Understanding the Cutting Edge: Self Mutilation

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Self mutilation now termed the “new age anorexia” is the practice of self abuse, the deliberate action of harming oneself (cutting, burning, scratching, pulling out hair, and carving) on the body. This behavior is on the rise and it is estimated one out of every 200 teenage girls between 13-19 practice this ritual for emotional release. This workshop will introduce participants to the basic concepts, interventions, and resources for treating and stopping this self-injurious cry for help.

Participants who attend this workshop will:  
-learn the three subcategories of self mutilation;  
-understand the behavior as a gateway to treatment;  
-discuss interventions to engage the client and cultivate self esteem.
TYPES:

Moderate-Cutting is the use of razor blade, knife, glass to openly cut the skin and allow it to bleed for minutes. Burning is the practice of placing cigarettes, hot metal, lighters, or lit matches to the skin to cause a burn. Other moderate types include carving, stabbing one’s body with sharp objects, hair pulling, bone breaking, and interference with wound healing are other common practices. The practice of wound interference is done by creating a wound, whether a bump, bruise, or scrape and preventing it from healing by tearing, picking, or pushing on the skin until a wound is created and bleeds. The most common is cutting, as is self-hitting, and burning.

Stereotypic-head banging or arm biting.

Major-limb amputation or castration (extreme and uncommon).

History:

Self mutilation, a.k.a. “the new age anorexia” has been around since 496-406 BCE. In “Oedipus” Sophocles famous play the main character blinds himself for (unknowingly) killing his father and marrying his mother. Not until 1938 Karl Menninger proposed self injury as a way to soothe oneself, an act of “self destruction --- a partial suicide to avert total suicide”.

Why People Do it:

Release stress, tension, and bad feelings. To express what can’t be expressed, take away the feeling of numbness, or a form of punishment.

Treatment:

In addition to the medical, it is an emotional issue. Medication can be helpful. Therapy to deal with the problems they are trying to solve through the act of self injury.
Resources

SAFE (Self-Abuse Finally Ends)
Gives referrals to local programs dealing with self abuse and self mutilation and information on treatment.
Phone: 1-800-DON’T-CUT  800-366-8288
www.selfinjury.com

Trichotillomania Learning Center
Clearing house for information on compulsive hair-pulling and can refer people to support groups.
Phone: 831-457-1004
www.trich.org

Books


Cutting: Understanding and Overcoming Self-Mutilation. By Steven Levenkron (W.W. Norton & Co.) A comprehensive book on the causes and effective treatments.

More Facts: A family Guide on Self Injury

It is estimated one in 70 High School Students has purposely injured himself or herself.

Roughly 85% of all “cutters” started in High School, usually as an impulsive reaction to emotional stress (Steven Levenkron, reported by the Nassau County Mental Health Assn, 2005)

Studies show that 8.5% of High School Students have attempted suicide (Youth Risk Survey, 2003).

Intervention

Start a conversation:
1) Have you ever known anyone who injured himself/herself on purpose? Why do you think a person would hurt him/herself?
2) Have you ever wanted to hurt yourself? What were the circumstances?
3) Do you think self injury helps a situation? Why or why not?
4) How can a person feeling emotional pain get help?

Advice from the experts:
- Educate yourself about self injury.
- Be direct and express concern. Say: “Let’s get some help for you.”
- Talk. Tell the person you are aware of self injury, but do not pass judgement. Don’t overreact. Anger, judgment, assumptions and punishment don’t help.
- Don’t threaten or give ultimatums. Don’t call the actions “self mutilation.”
- Say: “I’m sorry you are hurting so much inside. Is there a way I can help you get through these hard times?”
- Listen. Be Aware of the ways someone might be reaching out for help.
- Let life proceed normally as much as possible. Don’t “police” or watch the person all the time; be sensitive to his or her need for privacy.
- Seek help. Find a therapist who is comfortable with and has expertise in working with persons who self injure.
- Understand that change takes time.
- Love your child, friend, teenager or respect your client unconditionally.