

'Self-harm' is good for you !

By Robert Whiston FRSA

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Civilisations have, since time immemorial, generally taken a disapproving view of suicide. ¹ Societies everywhere have an instinctive abhorrence of suicide. In the recent past, this displeasure towards those that have successfully committed suicide, has been expressed in various ways from the voiding of life insurance policies to a bar on burial in consecrated ground.

Today, the public perception towards both those that commit suicide and those that attempt to commit suicide is far less austere but is still inclined, in the main, to see them as desperate, lonely people who have given up on the will to live, who are overwhelmed by their circumstances. Those that are unsuccessful in their attempt do not escaped society's condemnation. To varying degrees those that attempt suicide but fail are viewed as pathetic, or bunglers or people who lost their nerve and who didn't really want to take their own lives.

If this is our understanding of the topic then it is defective. The picture projected towards us is not only incomplete but inadequate and distorted. The incompleteness of our understanding means that lost in this second group (failed suiciders) is a special category known as 'self harmers'. They never intend to do anything but disfigure and harm their bodies. Nonetheless when this subset is mentioned society is censorious in its treatment and reaction.

Controversial work of Samantha Warner, a practising clinical psychologist sees 'self-harm' as a positive statement and deserving of a wider audience. Self-harmers, she believes, are not people we should give up on or view with contempt. She sees self-harm as a mental health difficulty and a perfectly rational course of action for the person concerned. ²

'Self harm'

'Self harm' occurs when a person feels that by deliberately injuring themselves they can achieve a release from their situation. For them, this destructive behaviour is the only way they can cope with the emotional distress in their lives. Unfortunately, long before it is discovered this destructive behaviour has often become firmly entrenched. The traditional approach is to view 'self-harm' as an attempted suicide and deal with it in a severe and interventionist manner. Dr. Samantha Warner believes this tactic is wrong.

Putting the case in simple terms, and without the technical caveats, 'self-harm' should be viewed as semi-therapeutic. Samantha Warner believes acts of self-harm have a value, even though that concept is most difficult for all non-self-harmers to grasp. Self harming, she believes, is a 'coping strategy' and that the concept, which is an alien response in most people, therefore makes it difficult for the majority in society to appreciate its value to both self harmer and clinician.

The need to validate and act or dismiss her views is growing in importance as self-harm among young people increases. Across Europe it is believed that as many as 1 in 15 young people self-harm with the UK thought to have one of the higher rates in Europe. Self harming has historically been found or linked more among girls and women than men, but is that still true today ?

¹ A few notable exceptions exist where political or military dishonour can be assuaged by suicide, e.g. the death of Socrates in 399 BC (this was not so much suicide as the ancient Greeks judicial code requiring poison to be self administered), Bushidō (Japan) meaning "Way of the Warrior.

² Dr Sam Warner is a consultant clinical psychologist working for Liverpool and Warrington social services, children and families division, and research fellow at Manchester Metropolitan University.

Those self harmers who eventually take the step to seek help and advice find the quality of care they receive varies enormously

The health services now in place for self-harmers tend to put the focus on preventing more incidents. This, in itself, can often lead to more emotional distress and thus more self harming incidents.

A radical new approach is being pioneered by some health professionals. They question the need to force young people to stop – they prefer to allow young people a "safe self harm" approach.

'Whether it be smoking or cutting oneself, self harm can be an imaginative way to cope with trauma.

To avoid shaming people who self harm clinical psychologists should not assume that self harm is wrong."³

Dr Warner is sympathetic to the view that too much emphasis is placed on the "symptoms" of self harm and not enough on the causes ?⁴

She challenges the commonly held orthodoxy that self-harming is a less severe manifestation of suicidal tendencies and questions whether forcing young people to stop self-harming is really the best option.⁵

National statistics, as they are presently collected, tend to depict only 'completed suicides'.

Disaggregated totals, that is to say separated out figures for a). completed suicides and b). attempted suicides are more difficult to find. Where figures or reasonable estimates are available they are far from concrete and usually (if at all) include self harm' within the attempted suicide category.

This is not satisfactory state of affairs.

Should the phenomenon of 'self harm', be seen as sub-divisions of 'para-suicides'⁶ and unsuccessful suicides, or grouped generically with suicides ?

It could be argued that all are part of the same category because all are, or could be, said to be related to mental health. An obvious distinction one could make is that 'self harmers' never intend to come close to death.

Could a positive view of self harm prove to be the insight that allows us to get a handle on the complexities of suicidal and self harming tendencies among young people ? Could such a regime, or derivative, be applicable to all age groups ? If its efficacy were limited to only a minority of situations it would still merit recognition and further exploration. Existing statistics point towards distinct gender difference in the factors leading up to suicide attempts, so any benefits might reflect this.

Wasted lives

In every age category far more males commit suicide than women. Psychologists suggest that the rise in suicide among men is a result of their loss of status and role in society. Some point to: unemployment; the erasing of male 'rites of passage' under equality laws; the marginalisation of father as head of family units.

It has yet to be settled whether 'economic' considerations drive male suicides attempts as opposed to relationship and self-image problems that are said to drive female attempts. However, boys and men do commit suicide when under extreme personal pressure (relationship), e.g. custody battles, loss of fiancé.

As far back as March 2000, the Daily Mail stated that, in Britain, nearly 500 boys aged 15 to 24 were taking their lives annually and the figure for the 25 to 34-year-olds was more than 1,000.

The number of female suicides, among 15 to 24-year-olds, was around a fifth of that for men, and in the 25 to 34 year old age group it is a tenth of the male figure.

³ Sam Warner, "Clinical Psychology", 13/12/04 <http://www.psychminded.co.uk/news/news2004/dec04/warnercolumn.htm>

⁴ BBC Radio 4 May 24th 2007. http://www.bbc.co.uk/radio4/womanshour/02/2007_21_thu.shtml

⁵ 'Beyond Fear and Control: Working with Young People Who Self Harm', by Helen Spandler & Sam Warner.

⁶ 'para-suicides' is used interchangeably with the term 'attempted suicide'.

Gender differences are found in the suicide methods chosen; women appear to prefer poison or suffocation as the medium, whereas men appear to opt for more physical deaths, e.g. hanging, firearms, car crashes. This has implications for parents.

It has to be noted that since the introduction of catalytic convectors to car exhausts in the late 1990s, the number of suicides using carbon monoxide suffocation, in Britain, have fallen dramatically.

Table 1 Shows the comparison between the sexes by age and may be of some assistance if not comfort to worried parents who may not be aware of the critical years in their child's development. Table 1 is a composite of years and displays the age – around 13 - 16 years old - at which the risk of suicide begins to increase significantly. Girls start at a younger age (13) but are soon overtaken by boys (15).

Table 1. Suicides of young persons by age (mid 1990s)

Age	10	11	12	13	14	15	16	17	18	19	Total
Boys	0	2	3	9	24	50	114	234	392	505	1,333
Girls	0	0	1	11	11	31	42	64	83	117	360

Table 2. Methods of suicide by sex (%).

Method	Male	Female	Total
Poison – solids /liquids	12	43	52
Poison – gas /vapours	19	8	5
Hanging / Suffocating	43	27	18
Drowning	1	0	2
Firearms / Explosives	8	0	1
Cutting / Piercing	1	1	1
Jumping from a high building	1	1	1
Others	11	12	9

ONS, Population Trends No.92. (Summer 1998), Sue Kelly and Julia Bunting.

Table 2 give the spectrum of methods used for successful suicides by sex but not necessarily by age, i.e. it does not highlight suicides by young people or unsuccessful suicides.

It might be of some consolation to worried parents that self harm, for all its prevalence, results in very few actual deaths (see Cutting / Piercing, Table 2 above).

Suicides levels fluctuate over time but many are coming to realise that they are society's best barometer of the efficacy of implemented social policies (the 'feel good' factor).

Suicide reflects the human condition and is no respecter of national borders. The USA also has a suicide problem in the same age groups (see Table 3). This pattern, both in numbers and government neglect of young people, is repeated in most of the industrialised western democracies.

Table 3. Suicide rates (%) by age and sex per 100,000 of population (US)

Age	Male	Female
5 - 9	0.1	0.0
10 - 14	2.1	0.8
15 - 19	18.0	4.4
20 - 24	25.8	4.1

Between 10-14 years of age, boy suicide rates in the USA are twice that of girls. Between 15-19 years of age the suicide rate is 4 times higher and from the ages of 20-24 the male suicide rate is 6 times that of females of the same age (ref. 'Death Rates for 72 Selected Causes, by 5 year age groups, race, sex,' US 1988). This is also reflected in the UK suicide figures.

Parental concerns.

Some parents are wholly detached from their children and are quite disinterested. Some parents work full time and are prevented from giving their children their full attention. But most parents care passionately about their children and what happens to them.

They would be shocked to learn that overall, suicide has overtaken car accidents as the major cause of death among young men. In fact, in Britain, it is the commonest cause of death among young men. Each year about 3,600 men take their lives.

Exactly one year after the Daily Mail article, Howard Stoate MP (Labour), stated in March 2001, that, "It's an important issue and is under-recognised - most people have no idea it is so high - but the statistics are shocking." ⁷

Regrettably, nothing much happened between 2000 and 2001 to impact the situation despite being publicly supported by the then Public Health Minister, Yvette Cooper MP. Even less has happened between 2001 and now (2007). As a topic it has disappeared from the political agenda.

The key facts Stoate refers to, and parents need to know, are these: ⁸

1. The suicide rate for young men has doubled since the early 1980s.
2. Some 75% of people who kill themselves are men, most of them young men.
3. The suicide rate for young women has almost halved since the early 1980s.
4. Suicide is now the biggest single cause of death of men aged 25 to 34.
5. Men aged 25 to 34, are more than five times likely to take their lives as women of the same age.

Important but an unrecognised issue it may be, but since 2001 nothing has been done, principally, one has to conclude, because it is about men's health and not women's.

The evidence of men's and boy's poor / deteriorating mental well-being "is all around us", says Howard Stoate MP the chairman of the Men's Health Group, (March 2001). He also pointed out that one man in eight men is dependent on alcohol, and of male prisoners 72% suffer from two or more mental disorders. Boys, he added, are five times more likely to be diagnosed with ADHD (Attention Deficit Hyperactivity Disorder) than girls. This sexual asymmetry is also true of autism where the occurrence is seen more in boys than girls.

Suicide signposts

Looking again to America for clues to our own situation (they tend to have more numerous and more comprehensive analysis than Britain); it would appear that divorce is the No 1 factor linked with suicide in the largest US cities.

Those that commit suicide are in the main (91%), white, and usually well-educated and from middle-class backgrounds. They could be labelled the "success class". ⁹

Before parents chose to divorce, they might like to consider that children from single-mother households (SMH), which divorce immediately creates, are 20 times more likely to go to prison, are 5 times more likely to commit suicide, and 8 times more likely to commit murder by, 20 times more likely to have behavioural problems, be 32 times more likely to run away from home, be 10 times more likely to abuse chemical substances, and 9 times more likely to drop out of secondary education, 8 compared to children of two-parent families.

⁷ "Help at last for suicidal young men". The Observer, March 4, 2001. More males in their twenties die by their own hand than in car crashes. MPs demand action to stem the tide. www.guardian.co.uk/society/2001/mar/05/mentalhealth.socialcare

⁸ Figures from the Office for National Statistics, see also the parliamentary All Party Group on Men's Health

⁹ Death Rates for 72 Selected Causes, by race and sex: US 1987. -US Bureau of Health and Human Services National Center for Health statistics (USDH & HS/NCHS) (Washington DC. Vol 2. 1991). <http://fathers.ourfamily.com> .

[Parents might also consider beforehand that divorced people are 3 times more likely to commit suicide as people married.](#)

END

Post script I, Dec 2007:

CDC: Suicides among middle-aged spikes - Atlanta

http://news.yahoo.com/s/ap/20071214/ap_on_he_me/suicide_middle_aged

The suicide rate among middle-aged Americans has reached its highest point in at least 25 years, a new government report said Thursday.

The rate rose by about 20 percent between 1999 and 2004 for U.S. residents ages 45 through 54 — far outpacing increases among younger adults, the U.S. Centers for Disease Control and Prevention reported.

In 2004, there were 16.6 completed suicides per 100,000 people in that age group. That's the highest it's been since the CDC started tracking such rates, around 1980. The previous high was 16.5, in 1982. Experts said they don't know why the suicide rates are rising so dramatically in that age group, but believe it is an unrecognized tragedy.

Post script II, Dec 2007

Child suicide bids rise to more than 4,000 - Britain

<http://www.guardian.co.uk/society/2007/dec/16/children.socialexclusion>

Children's Secretary calls for greater vigilance to spot those at risk

More than 4,000 children under 14 have attempted to take their own lives in the past year, according to NHS figures that show the scale of distress and mental suffering in the young.

The records show that 4,241 children under 14 were admitted to hospitals in England in the 12 months to March 2007 after attempting to kill themselves.

Statistics being released this week will paint a terrible picture of how children have tried to commit suicide. They reveal that 69 attempted to hang or suffocate themselves and two tried to drown themselves. Most took overdoses of medicines, drugs or solvents in an effort to end their lives, but some resorted to more extreme measures. Thirteen children leapt from a great height, while four lay or jumped in front of a moving vehicle. One child attempted suicide by deliberately crashing a car.

Ed Balls, the Children's Secretary, has set up a review of children's and teenagers' mental health services with the aim of finding ways to stop problems arising. He called last week for more vigilance in spotting 'distress signals' in young boys. Balls said: 'We know that girls are better than boys at asking for help when they need it. That is why we are calling on professionals working with children to keep a close eye on boys in particular and spot when they are distressed

By Jo Revill and John Lawless, The Observer, Sunday Dec 16th 2007