family therapists keep up with the current trends, applying them to this unique area of study. The field of family therapy has conducted research on significant issues from divorce to parenting and minute issues such as soiling, but little research exists on the subject of self-harm within the family therapy boundaries.

Recommendations for Future Research

Research in the field of family therapy in relationship to self-injurious behavior is limited. It is recommended that research be conducted on the best use of model with a family containing a member engaging in self-injurious behavior. It is also recommended that research be conducted with more literature in the family therapy field in order to determine the best course of action when working with a client of this nature.

The family system plays a significant role in the diagnosis and treatment of any problem within the family therapy setting. It is recommended that training materials be developed in relation to self-injurious behavior in order to assist those in the field when working with this specific patient. There is significant need for case-study articles to demonstrate the nature of the self-harming behavior as well as the implications for the individual struggling with the thoughts leading up to the action of self-mutilation.

Intervention studies utilizing the family system should be conducted to measure all of the implications and outcomes of the systemic approach. Research conducted to compare and contrast the various family therapy theories would also be beneficial. This would allow the therapists to utilize the most successful model of intervention when working with a self-harming family. A specific research study comparing a systemic model to Cognitive-Behavioral techniques would also provide interesting results.

Longitudinal studies would also be beneficial to understand the duration of the self-injurious behavior in relationship to the family system across the lifespan. This would allow the researchers to isolate the onset, continuing causes, and elimination process of the behaviors.

Family Therapists can provide a level of care to the self-harming individual and their family that surpasses the traditional approaches to therapy. The systemic approach is pivotal in eliminating the problem at the root cause as well as engaging the entire family in the healing and rehabilitation process. There is a significant need for this type of recognition, implementation, and research.

REFERENCES

Allen, C. (2004). Borderline Personality Disorder: Towards a systemic formulation. *Journal of Family Therapy, 26,* 126-141.

Babbie, E. (2007). *The Practice of Social Research.* Belmont, CA: Thomson Higher Education.

Birch, J. (1996). Borderlines. *Journal of Family Therapy, 18,* 285-288.

Bishop, P. , Cilverd, A. , Cooklin, A. , & Hunt, U. (2002). Mental health matters: A multi-family framework for mental health intervention. *Journal of Family Therapy, 24*, 31-45.

Chiu, S. , Fitzgerald, K. , Tusaie, K. , & Ross, K. (2010). Looking in, looking out- increasing awareness of intentional self-harm in community populations. *Archives of Psychiatric Nursing, 24*(2), 140-141.

Crawford, T. , Geraghty, W. , Street, K. , & Simonoff, E. (2003). Staff knowledge and attitudes towards deliberate self-harm in adolescents. *Journal of Adolescents, 26,* 619-629.

Fallon, B. , & Bowles, T. , (2001). Family functioning and adolescent help-seeking behavior. *Family Relations, 50,* 239-245.

Falloon, I. , Krekorian, H. , Shanahan, W. , Laporta, M. , & McLees, S. (1993). *Journal of Family Therapy, 15,* 147-161.

Fortune, S. , Sinclair, J. , & Hawton, K. (2008). Help-seeking before and after episodes of self-harm: A descriptive study in school pupils in England. *British Medical Journal Public Health, 369*(8).

Glenn, C. , & Klonsky, D. (2010). A multimethod analysis of impulsivity in nonsuicidal self-injury. *Personality Disorders: Theory, Research, and Treatment, 1*(1), 67-75.

Guttman, H. , & Laporte, L. (2000). Empathy in families of women with borderline personality disorder, anorexia nervosa, and a control group. *Family Process, 39*(3), 245- 358.

Hall, B. , & Place, M. (2010). Cutting to cope- a modern adolescent phenomenon. *Child: Care, Health, and Development, 36*(5), 623-629.

Hawton, K., Rodham, K., Evans, E., & Weatherall, R. (2002). Deliberate self harm in adolescents: self report survey in schools in England. *British Medical journal, 325*(7374), 1207-1211.

Hoffman, P. , Fruzzetti, A. , Buteau, E. , Neiditch, E. , Penney, D. , Bruce, M. , Hellman, F. , & Struening, E. (2005). *Family Process, 44*(2), 217-225.

James, A. , & Vereker, M. (1996). Family therapy for adolescents diagnosed as having borderline personality disorder. *Journal of Family Therapy, 19,* 269-283.

Klonsky, E. , & Muehlenkamp, J. (2007). Self-injury: A research review for the practitioner. *Journal of Clinical Psychology in Session, 63*(11), 1045-1056.

Klonsky, E. , Oltmanns, T. , & Turkheimer, E. (2003). Deliberate self-harm in nonclinical population: Prevalence and psychological correlates. *American Journal of Psychiatry, 160*(8), 1501-1508.

Kress, V. , Drouhard, N. , & Costin, A. (2006). Students who self-injure: School counselor ethical and legal considerations. *Professional School Counselor, 10*(2), 203-209.

Kuhn, T. (1996). *The structure of scientific revolutions.* Chicago: The University of Chicago Press.

Liddle, H. , & Hogue, A. (2000). A family-based developmental-ecological preventive intervention for high-risk adolescents. *Journal of Marital and Family Therapy, 26*(3), 265-279.

Lord, S. (2007). Systemic work with clients with a diagnosis of Borderline Personality Disorder. *Journal of Family Therapy, 29,* 203-221.

Mangnall, J. , & Yurkovich, E. (2008). A literature review of deliberate self-harm. *Perspectives in Psychiatric Care, 44*(3), 175-184.

Mitchell, K. , & Ybarra, M. (2007). Online behavior of youth who engage in self-harm provides clues for preventive intervention. *Preventative Medicine, 45,* 392-396.

Moyer, M. , Haberstroh, S. , & Marbach, C. (2008). Self-injurious behaviors on the net: A survey of resources for school counselors. *Professional School Counselor, 11,* 277-284.

Moyer, M. & Nelson, K. (2007). Investigating and understanding self-mutilation: The student voice. *Professional School Counselor, 11*(1), 42- 48.

Neuwndorf, K. A. (2002). *The Content Analysis Guidebook.* Thousand Oaks, CA: Sage Publications.

Nichols, W. (2003). *Treating people in families: An integrative Framework.* New York: The Guilford Press.

Nock, M. , Prinstein, M. , & Sterba, S. (2010). Revealing the form and function of self-injurious thoughts and behaviors: A real-time ecological assessment study among adolescents and young adults. *Psychology of Violence, 1,* 36-52.

Prinstein, M. , Heilbron, N. , Guerry, J. , Franklin, J. , Rancourt, D. , Simon, V. , & Apirito, A. (2010). Peer influence and nonsuicidal self-injury: Longitudinal results in community and clinically-referred adolescent samples. *Journal of Abnormal Child Psychology, 38,* 669-682.

Ross, S. , & Heath, N. (2002). A study of the frequency of self-mutilation in a community sample of adolescents. *Journal of Youth and Adolescents, 31*(1), 67-77.

Whitlock, J. , Eckenrode, J. , & Silverman, D. (2006). Self-Injurious behavior in a college population. *Pediatrics, 117*(6), 1-34.

Whitlock, J. , Lader, W. , & Conterio, K. (2006). The internet and self-injury: What psychotherpists should know. *Journal of Clinical Psychology, 63*(11), 1135-1143.

Whitlock, J. , Powers, J. , & Eckenrode, J. (2006). The virtual cutting edge: The internet and adolescent self-injury. *Developmental Psychology, 42*(3), 1-11.

Young, R. , Beinum, M. , Sweeting, H. , & West, P. (2007). Young people who self-harm. *The British Journal of Psychiatry, 191,* 44-49.

Ystgaard, M. , Arensman, E. , Hawton, K. , Madge, N. , Heeringen, K. , Hewitt, A. , Wilde,E. , Leo, D. , & Fekete, S. (2009). Deliberate self-harm in adolescents: Comparison between those who receive help following self-harm and those who do not. *Journal of Adolescence, 32,* 875-891.

Zahl, D. , & Hawton, K. (2004). Repetition of deliberate self-harm and subsequent suicide risk: Long-term follow-up study of 11,583 participants. *The British Journal of Psychiatry, 185,* 70-75.

APPENDIX A

Coding Worksheet

CODING WORKSHEET

Name of Journal_____

Article Citation

_____

_____

_____

Model Used (if applicable):_____

Discipline:

Family Therapy_____ School Counseling_____ Medical Fields_____

Psychology _____ Education_____ Other_____

Categories for Coding:

School Counseling_____ Mental Health _____ High-Risk Behavior _____

Borderline Personality Disorder _____Other _____

Key Words and/or phrases and emergent themes or topics:

_____

_____

_____

_____

Narrative Notes:

_____

_____

APPENDIX B

Articles for Qualitative Analysis

Articles for Qualitative Analysis

Journal of Family Therapy

Allen, C. (2004). Borderline Personality Disorder: Towards a systemic formulation. *Journal of Family Therapy, 26,* 126-141.

Birch, J. (1996). Borderlines. *Journal of Family Therapy, 18,* 285-288.

Bishop, P. , Cilverd, A. , Cooklin, A. , & Hunt, U. (2002). Mental health matters: A multi-family framework for mental health intervention. *Journal of Family Therapy, 24*, 31-45.

Falloon, I. , Krekorian, H. , Shanahan, W. , Laporta, M. , & McLees, S. (1993). *Journal of Family Therapy, 15,* 147-161.

James, A. , & Vereker, M. (1996). Family therapy for adolescents diagnosed as having borderline personality disorder. *Journal of Family Therapy, 19,* 269-283.

Lord, S. (2007). Systemic work with clients with a diagnosis of Borderline Personality Disorder. *Journal of Family Therapy, 29,* 203-221.

Family Relations

Fallon, B. , & Bowles, T. , (2001). Family functioning and adolescent help-seeking behavior. *Family Relations, 50,* 239-245. \

Family Process

Guttman, H. , & Laporte, L. (2000). Empathy in families of women with borderline personality disorder, anorexia nervosa, and a control group. *Family Process, 39*(3), 245- 358.

Hoffman, P. , Fruzzetti, A. , Buteau, E. , Neiditch, E. , Penney, D. , Bruce, M. , Hellman, F. , & Struening, E. (2005). *Family Process, 44*(2), 217-225.

Journal of Marital and Family Therapy

Liddle, H. , & Hogue, A. (2000). A family-based developmental-ecological preventive intervention for high-risk adolescents. *Journal of Marital and Family Therapy, 26*(3), 265-279.

Professional School Counselor

Kress, V. , Drouhard, N. , & Costin, A. (2006). Students who self-injure: School counselor ethical and legal considerations. *Professional School Counselor, 10*(2), 203-209.

Moyer, M. , Haberstroh, S. , & Marbach, C. (2008). Self-injurious behaviors on the net: A survey of resources for school counselors. *Professional School Counselor, 11,* 277-284.

Moyer, M. & Nelson, K. (2007). Investigating and understanding self-mutilation: The student voice. *Professional School Counselor, 11*(1), 42- 48.