

# Self-injurious behavior

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Self-injurious behavior (SIB) has been around for a long time. Many caves in Southern France contain hand imprints on their walls and in one cave, at Gargas, the 20,000 year old imprints display the absence of all tips except for the thumb. The 5th century B.C.E. historian Herodotus described the actions of a probably psychotic Spartan leader, Cleomenes, who mutilated him by slicing his flesh into strips with a knife; starting with his shins he worked upwards to his thighs, hips, and sides until he reached his abdomen which he chopped into mincemeat. The Gospel of Mark 5:5 describes a repetitive self-injurer, a man who “*night and day would cry aloud among the tombs and on the hillsides and cut himself with stones.*”

Despite these early references and a number of cases and small scale studies in the 20th century, SIB has only recently become the object of focused psychiatric scrutiny. Traditionally, it has been trivialized (wrist-cutting), misidentified (suicide attempt), and regarded solely as a criterion of borderline personality disorder.

It was generally regarded as grotesque and senseless. In the words of a highly respected psychiatrist, “*The typical clinician (including myself) treating a patient who self-mutilates is often left feeling a combination of helpless, horrified, guilty, furious, betrayed, disgusted, and sad*” [1].

With the publication of the book *Bodies Under Siege* in 1987, and especially in the 1996 second edition which was subtitled ‘*Self-mutilation and Body Modification in Culture and Psychiatry*’, Favazza stripped away the mysterious aura that had surrounded SIB and demonstrated its purposefulness in culturally sanctioned rituals as well as in deviant, pathological disorders [2]. He showed that SIB is not alien to the human condi-

tion but rather is culturally and psychologically embedded in the profound, elemental experiences of healing, spirituality, and social amity. Culturally sanctioned and deviant SIB serve an identical purpose, namely an attempt to correct or prevent a pathological or destabilizing condition that threatens the community, the individual, or both.

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## Mental homeostasis and stress

Homeostasis is the property of organisms to self-regulate themselves in order to provide an appropriate milieu for cells and body tissue to function properly. Homeostasis may be threatened by stressful stimuli that can be anatomical, physical, chemical, physiological, or mental. Psychiatrists are especially concerned about disruptions in the homeostasis of the central nervous system which is the most complex organ system of the human body and is the site of the abstract ‘organ’ known as the mind. Mind implies human consciousness, but also has an unconscious component, and is manifested especially in thought, perception, emotion, will, memory and imagination.

The list of possible stressful stimuli is almost endless; some examples include childhood abuse (or the memory of it); divorce; betrayal by a significant person; death of a loved one, friend, or pet; loss of a job, financial security, or property; unwanted or forced movement to a new locale; victimization; witnessing or experiencing a traumatic event (or the memory of it); incarceration; public embarrassment; debilitating pain; and declining health due to such causes as a cere-

brovascular accident (stroke), cancer (especially in the brain), Parkinson's disease, endocrine disorders, HIV-AIDS, sleep apnea, alcoholism, arthritis, and multiple sclerosis.

When stressful stimuli threaten the brain's homeostasis the result is the development of mental symptoms which may range from mild discomfort to a disruptive loss of contact with reality (psychosis) and even suicide. Just as the body has automatic defense mechanisms that attempt to re-establish homeostasis, e.g. certain cells in the blood that fight infection may be released, so too does the mind have automatic defense mechanisms that work to minimize the effects of stress. One defensive process, for example, may cause a person to rationalize the downward slide into a primitive, unstable psychosis. Such persons may reconstruct their experiences by developing a delusional, explanatory system in which they believe that they are being persecuted by aliens or the police. Delusional persons lack insight and lead miserable lives but feel some consolation because they feel that they truly understand what is happening to them. Repression is another automatic process that serves to push conflictual mental stimuli into the unconscious, away from mental awareness.

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## Adaptation

No one is immune from stress throughout a lifetime. Minor stress can usually be controlled by such activities as drinking a little alcohol; smoking a cigarette (nicotine is a marvelous drug with an ability to calm down a person or to elevate a mild depressed mood); taking a vacation; exercise; exposure to sunlight; listening to calming music; or meditation.

Touch can play a role in stress reduction. Children can be calmed by putting a 'pacifier' in their mouths or by cradling them in one's arms. First the mother's breast comforts the stressed infant, then the infant's own hand which is placed in its mouth, then other objects such as a baby blanket or a teddy bear. These objects become very special to the infant who assumes control

over them, endows them with a unique vitality, gets upset if anyone removes them, cuddles them lovingly, and sometimes hates them. These special 'transitional objects' are the very stuff of illusion that exist mentally somewhere between inner subjective reality and outer objective reality. As the child matures, the special objects are neither mourned nor forgotten, but simply lose their meaning.

Massage is one of the most used methods of dealing with stress which commonly causes muscular tension, bodily aches, and headaches (when scalp and neck muscles contract). The effects of massage are enhanced by a soothing environment with calming music and aromas. Rocking with or without a chair may reduce stress. Sexual stimulation may decrease anxiety or may raise lowered levels of excitation.

All the examples presented are innocuous and useful for minor stress. However, when stressful stimuli reach a pathological level then different, dramatic, often devastating methods must be used to achieve adaptive homeostasis. Perhaps the most startling and counter-intuitive method of adaptation involves self-mutilation or, as it is more commonly called nowadays, self-injurious behavior.

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## Self-injurious behavior

SIB is defined as the direct, deliberate alteration or destruction of body tissue without conscious suicidal intent. In fact, it is the opposite of suicidal behavior whose goal is death. People who engage in SIB want to stay alive but they want to be free from the pathological symptoms produced by severe stress. SIB does not include the ingestion of poisons or overdosing on pills where the dynamics are different. In the case of ingesting pills or poison, the harm that is caused is unpredictable, uncertain, ambiguous, and basically invisible. With SIB the degree of self-harm is clear, unambiguous, predictable as to course, highly visible, and often results in sustained or permanent visible bodily disfigurement [3]. SIB is a surface phenomenon and depends upon touch.