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Impacts Interpersonal Relationships in the Perpetuation of Non-Suicidal Self-Injury

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A Capstone Project submitted in partial fulfillment of the
requirements for the Master of Science Degree in

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CERTIFICATE OF APPROVAL

CAPSTONE PROJECT

Impacts Interpersonal Relationships in the Perpetuation of Non-Suicidal Self-Injury

This is to certify that the Capstone Project of

Jade Miles

Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

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Abstract

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Introduction

Review of Literature

Non-suicidal self-injury or NSSI is a continually researched and misunderstood phenomenon. NSSI has had many names over the years, including, self-harm, parasuicide, self-mutilation, and many more (Skegg, 2005). No matter the label, there are various archetypes, risk factors, functions, and motivations that lead an individual to begin and continue to engage in NSSI. A common theme that comes to light in relationship to NSSI is interpersonal relationships. Individuals thrive off of the ability make connections and form relationships with others. If a person, who engages in NSSI, feels as though they are misunderstood and cannot connect with other, what is the result? Continued NSSI could be the result of disconnectedness and tumultuous relationships with others.

Non-Suicidal Self-Injury

Definition. Non-Suicidal Self-Injurious behaviors have garnered several different names over the years. Non-suicidal self-injury, as defined by Lloyd-Richardson, Perrine, Dierker, and Kelly (2007), is actions that are intentionally performed to do damage to body tissues, without the presence of suicidal intent. These behaviors are deemed unacceptable by society, directed towards self, and repetitive. Behaviors such as piercings and tattoos, when done repetitively, may be deemed taboo in society, are not seen as distinctions of NSSI, due to their general acceptance in society. Regardless of the term in which an individual uses to describe the behaviors, the common thread is that these behaviors are done in the absence of suicidal intent.

Mangnall, and Yurkovich (2008) outline the definition of NSSI in a differential algorithm (see appendix A for algorithm). This algorithm is unique, due to it's specification between self-injurious behavior and NSSI. Self-injurious behavior is often seen in individuals whom are performing behaviors with no environmental stressors. Typically behaviors of this nature are

seen in individuals whom have developmental disabilities. These behaviors fall under the category of self-stimulatory behaviors, which serve to give an individual some type of stimulus input (Lovass, Newsom, & Hickman, 1987). Self-stimulatory behaviors can be less severe, for example, rocking, to extremely severe, for example, head banging. This distinction is important, due to the fact functionality is different for Self-Injurious behaviors versus NSSI.

Subtypes. Klonsky and Olino (2008) discovered that not all individual who engage in NSSI are alike. These researchers identified four distinct subtypes of NSSI behaviors. The first group comprised individual who experimented with NSSI, and did engage in NSSI over an extended amount of time. These individuals also endorsed fewer clinical symptoms (Klonsky & Olino, 2008).

The second subgroup was classified as the “mild NSSI” group. These individuals endorsed more episodes of NSSI in the form of biting, pinching, and head banging. Additionally, this subgroup endorsed more symptoms of borderline personality disorder when compared to the first subgroup, however their symptomatology was relatively low overall (Klonsky & Olino, 2008).

Klonsky and Olino (2008) referred to the third subgroup as the “multiple functions/anxious” group. These individuals utilized a variety of methods when engaging in NSSI and endorsed both social and automatic functions of their NSSI. Along with multiple functions this subgroup of NSSI also had an earlier onset of NSSI, and endorsed more anxious symptomatology (Klonsky & Olino, 2008).

The last subgroup Klonsky & Olino (2008) referred to was called the “automatic functions/suicidal” group. These individuals performed NSSI in private and did so to alleviate negative emotions. Klonsky and Olion (2008) stated that these individuals appeared to be less

impulsive and often had more mental illness symptom. A notable characteristic of this group is that the individuals within this group were likely to have a history of suicide attempts, as well as hospitalization of their suicide attempts (Klonsky & Olino, 2008). Understanding the subgroups of NSSI gives insight to several areas of functionality for NSSI.

Functionality. NSSI is a behavior that is widely misunderstood. This could be due to the variety of functions NSSI serves. Each individual may be different in regards to the function of their NSSI, which can make treatment difficult. Additionally, based on individual's experiences with those who engage in NSSI, individuals may generalize the functionality of all individuals who self-injure. With overgeneralization comes further misunderstanding and lack of appropriate care for those who engage in NSSI. **Excellent information organized very well**

Interpersonal Functions. In-Albon (2015) notes that there are two distinct types of interpersonal functionality of NSSI: social negative reinforcement, and social positive reinforcement.

Social Negative Reinforcement. Negative reinforcement is the act of removing aversive stimuli. For example, if someone finds school aversive, they may act out in the classroom, and as a result get sent to detention. Lloyd-Richardson, Perrine, Dierker, and Kelley (2007) propose that individual who engage in NSSI use their behaviors as a way to alter their environment or escape an undesirable interpersonal demand. Therefore, an individual can use NSSI to escape an aversive social engagement.

Social Positive Reinforcement. Positive reinforcement is defined as an individual acting in a particular way in which earns them a desirable outcome or tangible item. Researchers have proposed that social positive reinforcement in regards to NSSI can be related to asking for help, or gaining attention (Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007; In-Albon, 2015).

Jarvi and Swenson (2016) also note that another NSSI is socially reinforcing is through peer bonding. By engaging in NSSI an individual can feel as though they have a connection with another individual who is engaging in the same behaviors, rather than being ostracized for their behaviors. When an individual uses NSSI to gain attention, either to receive help or to manipulate others, it is often seen as the latter. According to the DSM-5, the only diagnosis that distinctly identifies NSSI as a symptom is borderline personality disorder (American Psychiatric Association, 2013). Homan, Sim, Fargo, and Twohig (2016) discovered that one motive of NSSI for individuals with borderline personality disorder is to control and manipulate others. It was found that suicidal threats are more indicative of individuals using NSSI as a means to gain attention and manipulate individuals (Homan, Sim Fargo, & Twohig, 2016). **Excellent info**

Individuals may also use the positive attention they receive from others as a motive to continue engaging in NSSI. The internet has become a platform of free expression. Many individuals have used the internet as a means of expressing their struggles with NSSI. Cavazos-Rehg, Krauss, Sowles, Connolly, Rosas, Bharadwaj, Grucza, and Bierut (2016) found that online platforms may encourage the continuation and normalize NSSI behaviors. Lewis, Heath, Denis, and Nobel (2011) found that internet platforms do not always perpetuate continued NSSI, and instead serves as support and education. Along with interpersonal functions of NSSI, there are also automatic functions of NSSI.

Automatic functions. In-Albon (2015) pose that there are two automatic functions of NSSI: automatic negative reinforcement and automatic positive reinforcement.

Automatic negative reinforcement. In-Albon (2015) discovered that individuals may utilize NSSI to relieve feelings of numbness or stop negative thoughts. Often times individuals have feelings of anxiety, loneliness, anger, self-hatred, among many other feelings. Generally, these feelings are unwanted and the individual is unsure of how to relieve it. Klonsky, Oltmanns, Turkheimer (2003) found that individuals who self-injure often feel a sense of physical relief after they engage in NSSI. Stanley, Sher, Wilson, Ekman, Huang, and Mann (2010) proposed individuals who feel a sense of relief after engaging in NSSI may have a lack of cerebrospinal fluid endogenous opioids response. This means that individuals need more stimulation for tension reduction, and NSSI provides that level of stimulation. Along with physical relief, an individual may also engage in NSSI to feel something even the feeling of pain (In-Albon, 2015).

Automatic positive reinforcement. Individuals who engage in NSSI may dissociate or have feelings of numbness (Briere & Eadie, 2016). Individuals who suffer from mental disorders that also accompany dissociation can often times be devoid of feeling pain while engaging NSSI. When this occurs, an individual may begin to engage in more serious episodes of NSSI to feel the desired effect. More serious engagement in NSSI may be attributed to positive expectancies. Individuals who engage in NSSI expect to feel better after engaging in self-injury (Jarvi & Swenson, 2016). If this expectancy is not achieved, an individual may resort to more serious forms or a prolonged episode of NSSI. **Excellent discussion points.**

Theory of Interpersonal Relationships and Emotional Regulation

Emotions play a large role in individual's ability to connect with others. The interplay between emotions and interpersonal relationships can be seen as cyclical. If an individual has positive interpersonal relationships, they may also have a better ability to engage in emotion

regulation. Shiota, Campos, Keltner, and Hertenstein (2004) found that attachment is important in [facilitating bonding](#) with individuals socially. Individuals will portray certain emotions to illicit certain social behaviors from others. Shiota, Campos, Keltner, and Hertenstein (2004) discovered that parents do this often when they want to illicit certain behaviors from their children. One could say that children also do this with their parents. If they are upset, they expect and typically illicit certain behaviors from their parents. Relationships are a two-way street. In order for a relationship to develop and be maintained, there are unwritten rules that are established between the two individuals. These individuals expect a certain type of communication, certain behaviors, and certain roles from the other individual in the relationship (Shiota, Campos, Keltner, & Hertenstein, 2004).

Individual's sense of self-worth and self-concept may be grounded in their ability to develop lasting and positive relationships. Rogers (1959) discusses that an individual's ability to seek out experiences is dependent on their perceived level of self-regard. Rogers (1959) went on to say that if an individual enters into an experience that individual, they have a relationship with values, the individual will then attribute a positive condition of worth, without integrating their own self-regard into the personal experience. Individuals only have their own internal frame of reference in which to judge experiences (Rogers, 1959). If they have had several negative experiences, then an individual's ability to engage in positive relationships may be stunted.

Rogers (1959) also presented a model of how a relationship can start to deteriorate. Based on individual's personal experiences, and perceptions of the world, they may perceive another individual's behaviors as potentially threatening. This is due to the individual's self-structure and as a result distorts what is done to make it congruent with their internal frame of reference. When an individual does this, the other individual is less likely to express their

feelings, and as a result both parties become defensive. Defensiveness leads a further deteriorated relationship between the two individuals, and leads to the relationship to be experienced by both parties as volatile (Rogers, 1959).

Relationship Between NSSI and Interpersonal Relationships

The ~~relationship~~ [association](#) between NSSI and interpersonal relationships is complicated and has many different components. Arens, Gaher, and Simons (2012) found that individuals who have a history of childhood maltreatment or abuse are likely to engage in NSSI. Additionally, individuals who have been subjected to any form of trauma may be more at risk for engaging in NSSI. This assumption can be made due to 12%-30% of military service members or veterans engaging in NSSI (Chu, Hom, Stanley, Gai, Nock, Gutierrez, & Joiner, 2018). Both of these populations are exposed or subjected to trauma on a regular basis, which can cause damage in all areas of life.

Due to issues of abuse, and individual may not be able to create a secure attachment with their caretakers, which can lead to difficulty creating and maintaining relationships with peer and significant others in the future. Jaing, You, Zheng, and Lin (2017) discovered that individuals who engage in NSSI and also have difficulty creating secure attachments with others, typically continue engage in NSSI overtime. Insecure attachments maintain the behaviors. NSSI could be maintained due to individuals feelings of alienation, which could directly relate to feelings of loneliness, which is also a common feeling associated with individuals who engage in NSSI. Earlier instances of maltreatment and abuse has been found to constitute more episodes of cutting (van der Kolk, Perry, & Herman, 1991). Farber (2008) suggests that individuals who have pain inflicted upon them by individuals they are closest to create a disorganized attachment

with the perpetrator of abuse. Once that individual is no longer in direct contact with that individual, they may use NSSI as a way to continue the attachment with their abuser.

Turner, Cobb, Gratz, and Chapman (2016) acknowledge that negative interpersonal events, such as conflict, loss, and rejection can lead to episodes of NSSI. Researchers also states that NSSI can be used as a way to control the individual's environment. An individual may feel as though they cannot communicate with others effectively and NSSI elicits the response that the individual desires (Turner, Cobb, Gratz, & Chapman, 2016). Turner, Cobb, Gratz, and Chapman (2016) went on to discuss that individuals who do not intend on eliciting attention from others through their NSSI may still evoke a response from others around them. This could inadvertently lead the individual to engage in NSSI in the future, due to wanting the attention they received previously.

If conflictual relationships causes an individual to continually engage in NSSI, what would happen if the individual is able to develop at least one positive relationship? Farber (2008) state that in order for an individual to engage in successful treatment for NSSI, the individual has to create a secure attachment with the therapist. By creating a secure attachment with the therapist, the individual will begin to trust the therapist to begin to process the traumatic events they have gone through. Additionally, if an individual is able to create a secure attachment with their therapist, both the client and the therapist can work effectively during the therapeutic process (Farber, 2008).

Along with support from professionals, individuals who engage in NSSI feel as though online support is important. Frost, Casey, and Rando (2016) found that individuals who engage in NSSI want support in the moment when they have the urge to self-injure. This helps them feel less alienation and in turn more understanding and support. Interestingly enough it was

discovered that individuals enjoyed the privacy that accompanied reaching out for support online (Frost, Casey, & Rando, 2016). Positive interpersonal relationships are important to alleviating feelings of alienation an individual is having, and may lead to decreased instances of NSSI over time (Turner, Cobb, Gratz, & Chapman, 2016). **Excellent discussion**

Conclusion or Discussion

Author's Note

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