



COMING TO THE SURFACE

Self-Injury Reveals Patients' Need for Help

By Pamela Schumacher, MS, CCMP

Content Notice: This article contains descriptions of self-injury. If you or someone you know needs support, call the suicide and crisis lifeline at 988.

Self-harm, also known as *self-injury*, refers to someone harming themselves on purpose in a way that is not intended to be lethal.¹ Self-harm tends to begin in teen or early adult years. Some people may engage in self-harm a few times

and then stop. Others do it more often and have trouble stopping.²

Self-injury occurs in approximately 17% of teens, 17–35% of college students, and 5% of adults.¹ So, medical assistants will likely encounter patients engaging in

this behavior.

“Medical assistants are often the first to notice that patients are intentionally harming themselves,” says Nicholas J. Westers, PsyD, ABPP, a clinical psychologist at Children’s Medical Center Dallas and associate professor at the University of Texas Southwestern Medical Center. “So, it’s important they learn to recognize the signs and symptoms of self-injury so they can offer resources and advice.”

Filter the Differences

Self-harm, or non-suicidal self-injury (NSSI), is the “deliberate and direct destruction of one’s body tissue without suicidal intent and not for body modification purposes.”² This definition excludes tattoos, piercings, or indirect injury such as those caused via substance use and eating disorders, notes Jennifer J. Muehlenkamp, PhD, a professor in the psychology department at the University of Wisconsin-Eau Claire. “It is also distinct from self-injurious behaviors—SIB—which are commonly seen among individuals with intellectual and developmental disabilities,”

she says.

“We tend not to use the term *self-harm* anymore because self-harm can include many other things such as substance use, disordered eating, [or] suicidal behavior,” says Dr. Muehlenkamp. “It’s important to understand the differences between suicidal self-injury and non-suicidal self-injury. ... People engage in NSSI behaviors mostly for coping reasons, and the actions are not culturally sanctioned, which separates them from tattooing and piercing.”

Suicidal behavior refers to any act with the intent to end one’s own life, such as attempting suicide, making a suicide plan, or expressing suicidal thoughts or feelings. While self-harm is not intended to be lethal, people who harm themselves are at a higher risk of attempting suicide if they do not receive help.³

“Some people feel their emotions so intensely that self-harm provides an immediate—albeit dangerous—relief,” explains Amanda Kulesza, CMA (AAMA), who works at Pascack Valley Medical Center in Emerson, New Jersey. “Other people

have thoughts of hurting themselves but never act on them, which is just as serious.

The reason for this behavior varies by the individual and is not a one-size-fits-all problem or solution.”

“[Self-harm is] hurting yourself intentionally in a way that helps you deal with the processing of difficult emotions, painful memories, and stressful situations and experiences. That’s how I talk about it with patients because it seems to resonate with them,” says Michael Wyszynski, CMA (AAMA), a transcranial magnetic stimulation program coordinator at the Duly Health and Care Behavioral and Mental Health Clinic in Romeoville, Illinois.

Sinking Feelings

People who self-injure report they feel empty inside, over- or under-stimulated, lonely, not understood by others, or fearful of intimate relationships and adult responsibilities.¹

“There are multiple functions that self-injury can serve,” says Dr. Westers, who also hosts and produces the *Psychology of Self-Injury* podcast. “The most common reason for self-injury is for affect regulation purposes, that is, they are experiencing intense emotional distress, and self-injury helps calm that distress very quickly.

“[However,] self-injury is not just a way to deal with negative emotions,” explains Dr. Westers. “Some people self-injure because they’re feeling euphoric, and it’s overwhelming. They may also do it to punish themselves for a perceived wrongdoing, sin, or transgression that they committed, and this fulfills a form of self-penitence; it brings them back to a clean slate. There’s also an emotional aspect, where patients may feel numb or empty, so they’d rather feel pain than nothing at all.”

This numbness was the reason Wyszynski started self-injuring when he was 12. “I was very depressed after my grandpa, [who was] my best friend, passed away. The pain and slight euphoria of cutting myself let me know I was alive. I thought, ‘I can cut myself. I can still feel things.’ It proved I wasn’t completely dead on the inside, and it was the one thing in my life I could control.”

“The biggest thing patients get from the



Wash Away Misconceptions

Learn the truth about common misconceptions⁵:

- **Not only females self-injure:** Between 30% to 40% of people who self-injure are male.
- **Self-injury is not always a suicide attempt.** Most studies find that self-injury is often a way to avoid suicide.
- **People of all ages engage in self-injury,** not just teenagers.
- **Those who self-injure are not “crazy.”** People who engage in self-injury use it as a coping strategy, just like people who have substance use disorders.
- **Self-injury is not done only for attention.** In fact, many people who engage in self-injury hide their cuts, scars, or burns.
- **Self-injury is treatable.** Although self-injury can be difficult to control or stop, most people who engage in self-injury are able to stop eventually. However, the behavior of self-injury typically does not stop until the individual has found other methods to cope and is ready to stop self-injuring regardless of the treatment approach used.
- **Those who self-injure can be part of any subgroup.** Self-injury excludes no one. People who self-injure come from all groups, ethnicities, and economic backgrounds.
- **People who self-injure do not enjoy the pain or cannot feel it.** Sometimes, feeling pain is the whole point—a person may self-injure to reconnect with their body or just to feel something. Deal with these patients like any other patients and offer them numbing agents when treating their wounds.

Feeling Adrift

People may engage in self-injury to achieve various intentions¹:

- Distract themselves from uncomfortable, unpleasant, or overwhelming feelings
- Express emotions they have difficulty articulating
- Develop a sense of control over their lives
- Process how they are feeling
- Punish themselves for things they think they have done wrong

behavior is a short-term sense of relief,” says Dr. Muehlenkamp. “We know from interviews and self-report data that the driving motivation for an act of self-injury is to regulate their internal distress in some way. I’ve had some clients—young people who are highly perfectionistic high achievers—engage in this behavior because of the stress, pressure, and anxiety around performing well.

“But some will also use self-injury to quiet the noise in their mind so they can concentrate enough to take a test. It helps you focus very fast because the body responds to injury in a way that promotes survival, so things quiet down, and you zone in quickly,” says Dr. Muehlenkamp. “It’s not that different than why someone uses substances—it temporarily takes away the bad stuff in the individual’s life. Those effects are short-lived, and they can create more stress and consequences down the road. But, they get that short-term benefit, which reinforces the behavior, and that’s why it keeps occurring.”

But not everybody knows why they are doing it; they just know it works, notes Janis Whitlock, PhD, MPH, a research scientist emerita and the founder of the Cornell Research Program on Self-Injury and Recovery. “For those who self-injure, we assume they know why they’re doing it,” she says. “They often don’t know why it works; they just know that it works, and it works quickly.

“I continually reinforce ... that self-injury comes from a psychologically healthy desire to feel better,” she says. “The motivation is good, but the pathway is not functional. That is like a lot of situations—we do things that aren’t healthy to help us deal with emotions that we don’t want.”

Signs Rise Up

Common forms of NSSI include behaviors such as cutting, burning, scratching, and hitting. Most individuals who self-injure report using multiple methods. These injuries can range in severity from minor to moderate. Medical assistants should be aware of these signs of self-injury⁴:

- Scars
- Long sleeves or pants, even in hot weather
- Lots of bracelets or wristbands
- Fresh cuts, bruises, bite marks, or burns
- Frequent reports of accidental injury
- Carrying knives or sharp objects on their person
- Talking about feeling worthless or helpless
- Emotional and behavioral instability and unpredictability

“Medical assistants should look for open wounds or scars that are often clustered,” says Dr. Whitlock. “They might see lines of scars or multiple scars on the arms, shoulders, thighs, calves, or ankles. If there’s a pattern or a symbol, that’s something to look out for. If the patient is unwilling to expose their arms or legs during an examination, or if there’s some sense of protection around body parts, that’s another sign.”

“Research shows that, on average 70% of self-injury is by cutting,” says Dr. Westers, who is also the president-elect of the International Society for the Study of Self-Injury. “Self-burning is another method, but it’s not that common. Severe scratching can be considered a form of self-injury. There’s also carving, which is cutting, but it’s qualitatively different. It’s carving words or symbols into the skin. I see this in individuals

with eating disorders who may self-injure after a binge when they’re in distress because of food. They might carve the word *fat* or other pejorative words into their skin. In addition, there’s embedding objects under the skin, self-hitting, and self-biting.”

“Another common method is skin abrading,” says Dr. Muehlenkamp. “Patients use an object or a nail or fingernail to rub the skin until it starts to ooze. It doesn’t bleed, but it oozes and creates a type of burn or scab over the top of it. Some people label it as severe scratching. Another behavior is banging, when an individual bangs a part of their body, most often a forearm or a wrist, against a ledge or a shelf until the area goes numb or is in pain.

“Related to those behaviors is self-battery, [which is] punching themselves repeatedly with either an object or their own fist until it produces a bruise,” she says. “Medical assistants might see cutting, burning, or severe scratching of the skin.”

“I help treat patients who are depressed, and there are some who self-harm or have self-harmed in the past,” says Wyszynski. “Signs and symptoms I look for are changes in moods, being a little bit more secretive, and avoiding certain situations in which they must show their arms or legs. I know to be on alert if it’s the middle of a Midwest summer and they’re still wearing long pants, hoodies, and sweatshirts. They may also come up with strange excuses for injuries. When I would self-injure, I worked in a coffee shop, and I said that my wounds happened when a coffee pot broke, and I accidentally cut myself.”

Staying Afloat

A range of mental health issues can accompany self-injury, including bipolar disorder, depression, anxiety disorders, obsessive-compulsive disorder, personality disorders, and psychotic disorders such as schizophrenia.¹

“People who engage in this behavior often have mood disorders such as depression and anxiety,” says Dr. Westers. “They may have suffered childhood maltreatment or trauma, but not everyone who self-injures has suffered trauma. Childhood emotional abuse [is] the strongest risk factor for self-injury—above and beyond physical

or sexual abuse—and the more adverse childhood experiences, the greater the risk of developing this behavior. Bullying, both as the victim and the perpetrator, is a risk factor. And parental criticism is linked to higher risk for self-injury, especially if the individual agrees with the parent and is critical of themselves.”

From a population standpoint, any individual with a marginalized identity can be at risk for self-injury, adds Dr. Muehlenkamp: “If the medical assistant knows that a patient holds a diverse sexual or gender minority identity, they may be at greater risk because [they] have higher rates of self-injury than cisgender heterosexual individuals. This is because of rejection, discrimination, and societal stigma.”

Therapists can use several modalities to help those who engage in self-injury. Dialectical behavior therapy (DBT), cognitive behavioral therapy, and interventions that focus on understanding, tolerating, and accepting emotions (emotional regulation) while learning a healthy use of coping skills (such as interpersonal effectiveness) are typically most helpful.⁵ Although self-injury can be difficult to control, most people are able to stop.

In primary care, medical assistants play a key role. “It’s so important that the medical assistant leaves their judgment and biases at the door,” says Dr. Westers. “Don’t have a big reaction, such as ‘Why did you do that?’ Instead, be calm, compassionate, and curious. Say, ‘When was the first time you [cut] yourself?’, followed by ‘When was the

most recent time?’ Then, ask, ‘How do you typically take care of the wounds afterward? Do you have any other wounds?’ Adopting a professional manner when investigating self-harm will help put the patient at ease and let them know you’re there to help and not to judge them. Also, if they have an injury, offer a numbing agent during treatment as you would for other patients. Don’t assume they like the pain or want to be treated without it.”

Dr. Muehlenkamp agrees: “The first response from a health care provider is incredibly important. Convey compassion and a nonjudgmental approach, because there is data showing that if patients get a negative response from a health care provider, mental health professional, or counselor, they will shut down and be hesitant to ask for help in the future.”

“Medical assistants can offer information and resources to help patients cope with negative thoughts and self-injurious behavior,” says Kulesza. “It’s easy to tell them about 988, the number for the national suicide and crisis lifeline. Anyone can speak to a trained counselor during times of crisis by dialing or texting 988 from any phone. Their official website also has a chat option, and 988 can be reached by videophone for [people with] deafness, hardness of hearing, or hearing loss.”

School-based programs show promise for preventing self-injury. “There are social-emotional learning programs, such as DBT in Schools: skills training for emotional problem-solving for adolescents—or DBT

STEPS-A—that are showing success,” says Dr. Muehlenkamp. “I’m biased because I’m one of the co-trainers. It’s a school-based social-emotional learning curriculum that teaches life skills about mindfulness, emotion regulation, distress tolerance ... , and interpersonal skills. Schools see improvements in student behaviors, emotional coping, and academic performance when they implement these programs. Anything that helps develop a sense of resilience, being able to overcome hard times, challenges, and negative emotions, and learn how to cope can be preventive.”

“Sometimes all you have to do is listen,” says Wyszynski, speaking from personal experience and a patient perspective. “I had a [educator] in school who had a poster that said, ‘Labels are for soup cans.’ That stuck with me. You can have a big impact on someone’s life just by putting yourself in their shoes and treating everyone like an individual. It’s a scary world out there, and it’s good to let patients know you’re on their side.” ♦

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Ports in the Storm

- 988 Lifeline: <https://988lifeline.org>
- International Society for the Study of Self-Injury: <https://www.itriples.org/aboutnssi>
- National Alliance on Mental Illness: <https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Self-harm>
- *The Psychology of Self-Injury* podcast: <https://the-psychology-of-self-injury.simplecast.com>
- Self-Injury & Recovery Resources from Cornell University: <https://www.selfinjury.bctr.cornell.edu>
- The Trevor Project: <https://www.thetrevorproject.org/pride>
- To Write Love on Her Arms: <https://twloha.com>

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