

# *The Complex Interconnections Between Nonsuicidal Self-Injury, Suicide, and Body Image Disturbance*

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# AGENDA

NSSI & Suicide Relationship

Why focus on the body (theory)

Key Studies w/Treatment Strategies

Additional Treatment Ideas





# **NSSI & Suicide**



# NSSI & Suicide Overlap

## DEFINITION

- Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.



### Suicide

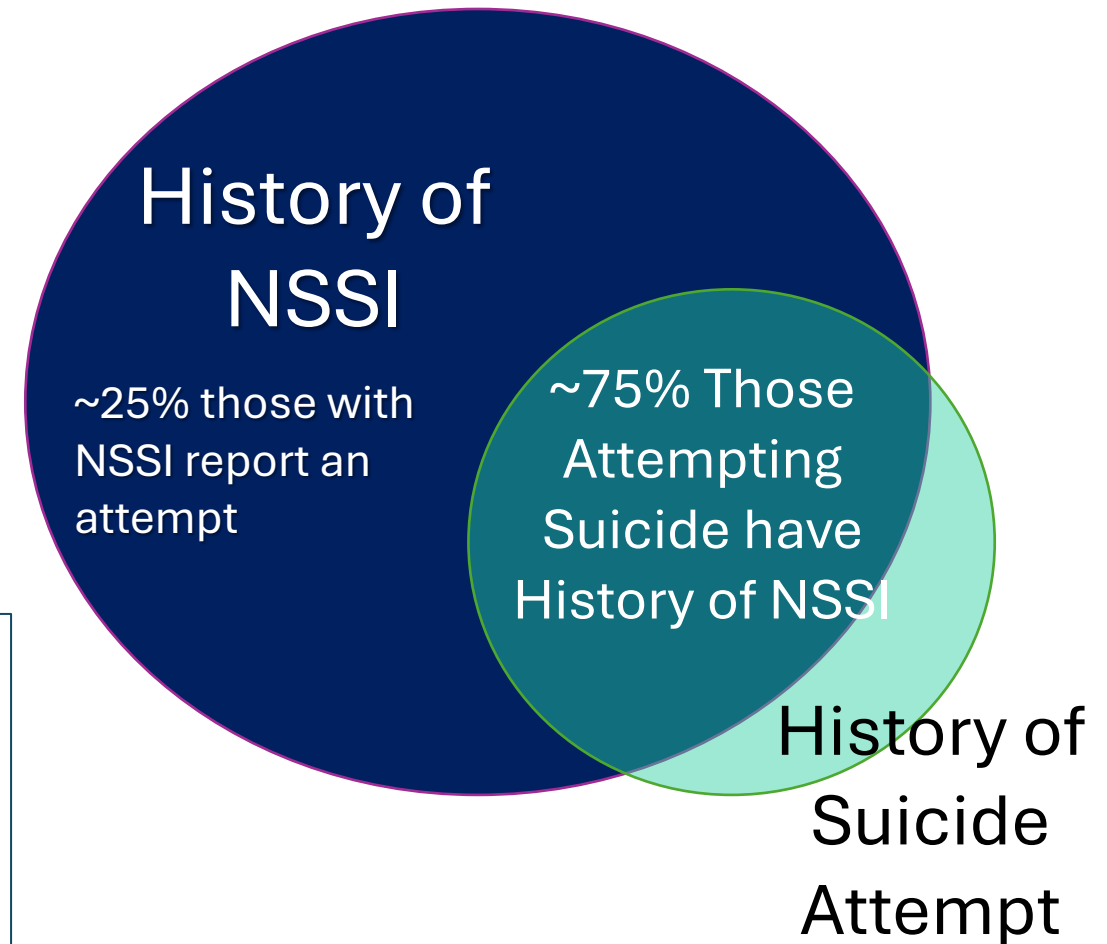
\*There is evidence, whether implicit or explicit, **of suicidal intent**

**Dominant Methods:**  
*Firearms, Suffocation*

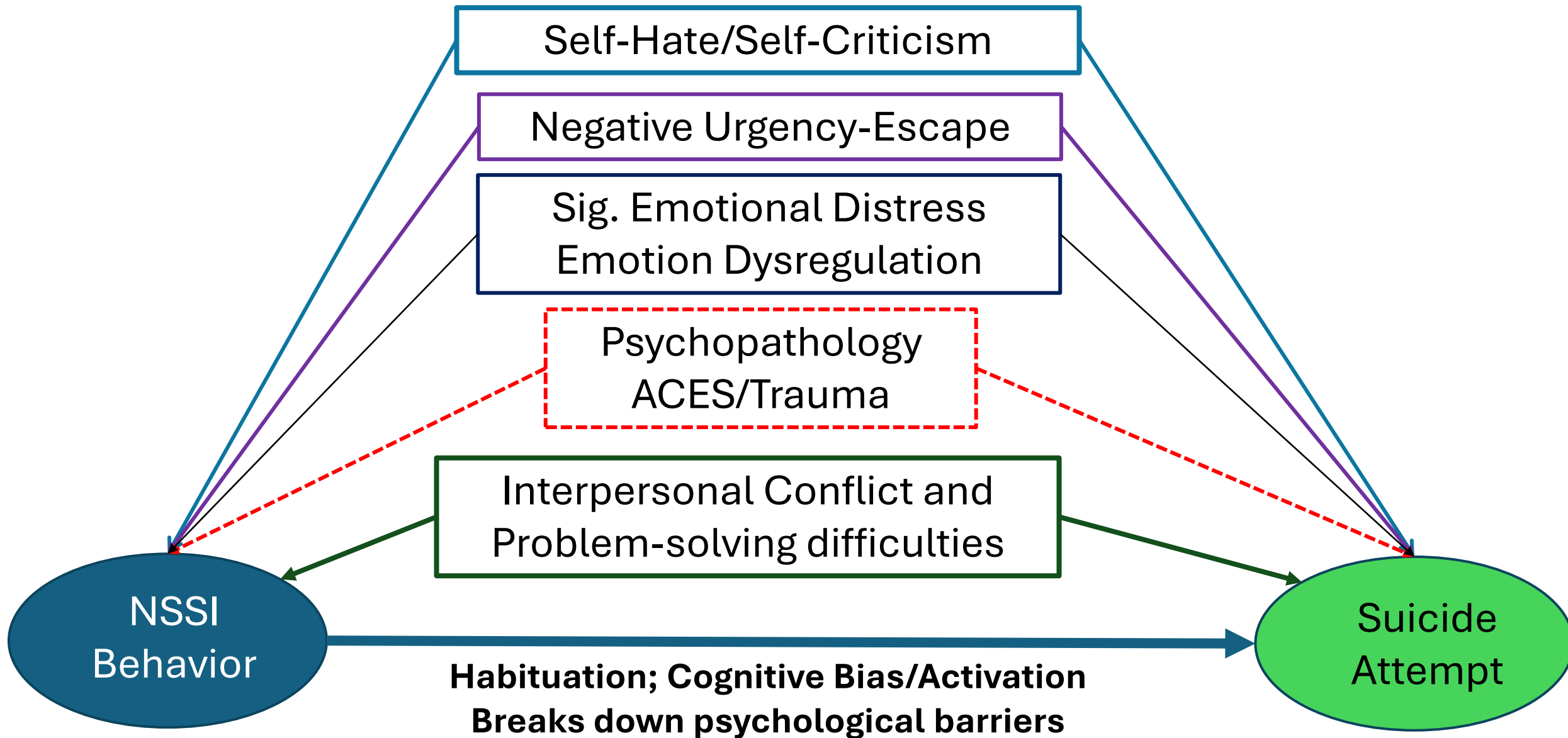
### NSSI

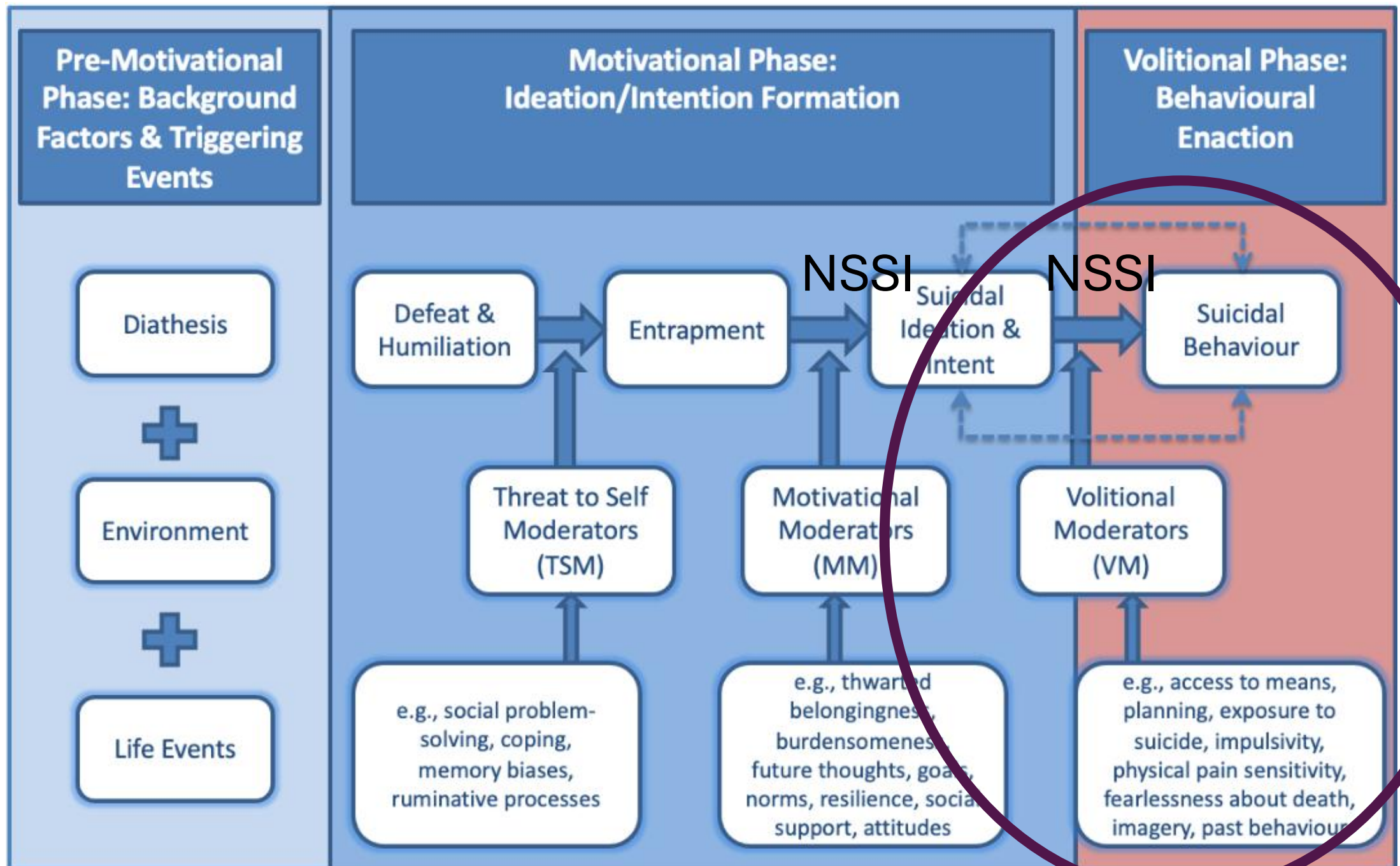
\*There is **no evidence**, whether implicit or explicit, of suicidal intent

**Dominant Methods:**  
*Cutting, Self-Burning*

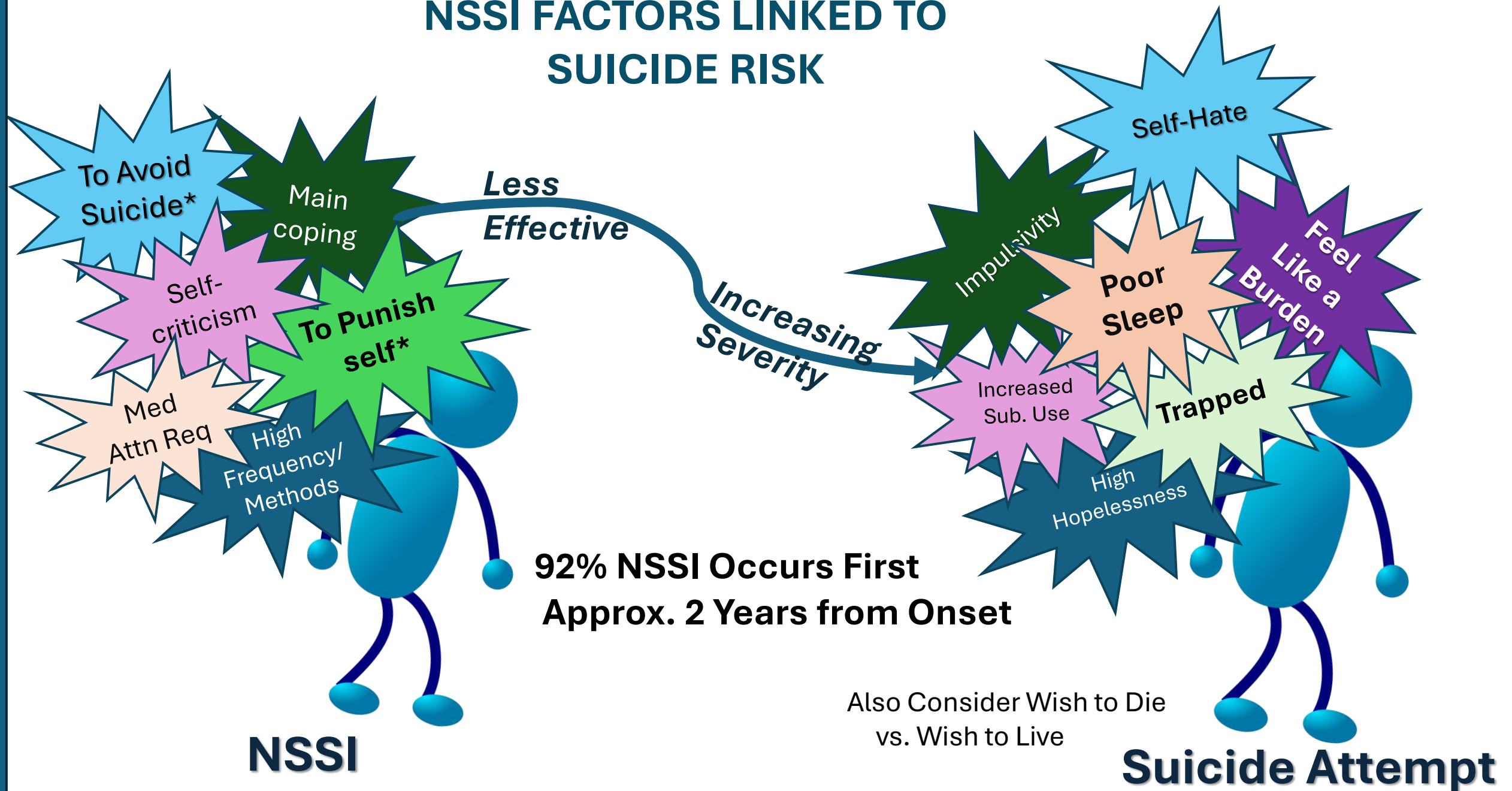


# Shared Vulnerabilities & Risks





# NSSI FACTORS LINKED TO SUICIDE RISK



# Clinical Translation:

## Monitoring for Suicide Risk

- Marcus, 27 yo, has a history of burning self to “cope with stress” and a prior attempt at age 17 after suffering years of physical abuse/neglect. Lots of recent stress at work and a romantic break up. Is having mild suicidal thoughts and started scraping/cutting his forearm and wrists with a paper clip when frustrated at himself and angry with his failures in his relationships. Hasn’t been sleeping well, is irritable, feeling emotional volatile and is isolating. Marcus says his injuries don’t need medical attention and work well to help him avoid doing “something stupid to myself or someone else, as well as help him feel alive.” He wishes others would notice his injuries and offer support.

Client: Marcus Clinician: J.M. Date: 3/16/2025 Time: 11:00

### Suicide Monitoring & Check-In Form

Rate your current wish to die: Not at all 0 1 2 3 4 5 6 7 8 9 10 Very Much

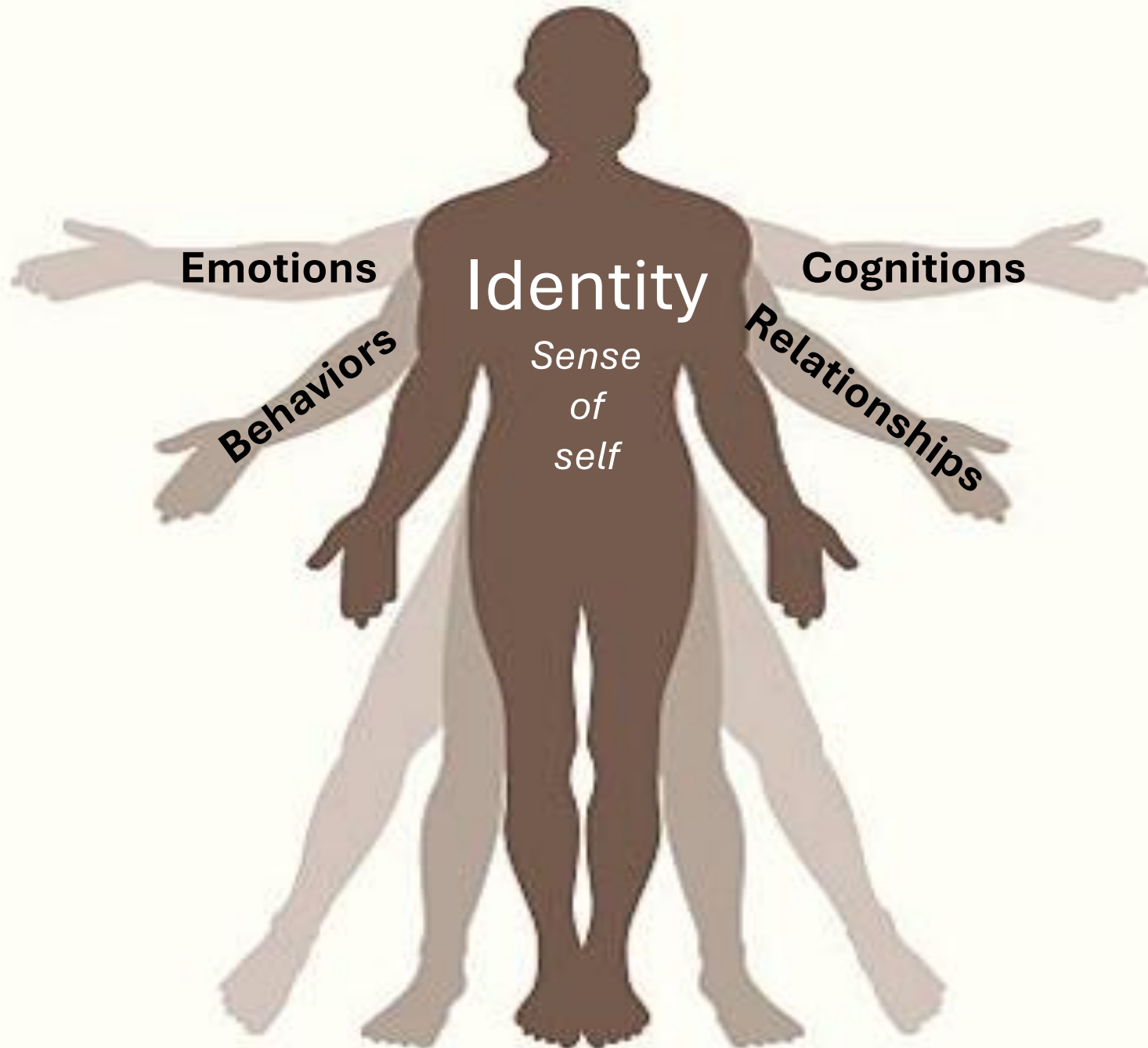
Rate your current wish to live: Not at all 0 1 2 3 4 5 6 7 8 9 10 Very Much

Rate on a scale of 0 (not at all) to 10 (all the time) how frequently you experienced each of the following since our last session together:

|                                                                                   |   |          |   |          |          |          |   |   |          |          |    |
|-----------------------------------------------------------------------------------|---|----------|---|----------|----------|----------|---|---|----------|----------|----|
| Thoughts about wanting to die                                                     | 0 | 1        | 2 | 3        | 4        | <u>5</u> | 6 | 7 | 8        | 9        | 10 |
| Cut or burned self                                                                | 0 | 1        | 2 | 3        | <u>4</u> | 5        | 6 | 7 | 8        | 9        | 10 |
| If Self-injured: because of self-hate                                             | 0 | 1        | 2 | 3        | 4        | 5        | 6 | 7 | 8        | <u>9</u> | 10 |
| If Self-injured: to avoid suicide attempt                                         | 0 | <u>1</u> | 2 | 3        | 4        | 5        | 6 | 7 | 8        | 9        | 10 |
| If Self-injured: how effective was it                                             | 0 | 1        | 2 | 3        | 4        | 5        | 6 | 7 | <u>8</u> | 9        | 10 |
| Tried other coping strategies (list):<br>Called Jon, Went for a run<br>Watched TV | 0 | 1        | 2 | <u>3</u> | 4        | 5        | 6 | 7 | 8        | 9        | 10 |

Comments: Used crisis coping strategies when urges were high during the week





# WHY the Body?

*Self-preservation requires an active attitude toward body respect, protection, and value.*

*Critical physical & psychological barrier to acts of self-injury*

Muehlenkamp, 2012; Orbach, 1995



Populations with high rates of NSSI/Suicide report body image disturbances



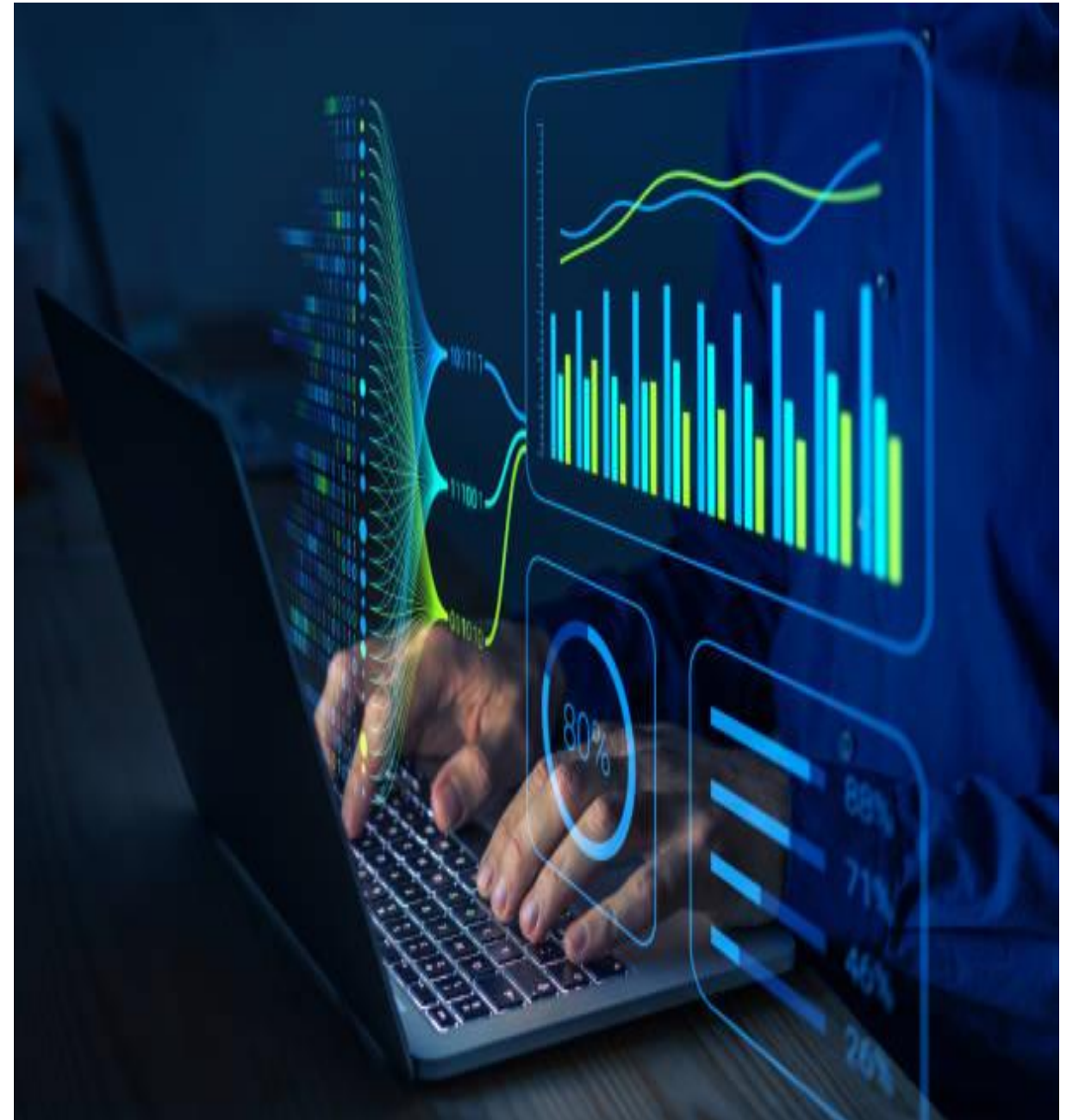
Disrupted body experiences consistently linked to NSSI & suicide



Examined in isolation, other mediating risk factors, few longitudinal studies



Body Regard rarely examined as protective moderator of risk as theories suggest



*Does body  
regard change  
how emotional  
and cognitive  
risk-processes  
relate to NSSI?*



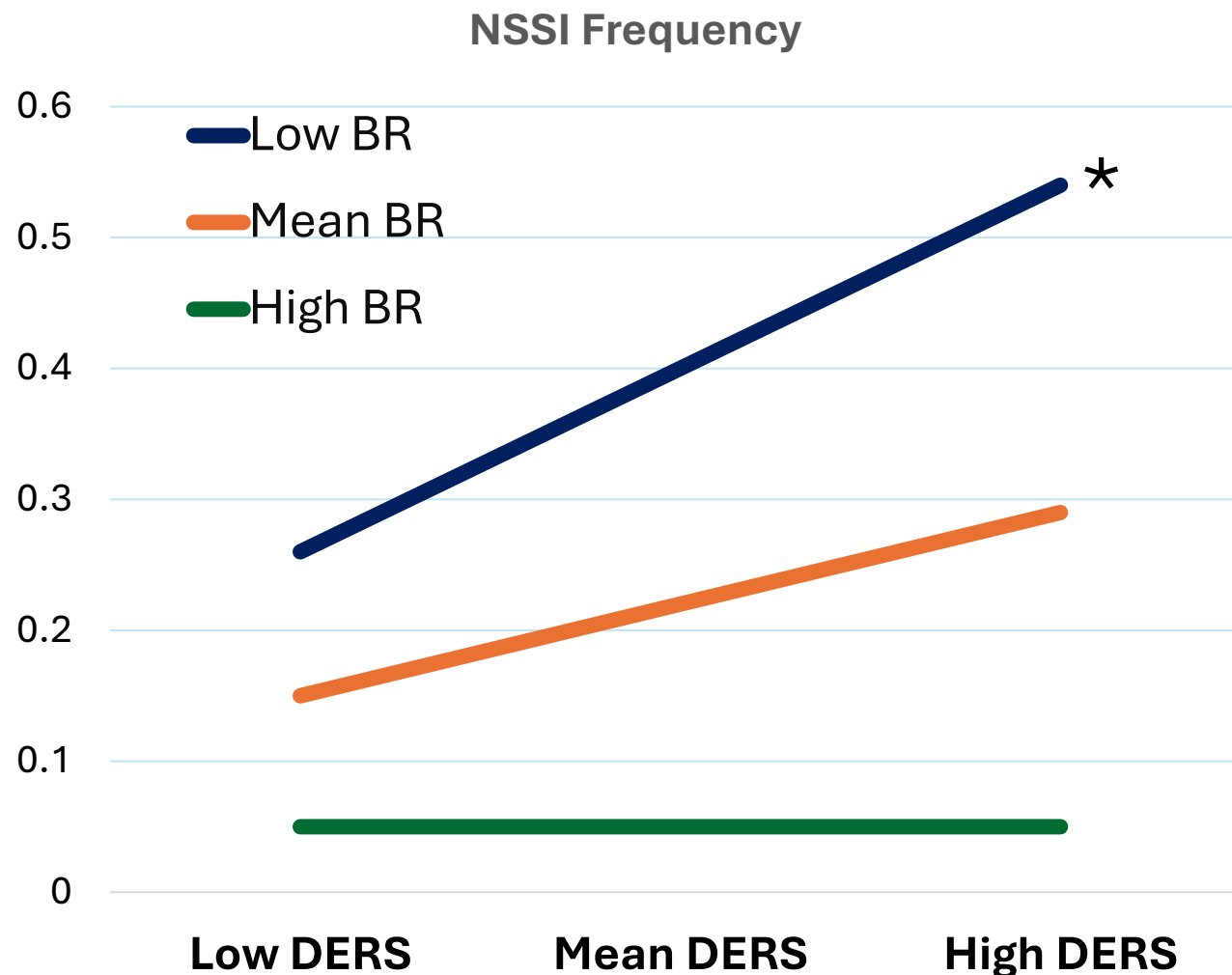
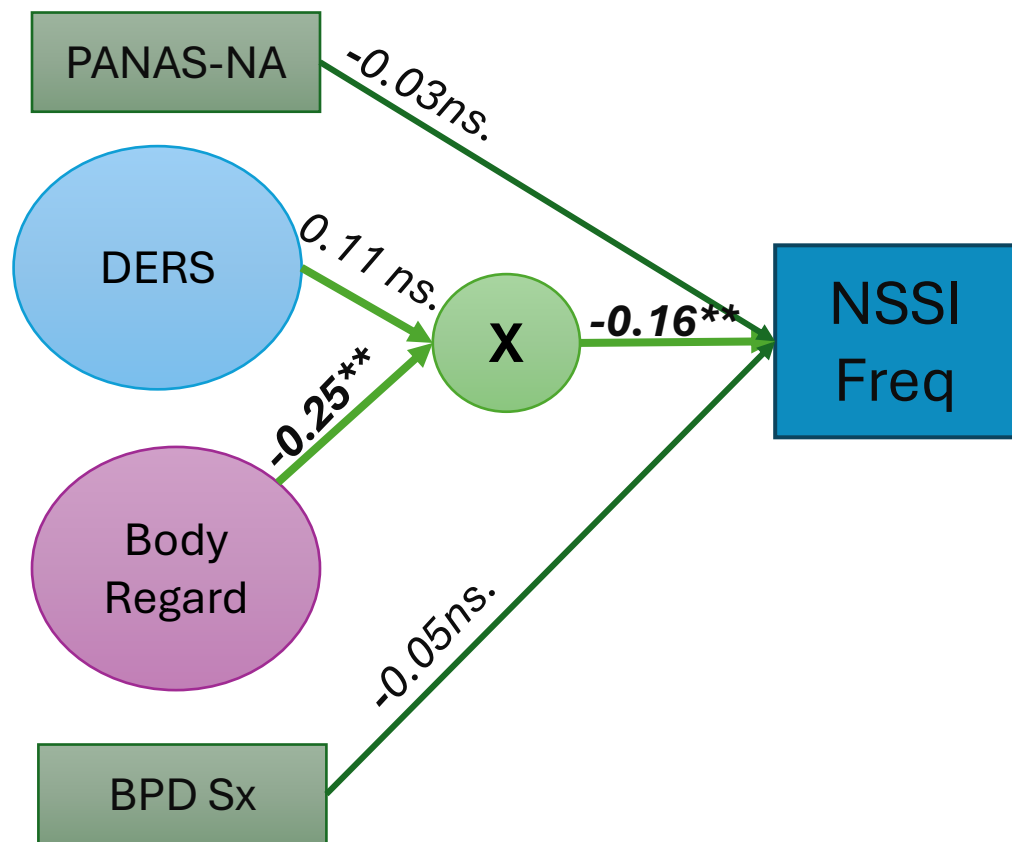
# Theoretical Questions

## **Body Regard:**

Body Acceptance  
Competence/Athleticism  
Body Care  
Body Connection

# Body Regard Mitigates Risk of Emotion Regulation on NSSI

398 University Students;  $M_{age} = 20.25$  (2.5yrs); 74.6% Female  
26% reported NSSI, Avg. Freq = 25.16 acts





# Clinical Translation: Emotion Resilience

*Somatic Resourcing & Mindful Movement*



## **Wait it Out: DEAL**

**D**ep Breaths

**E**ncouragement

*-sensory or verbal*

**A**ttend to sensations

*-focus can help dissipate*

**L**isten for the quiet

*-senses of safety, stability*

*Prove to self that one can tolerate difficult sensations and thereby emotions.*

## **Authentic Movement**

- Focus on sensation
- Body dictates moves
- Joyful movements





**Next Step:  
Establish Possible  
Causality/Protection**

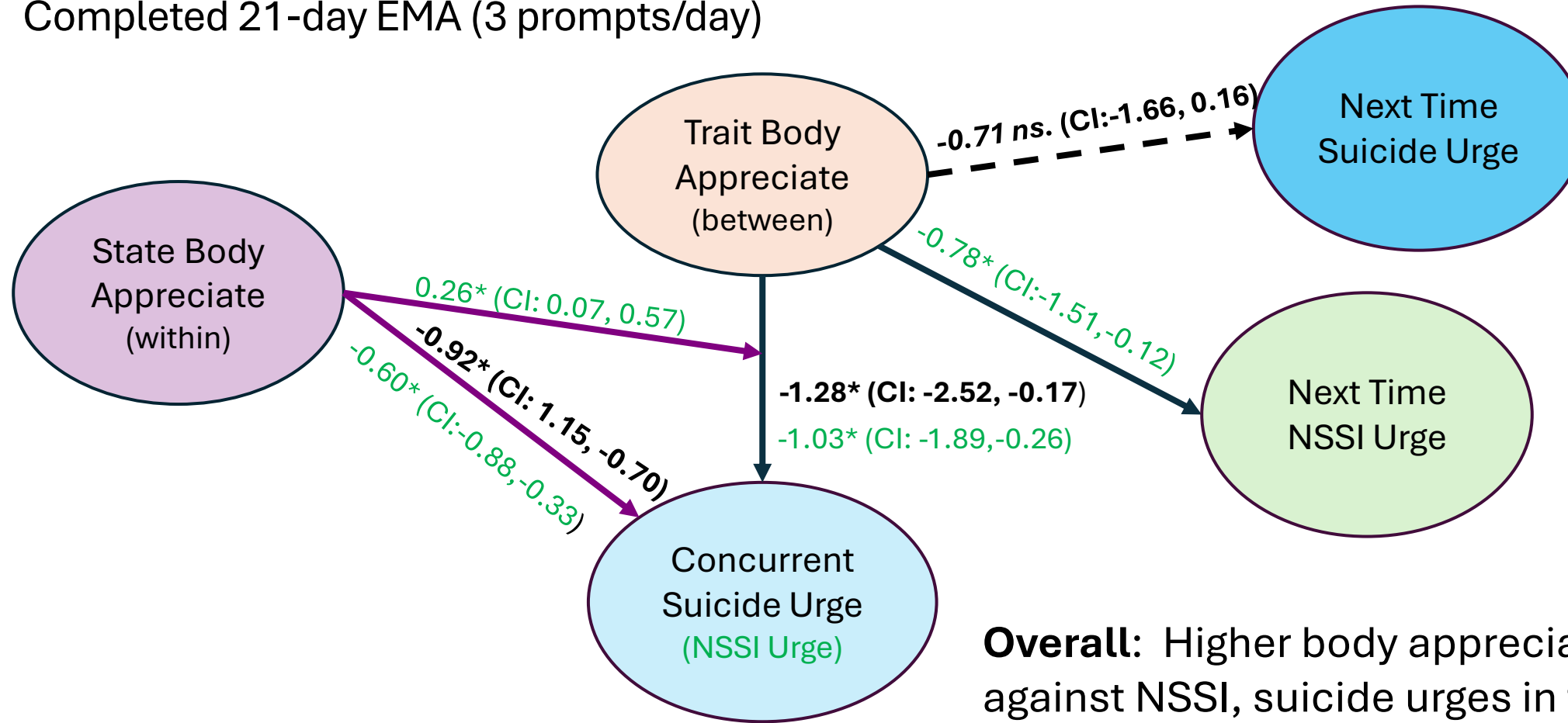
***Do positive body perspectives protect  
against NSSI and/or Suicide Risk in the  
short term?***

# Protection Against Proximal Risk in Clinical Sample of Adults: EMA Study

25 Adult Outpatients;  $M_{age} = 35.6$  (14.3 yrs); 60% Female

63.3% reported NSSI past year, 16% past year suicide attempt

Completed 21-day EMA (3 prompts/day)



**Overall:** Higher body appreciation protective against NSSI, suicide urges in the moment. Those with higher body regard in general are less likely to have urges to engage in self-injury.

# Clinical Translation: Body Gratitude Journaling



## Write down daily body appreciations

- doesn't matter how small
- can translate into compassionate affirmations

## Include:

- \* How their body helped them during the day
  - \* Focus on functionality vs. appearance
  - \* Aspect of the body they can respect/value
- "My legs allowed me to hike today"*  
*"I was strong enough to carry groceries home myself"*

Aligns with building mastery approaches

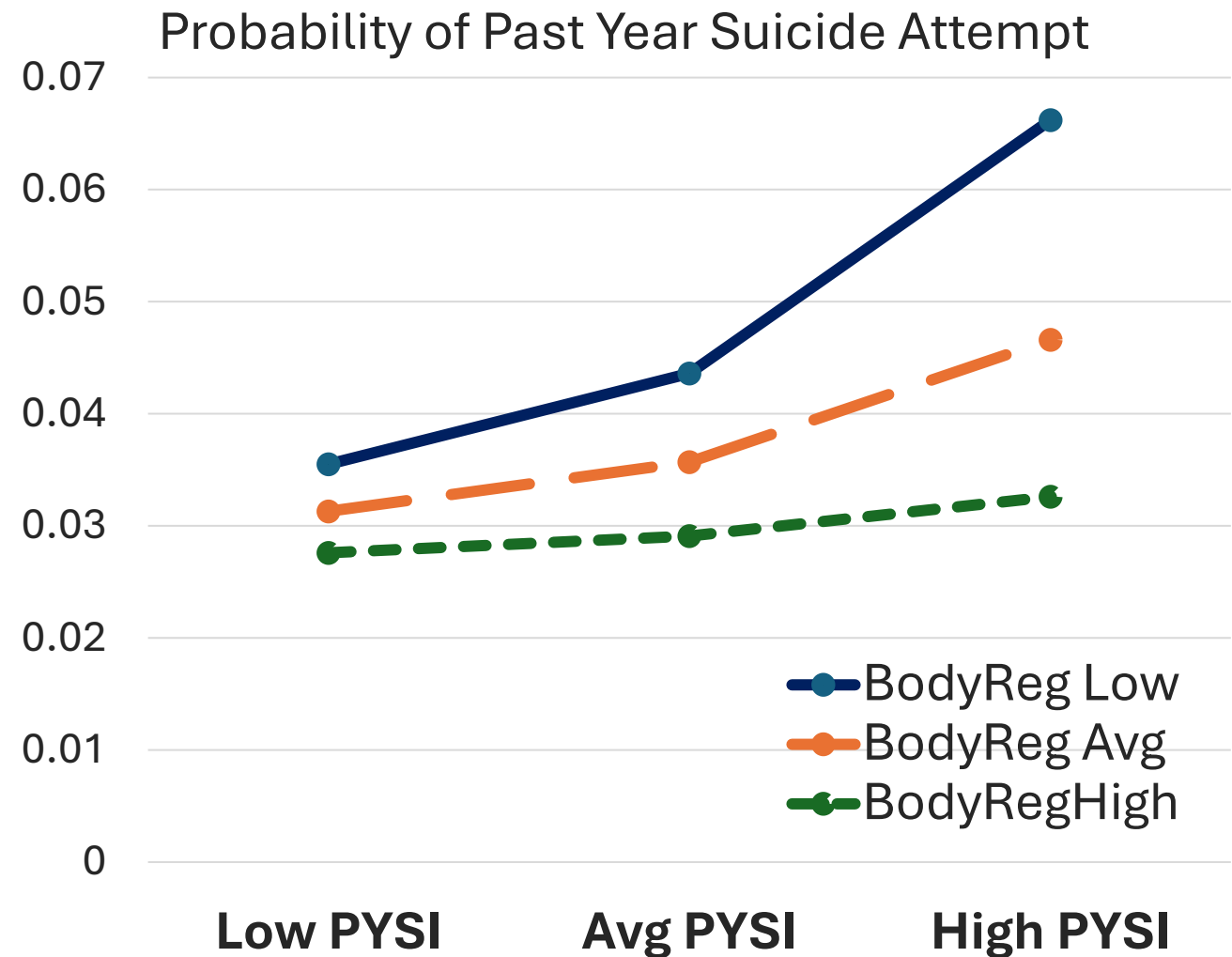
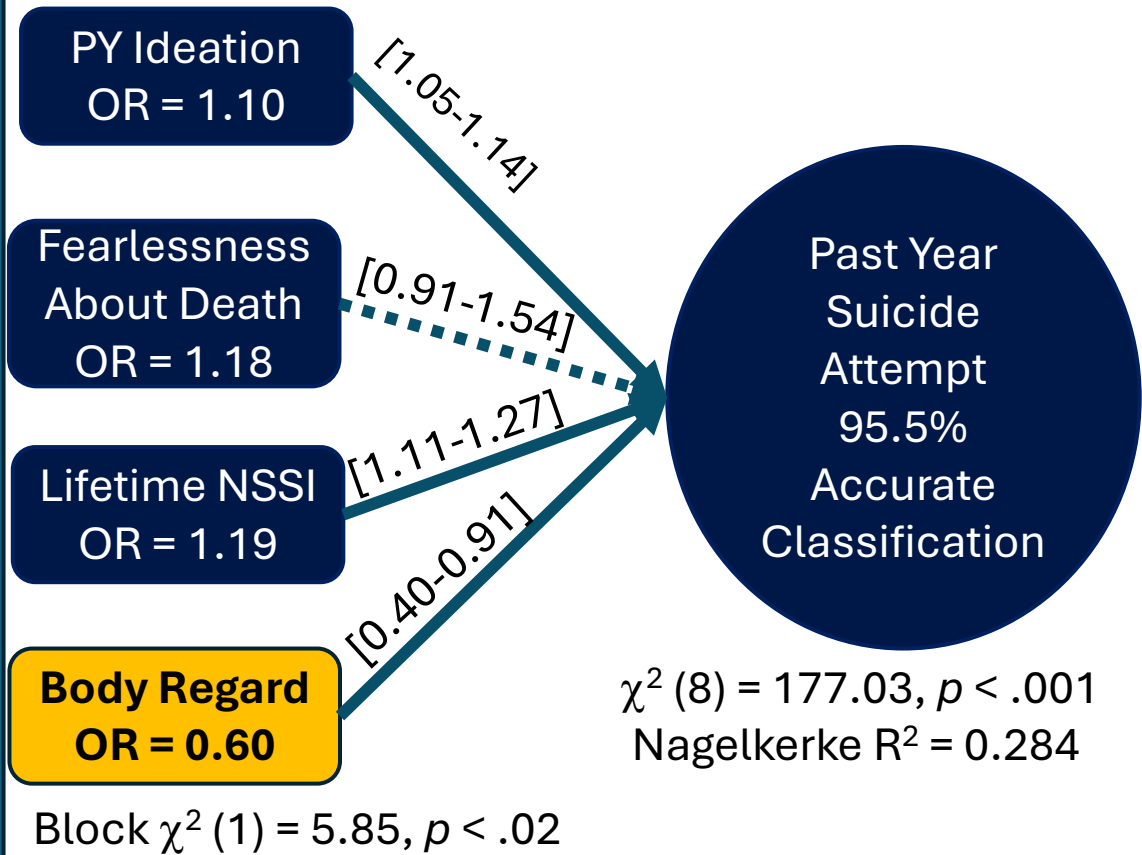


Next Step:  
*Does positive Body  
Regard protect  
against  
mechanisms of  
Suicide Risk?*



# Body Regard as possible Volitional Factor

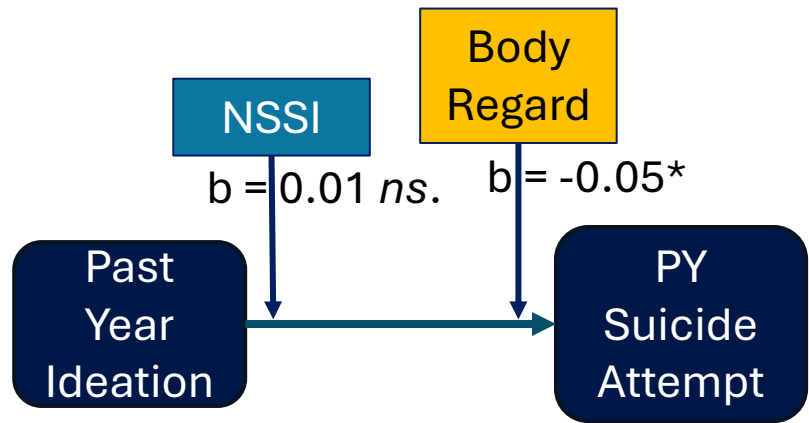
2,021 Young Adults;  $M_{age} = 19.52$  (2.3 yrs); 76.8% Female  
33% reported NSSI, 12% PY Ideation, 5% PY Attempt



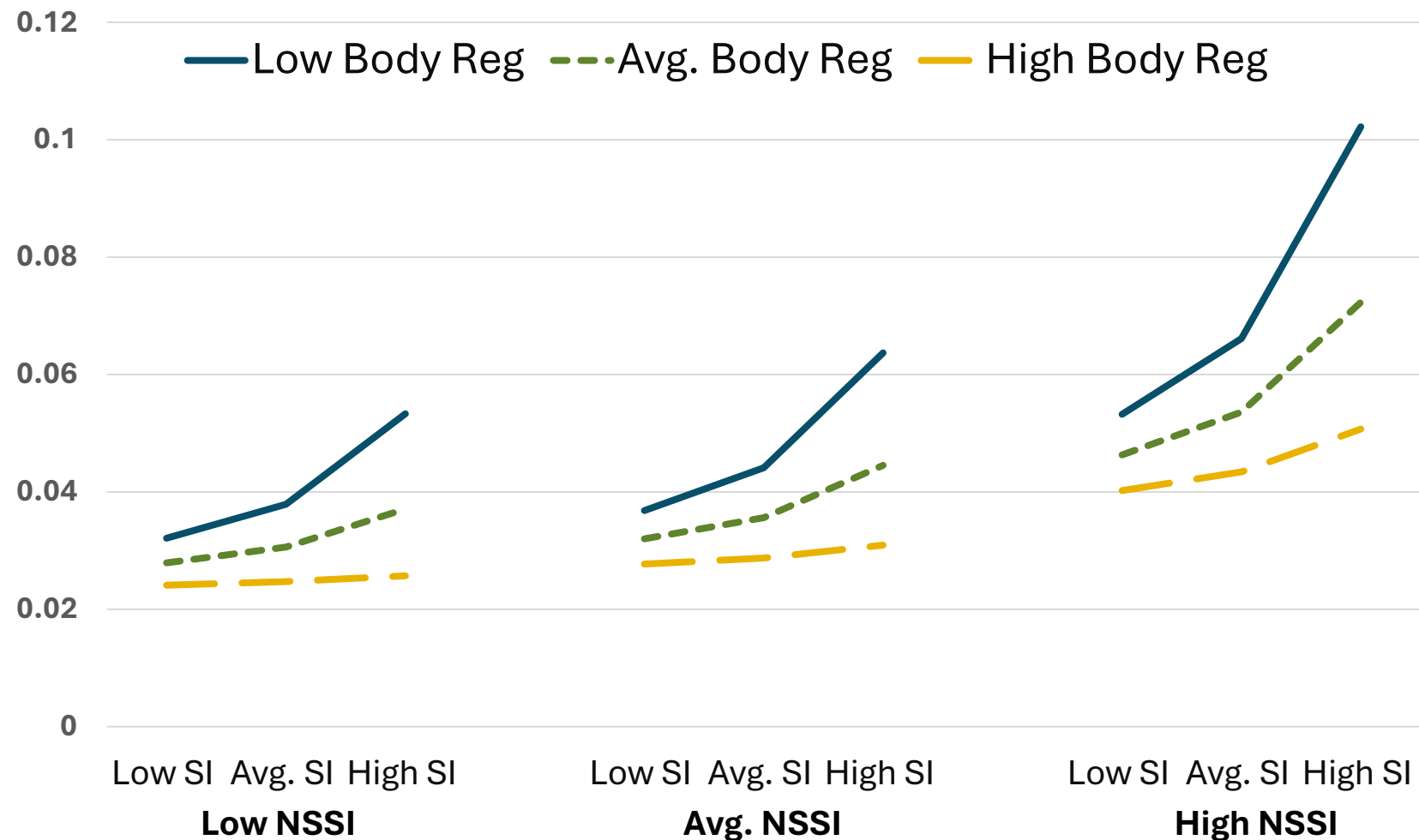
# Body Regard as possible Volitional Factor

*Does the moderating effect of Body Regard add to the prediction of past year suicide attempt above and beyond moderating effect of NSSI, while controlling for FAD, DASS, Demographics?*

## Parallel Moderated Regression (Process Model 2)



Full Model: -2LL = 550.22,  $p < .001$   
Nagelkerke  $R^2 = 0.294$   
NSSI had significant direct effect



# What does this mean?



- ❖ Respectful (positive) relationship with the body may acts as a critical barrier.
- ❖ Body Regard may help protect against NSSI and/or Suicide in context of distress, risk factors.
- ❖ Integrate & enhance body connection, care, and valuing into interventions.

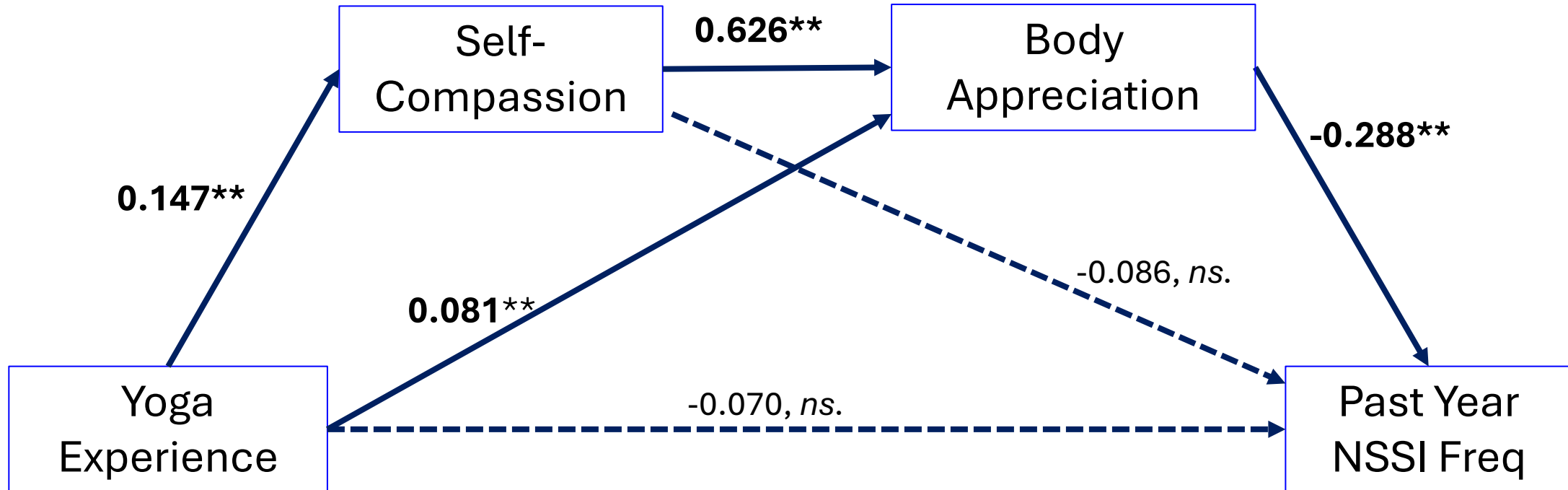


Embodied  
Interventions  
may help  
reduce risk and  
offer new  
avenues for  
prevention and  
treatment

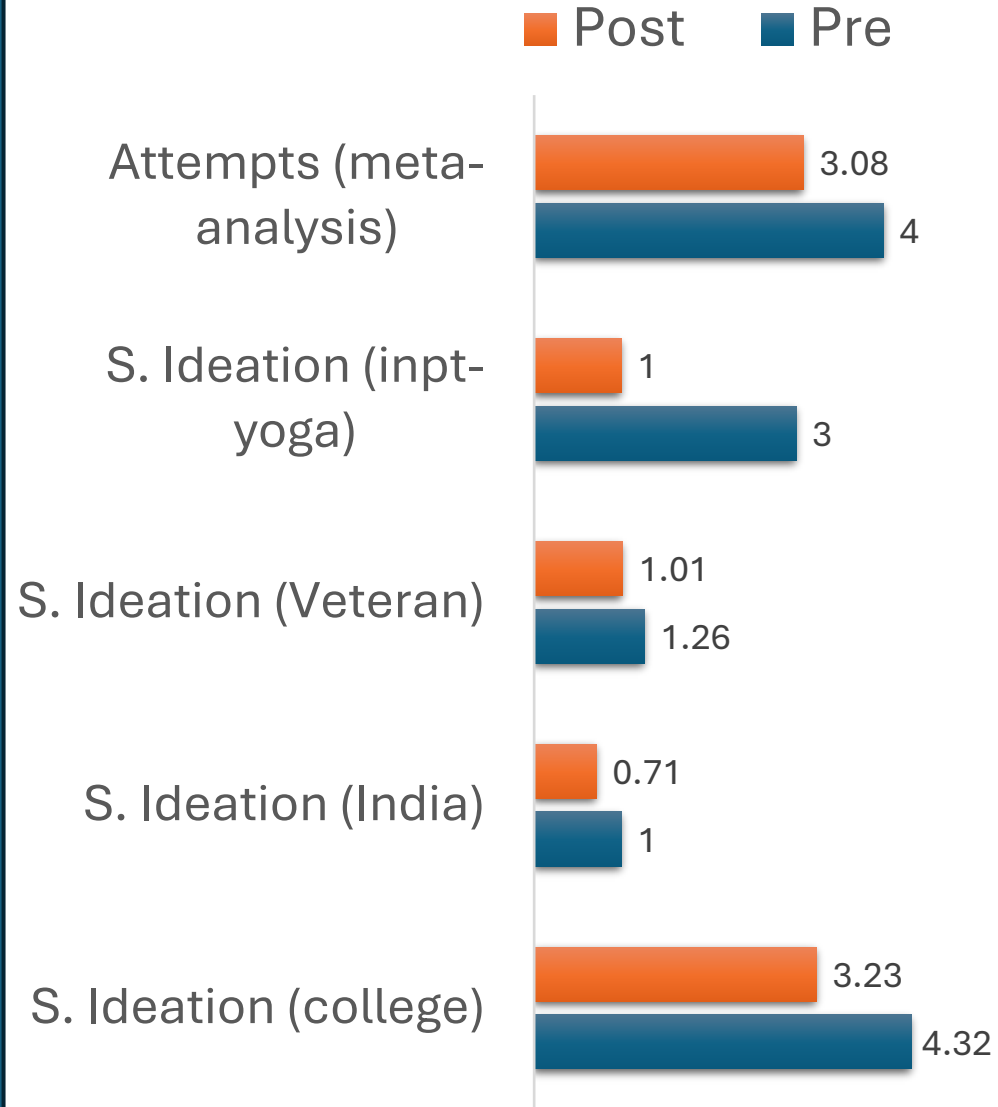


# Yoga & NSSI: Self-Compassion & Body Appreciation

384 University Students;  $M_{\text{age}} = 19.98$  (2.2yrs); 74.6% Female  
32.1% reported NSSI, Avg. Freq = 8.67 ( $SD = 22.9$ ) acts



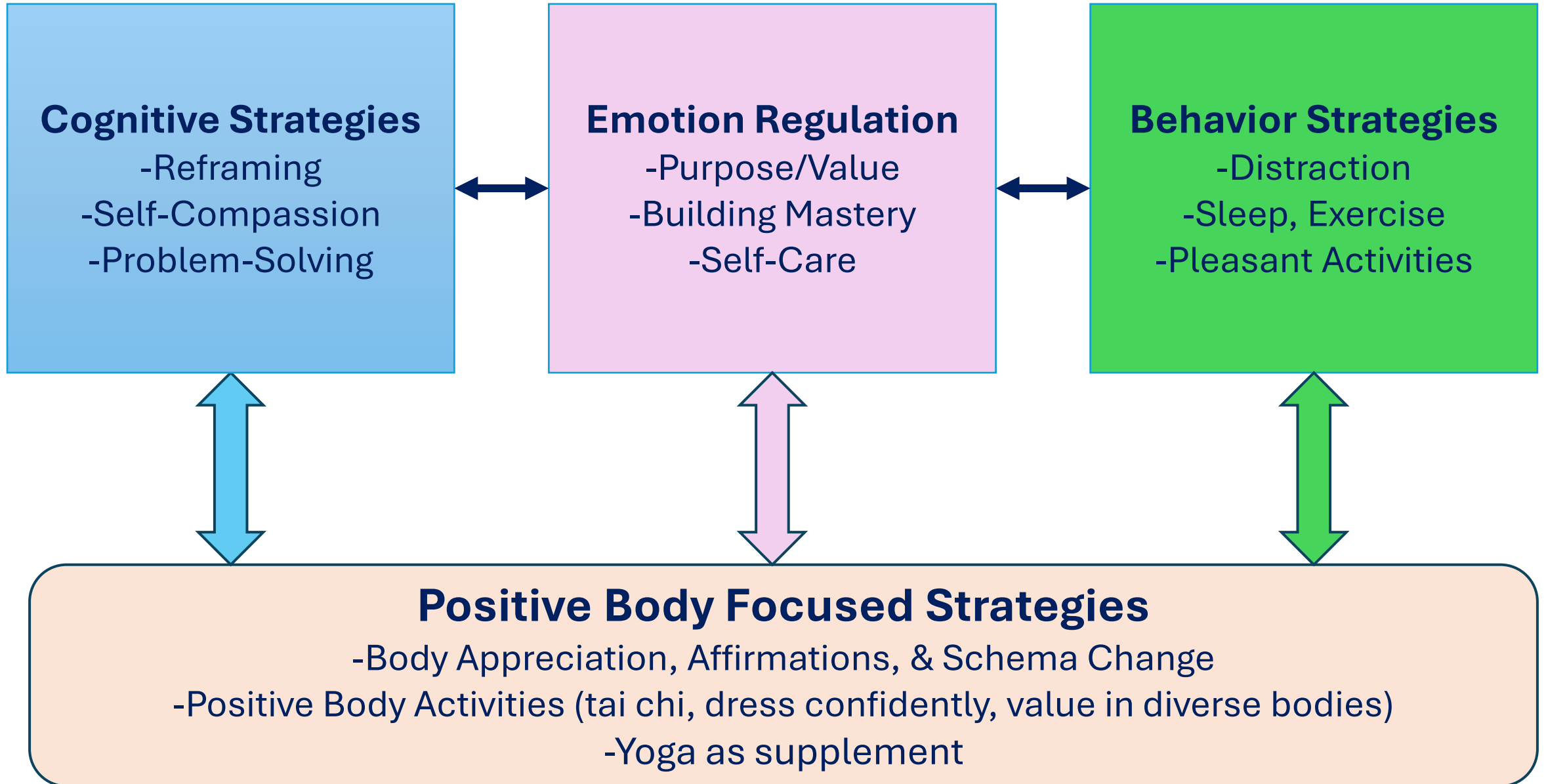
Body appreciation held a dominant effect  
Accounted for most variance  
Mediated self-compassion's relationship to NSSI



Studies testing effectiveness of positive body interventions for suicide & NSSI show promise.



# Comprehensive Treatment Approach: Integrate Body Focused Strategies







# Clinical Recommendations

Assess body regard in clients with self-injury  
Attend to bodily cues of distress  
Inquire where in body suicide wish exists

Utilize trauma-informed embodiment strategies  
Grounding techniques, sensory regulation  
Corrective body care imagery  
Adjunctive therapy: yoga, dance, tai chi, etc.

New Area to Explore:

Options if feeling “stuck”



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