

inSocialWork Podcast Series

Episode 95 - Dr. Janis Whitlock: The Cutting Edge: Self-Injurious Behavior in Adolescents and Young Adults

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson and I'd like to take a moment to address you our regular listeners. We know you have enjoyed our pids cast as evidenced by the more than 200000 downloads to date thanks to you all. We'd like to know what value you may have found in the podcast. We'd like to hear from all of you practitioners researchers students but especially our listeners who are social work educators. How are you using the podcast in your classrooms. www.socialwork.buffalo.edu forwards slash podcast and click on the contact us tab. Again thanks for listening and we look forward to hearing from you. Coming self mutilation self injury and deliberate self harm are some of the terms that refer to a variety of behaviors that describe the act of intentionally inflicting harm to one's body without suicidal intent but for purposes that are not socially recognized or sanctioned. The prevalence of self injurious behavior is unknown. However researchers and those who work directly with young people agree that the phenomenon is increasingly popular. Today's guest Dr. Janis Whitlock is at the forefront of efforts to better understand this phenomenon.

[00:02:07] Dr. Whitlock is director of the Cornell research program on self injurious behavior in adolescents and young adults in the College of Human Ecology at Cornell University. The program is dedicated to generating new research and insight about self injury and to translating a growing body of research to increase understanding and guide treatment. Dr. Whitlock's current research focuses on early detection intervention and recovery. Parental influence and supporting recovery and well-being the relationship between connectedness and self injury and suicide behaviors and the development and evaluation of interventions for youth and parents of self and furious youth. In this podcast Dr. Whitlock discusses her research and the current state of knowledge. Rebecca Eliseo-Arras Ph.D. student at the University at Buffalo School of Social Work spoke with Dr. Whitlock by telephone. Joshua we want to thank you for joining us today. Thank you. So first off what sparked your interest in this area. It's a really interesting question because I really didn't plan to study self injury. I didn't even actually know that it existed before say 2003 and finished a doctorate on connectedness and thriving and well being with a specific focus on how schools and communities could foster connectedness and wellbeing and thriving and entered into a really interesting period where there were several people that I knew from my personal life so young people who were children of my friends who had started to self injure.

[00:03:53] And as somebody who had worked in the field of adolescent health and wellbeing as well if you'd had a foster daughter with lots of issues of which self injury wasn't one Almajid going up in the 70s and 80s where it really wasn't part of the social landscape I became really curious and started asking the people that I knew that worked with children on the frontline paediatricians and social workers and teachers and so forth what their experience was and to a person everybody said that they were seeing very high levels of self injury. So the next thing I did was to go look at the literature and see that you know their body literature here that I just haven't been exposed to because it seems like something I should have run across and it wasn't. It was very very little about self injury in non clinical populations. So you know the community population at large like you might find secondary school settings. And I think the real crux came when over a period of a couple of weeks I had three people disclosed that they had self injury history to me two people that were in my life who were close to me and I had one of my friends who was a paediatrician estimate that about 10 percent of her client population self injured at my curiosity was really totally piqued because of the violence of self injury and self-inflicted violence is something that's so different in

my mind than a lot of the other behaviours that we see young people engage in that I can completely understand. I started to look at the literature we decided we would do a very small study. At that time and it blossomed into this research program that is really pretty much taken over my life. I mean that some of your research says Yeah what we have evolved from looking at the epidemiology we were interested at the very beginning and just those basic questions like How prevalent is this and who are we seeing it among.

[00:05:39] Because that wasn't known into now because there's a much broader base of research in this area it's really flourished in the last five years I'd say into looking at how do we do intervention. And one of the directions are programs that I also didn't expect to take was to really look at the role of parents because so many of our analyses that looking at the evolution self injury longitudinally so we have data that looks at self injury and its relationship to the rights of other things including suicide at three different time points. And one of the most startling findings from a whole different set of analyses we've done is that parents emerge as a really critical protective factor in say determining whether somebody who has a history of not suicidal self injury moves on to suicide. So we're doing now. We just submitted a grant to do a web based intervention with parents of kids who self injure. And I think that would be really wonderful thing to be able to get and develop and we're also continuing some of our epidemiological work and really looking at using connectedness based frameworks for suicide and self injury prevention and in college campuses and secondary school settings. Very interesting work you're doing it is you know the other piece I forgot to mention that's going to be picked up again here soon is one of the early lines of inquiry was what are the vectors for contagion like this. Clearly it's a phenomenon it's a behavior that you see in clinical populations and have seen for a while. Most clinicians know it. They would associate it with borderline personality disorder. We don't see a strong association with borderline anymore in community populations.

[00:07:20] But at some point it's pretty clear that the behaviors escaped the bounds as it were of the clinical population and made its way into the community population of kids who are otherwise functioning fairly normally. And it became there had to be some vector for contagion. So we were looking at self injury the media self injury and the Internet. And we did some early work in that and found it to be very prolific both places and that you can see very steady increases of its of its presence as a behavioral option for stress in both places. And we're starting to pick up that work again and we'll be looking at it does. Can you see evidence that self injury is contagious. For example in social networks on the Internet for example what we've been talking a lot about is that a self injury that for those who don't know what it is you describe what is says that others in the International Society for the Study self injury defines self injury as the deliberate direct and self-inflicted destruction of body tissue for purposes not socially sanctioned and without suicidal intent. So this is separate from suicide. Yeah it does blast to pieces. I mean it's kind of funny to think about it such a simple definition. And yet it took us months and months to come up with something because every word is very precise for purposes not socially sanctioned. It really refers to the fact that we do not include piercing and tattooing as not to have had of self injury. Even though there's a fair amount of evidence that excessive piercing or tattooing is probably fulfilling and SSI function as well for a lot of people.

[00:08:54] And then the other piece is it's very clear that phenomena logically self injury is different than suicide even though there's a very important relationship between the two. And that's something I think we're going to talk about a little bit. It is by definition an act that's not taken with the purpose of ending life. But actually for the purposes of coping and feeling better so non-seasonal injury it is not a suicide attempt. No. Yeah I mean what I typically tell people is if you've got a young person who's actively self injuring and that's what they identified they say they're not suicidal. The intent point is really subjective. So you can really only discern that by talking to the person. And in this case direct communication is a good policy. But if they say no they're not

suicidal and they're actively self injuring and then they're actively coping. So I actually don't worry about the likelihood that they're going to commit suicide right then and there. That's not going to happen with the exception of people who injure themselves unintentionally. And that does happen. So there may be not lethal intent but it may become lethal by accident. It's definitely a risk factor. It sounds like from what you're saying that for these individuals it's more of a maladaptive coping mechanism. It is. And I think that's really important for people to keep in mind because it really comes from a really developmentally healthy place to desire to feel better is a really healthy thing. But the techniques that people use to get there when they're using self injury is not obviously very adaptive in the long run.

[00:10:30] You mentioned earlier the possibility of a contagion effect. What exactly would cause self injury. Well that's a really interesting question and when you ask people that as we have and other of our colleagues have you get a really wide range of answers. One of the trends we've seen is that in the earlier studies the vast majority of people we asked said they accidentally discovered it and you know I think the idea can get seeded or planted through exposure in a movie or to a friend or a book or something. And people may not consciously be able to call that up as that's the place I learned about self injury and then I decided to use it in a time of stress later. But most people would say that they just accidentally discovered that they were not state of high distress and they raked pencil or pen across their skin and they noticed that there was a physiological effect that helped them to down regulating feel calm. Then later they try a different instrument for they do it more purposefully. That's a really common and true story. But what we've noticed is that over time with newer generations of people answering survey questions that has seen more and more people they are aware that they were exposed to it through the media or through friends. We started to have numbers of kids say that they had an older brother sister who injured and that was her place they encountered it and it seemed like it might be something that works a little bit like cutting a drug.

[00:11:52] So it seems to be there just this internal it comes out of internal need or desire that it did to counter it for there's some kind of social component to it with the counter out there in the world and there's so much more to be encountered now definitely has entered the social repertoire of behaviors that we see in movies books and other media outlets. And you had mentioned media before and as well as the Internet. What role has media and the Internet played in us is it also censoring. That's very tough to discern because there really you know especially if you're looking at the role of media for example we did a study where we were looking at the incidence of suicidal self injury images or language in we did two studies. One was that on the Internet and one was in movies and songs music and books and magazines. And it's really tough because there's no index out there that cross lists any of these kinds of movies or books or lyrics with self injury. So it's tough to get it. You know I can't look at how many hadn't 60 for example and how many we have in the balance. But to the best of our ability to construct a reasonable study what you see is this really clear upward trend starting and like we go back as far as say the 1960s you see very very few references to NOT suicidal self injury. And when you do see them they're almost always linked to psychopathology. There's somebody who is who really had some deep psycho pathology as we approach you know the 2000 mark the millennium mark start to see the incidence of not has had a self injury in books and movies. Outside of that domain.

[00:13:29] So for example the movie 13 which came out 2000 was something maybe that had some really strong imagery around Anstice vials of energy with the main character using it actively like a drug. And they filmed it as a drug scene really fascinating. She is a character which a lot of teen girls could identify with. She definitely struggling but she wasn't psychopathic in any way. She was clearly clinical. So it's really what we've seen since in the last decade or so as you trace lots of points where there's there's imagery that basically communicate. This is something that you can do when you're feeling stressed like take a drink take a drink you can do in fact and it has this physiological effect of damaging and then we also saw the same thing on the Internet when we

started looking at message boards. And that's that is interesting. It came about as a result of one of our research associate saying actively that she had major issues of self injury. She's one of the reasons we started this project actually and she was part of our team. But she said you have to go look at it on the Internet. Since 2004 5. Before even YouTube it was right around the time it's mostly on message boards. She said I can't be part of that study. I can't go on there. But you really need to go take a look at it and we ended up finding hundreds and hundreds of message board sites that were specifically dedicated to self injury.

[00:14:56] Some of them were very regulated and a lot of them were not and they weren't specifically pro self injury in all cases but there was a lot of sharing of stories about why and how and sometimes very specific detail about how it was. It's a really interesting world. You can see the same phenomenon in YouTube. Now there's probably been found YouTube videos. And the point may not be that to spread it I want you to try to but it definitely introduces the idea into potentially vulnerable minds. Right. So it sounds like perhaps some of these message boards in these floods in these YouTube videos could actually have some positive aspects but some of them could be triggering for certain people. Right. Exactly. That's definitely one of the things that we concluded people and it can happen at a fairly subconscious level where people begin to identify with the stories the narratives of the people who are on there and they're talking about because they spend a lot of time ruminating in a way or COPE ruminating about how it is in their life that they ended up doing this and how it makes them feel and how they have this sort of love hate relationship with it. And we did see a fair amount of evidence of. We call a lurkers and people who clearly weren't injuring but were interacting and were curious. And I would hypothesize even though we haven't tested the Shia that's a potential site for conversion from self-interest to self injury. Very interesting how social media and the Internet is really taken away with that link but it's really impacting this behavior in different ways that we didn't really think that it was it's interesting.

[00:16:36] Looking back is there one population that nonsense and a self injury seems to affect more than others. Good question. I mean demographically we don't see well there's just two trends demographically that are important. One is that I don't see much difference in socioeconomic status and I don't see much difference in race. We do find some studies do find that Caucasian students or young people are slightly more likely self-insured than others. But a lot of those effects wash out when you start to add other variables. And it's certainly getting plenty of calls from school counselors in areas that are largely minority saying that they've got outbreaks of self injury. So that's an interesting storyline. What the differences that aren't there particularly because in the media that suicidal self injury is often portrayed as middle to upper class white girl phenomenon we really don't see that that holds true in real life that we do see that females are more likely to self injure than males. In most studies but again it really varies by the population that's being looked at. And it's really fascinating. I've specifically looked at that and in all studies have done meta analyses of that and seen that there's a big split. Some studies find a gender difference some don't. We tend to find about 70 percent female 30 percent male. In our studies. But we are largely looking at college students and the other place where the only place where we and other people consistently find a difference in looking for it is in sexual orientation so and it's really a profound difference. It doesn't wash out in the analysis no matter what I put in.

[00:18:07] So what we see in particular is that people in the middle who tend to so we use the Kinzie and sexual orientation question that starts with Who are you sexually attracted to are aroused by. And it says you know only women mostly women but men and it goes all the way down to a seven point scale. So when we collapse that what we see is that people in the middle of the scale who would probably be classified if you had to classify as bisexual are significantly higher risk for not to have had a self injury than anybody else. But there's a real gender relationship there because it's not everybody it's women in particular. So that in both of our large studies about almost 50 percent of all women who were in the middle of the scale had a history of not suicidal self injury.

What we find is that people that are on the if you're comparing two fully straight people people who are classified as fully lesbian or fully gay are not at much higher risk at all. It's really the middle it's fast. It's a really interesting trend. We've seen that and other people see that and there are now people really looking specifically at that effect and trying to figure out exactly what's going on. And I know that in the next few years we'll have some good information about that but that's the one demographic characteristic that really seems to consistently matter when you can sense that when you're Sunny is 70 percent were female and 30 percent for male. Now do you see any differences between genders in terms of height self injury those engagements. Yeah there's some sort of stereotypical differences that you might expect.

[00:19:37] I mean females are a little more likely to get cut and self scratch than males and males are a little bit more likely to report hitting themselves or something else with the intention of hurting the self so fried apple. And that's actually pretty interesting because what it looks like is that for a lot of guys who self injure the form that it takes looks like externally focused aggression. So they will report getting in a fight or punching objects but with self injurious intent to the outside world it looks only like outward focused aggression. But they know that what they're really trying to do is to hurt themselves. And you know you see that pattern when we're looking at even suicides and mass killings on college campuses or on secondary school campuses we're almost always the shooter will commit suicide. And so you can see that they get welded together the external focus depression and the internal focus to aggression. But what the world tends to focus on is the extremities. So we see that we see that that kind of trend. But by and large there's not a lot of differences in forms. We do find that men are more likely than women to report a social element to self injury so that they either start self injuring in groups maybe as part of their head quite a few stories around that like the one man who talked about starting in the military because it was events that they would do on their off time. Who was more macho and more intense like who could stand having a flame held to their skin.

[00:21:05] And what he noticed is that he started to do that on his own because there was a physiological effect associated with it that he liked. I heard that story or variations on that story quite a bit. For men and then they'll also report a little more likely than women to report actually undertaking self injury in a social setting so that someone else is injuring them on their request as a means of hurting themselves. And they're also more likely men are more likely to combine drugs and alcohol with self injury than with. So a very interesting difference between men and women. It seems like men start off with more social interaction part of it whereas women tend to do it differently. Yeah that's definitely what we see. But you know I want to make it clear that the common idea of the you know private loans self injure who's injuring on their own and nobody really knows about it still is the most common type and that is injuring four affective regulation. It really is the most common types are for women and men. But there does seem to be some group of men in particular who have these more social angle to it and they are more likely than women to get into it through a social doorway. That's interesting, in your 2008 article on identification and features of weight classes in college population emerging it's the old you identified different classes of self answers. Could you talk a little bit more about that. Yeah what we found is that there are basically three variables or actually two variables but looked at in three different ways that seemed to really predict severity well. And that's what we were looking at.

[00:22:43] I mean who do we really need to worry about. So somebody shows up in a clinicians office who's somebody who's more likely to be suicidal or to have other coma conditions going on. And what we've found is that there are basically three different types and one is the low level type is characterized by using types of methods and forms that are less likely to be potentially lethal to do less body damage like scratching for example kind of hard to get to too deep scratching. Once you add a knife to that then it's different. But people who are reporting only doing scratching or pulling out hair or eyelashes that kind of thing with and self injuries intense and coupled with low

frequency low lifetime frequency those below category are the low severity group. And then the middle group was interesting because it was more likely to be male than anybody that any group and they were more likely to use what we considered moderate lethality forms. So punching of themselves or something else with self injurious intent something that was going to leave bruising on the skins and they were reporting real low frequency but they weren't reporting real high frequency either so they were sort of the mid frequency in terms of lifetime frequency group and then the high group was it was 70 percent female 30 percent male I think or maybe 60 40 was really close. And they were the classic cutter in the movies you know that group they were using highly doubtful methods usually cutting was probably the favored form there. They were reporting high numbers of lifetime incidents and self injury and they were reporting using lots of different forms.

[00:24:17] So the most lethal form they may use was cutting. But for example but they might be reporting using for five or six forms over the life course. Now that our listeners have a good understanding of who in fact what is this and other factors that play into the practitioners listening out there what interventions have been shown to be effective for treatment. Well it's a really good question and I have to say that we don't have good data on that at this point. Most practitioners tend to report using DDT Dialectical Behavior Therapy with some degree of success. That's probably the most commonly used form and the form that seems to be the favorite form because of its efficacy. But having said that nobody's reporting that even DDT is wildly successful. By and large people who injure especially if they're presenting with that as a primary characteristic of a psychological profile are a tough group to work with. One of the reasons a lot of them ended up with borderline label but if they don't stop until they're ready to stop till they see that they want to stop. So DBP is the most common and probably the most efficacious in anything it seems to be most the treatment models where we have some anecdotal or empirical evidence that they're having an effect use some form of mindfulness or something that helps people slow down long enough to identify what they're feeling and to separate from the emotion and to be able to breathe or walk or do something through the urge long enough that the urge to injure passes so they really need what it seems to me.

[00:25:59] So we have a lot of people who enter who are really great who have amazing and antennas they absorb a lot of emotion from the external environment and they still generate quite a bit. But they have a really hard time managing it. So the self injury helps to down regulate because it engages to the best of our ability to tell. It engages the endogenous opioid system which can bring somebody from a state of high agitation into a state of calm very quickly these people for whom that work doesn't work for everybody. The other form of self injure that we see quite a bit is somebody who is completely dissociated and this is usually associated with a history of trauma. Often it's sexual abuse and that's a very strong link in the literature. The history of sexual abuse and self injury. So they may be going from a state of absolute dissociation into a state of some degree of reintegration through self injury. So it sounds like a lot of interesting research on the horizon and we look forward to hearing more about your research developments. And it sounds like there's a lot that we still have to learn about this issue. Yes. All right well we thank you very much for your time today and we look forward to seeing more about it. OK thank you. You've been listening to Dr. Janis Whitlock discuss her research on self injurious behavior and adolescents and young adults. Thanks for listening. And join us again next time for more lectures and conversations on social work practice and research. Hi I'm Nancy Smyth Professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast.

[00:27:42] For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. At UB we're living proof that social work makes a difference in people's lives.