SELF-HARM
(also referred to as Self-injury, Cutting/Slashing, Self-Mutilation, Self-Embedding, Self-Abuse)

OVERVIEW

The film Thirteen begins (and later picks up on) voluntary and mutual injury between two frenzied teenage girls. Female Perversions is a movie about self-mutilation. Psychiatrist Steven Levenkron wrote a novel in the 1970s about anorexia and wrote another in the 1990s about self-mutilation.

Increasingly, girls (and sometimes boys, women and men) are cutting themselves quietly and alone. The phenomenon seemed to spring up in the 1990s although it certainly existed earlier. It is still growing in the first decade of the new century. Two million Americans and countless more globally are becoming addicted to cutting or injuring themselves. Princess Diana, Courtney Love, Christina Ricci, Fiona Love and Angelina Jolie have admitted, or are at least said to be, among the celebrities who’ve struggled to overcome this powerful coping mechanism. Johnny Depp admitted publicly that his arms had scars from self-inflicted wounds.

Pictures of self-inflicted wounds and descriptions of techniques are scattered across the Internet and found in underground books. All this media attention can suggest to the most vulnerable that this is a “cool trend.” But serious books and sites offer on-line help and urge counseling.

In her Skin Game, Caroline Kettlewell describes how she first attempted to cut herself with a Swiss Army knife at age 12. She soon found razor blades were much more efficient. Her life was not unusually difficult, but she was petrified of having someone find her out. “I kept cutting because it worked. When I cut, I felt better. I stopped cutting because I always could have stopped cutting,” is how she rather awkwardly puts it.

Dana Sullivan begins her article for WebMD in this way:

Laren McEntire was 17 the first time she intentionally cut herself. She was sitting in a darkened movie theater next to a boy who was her best friend. On the other side of him sat his new girlfriend. “I was
jealous. I was scared he wouldn’t be my friend anymore,” she says, two years later from her home in Austin, Texas. “But I didn’t know how to tell him how I felt.”

Instead, fidgeting nervously in the quiet theater, she yanked the tab off her soda can. Without much thought, she pressed its sharp edges deep into the flesh of her thumb. The pain and blood that followed made her feel, for the first time, as if she were in control. But with the blood came something more: anger. “A lifetime’s worth exploded in that one minute.” Within a month, she was a full-fledged self-injurer, graduating to a single-edged razor blade and using it to carve deep grooves into the skin of her arms and legs.

A woman from Oregon remembers how she inflicted physical pain on herself for ten years using razor blades to cut herself or cigarettes to burn her own flesh. It helped her forget the pain of earlier sexual abuse. “After I cut or burned myself, I felt better.”

Psychiatrist and author, Steven Levenkron explains: “Many cutters simply lack the language skills to express their emotions.” Feelings of self-loathing, alienation, and lack of control lead to “an intense desire to do themselves harm.” Levenkron is an expert on OCD (obsessive compulsive disorders) and eating disorders and notes parallels. Some cutters also suffer from eating disorders.

Wendy Lader of S.A.F.E. Alternatives estimates that about half of self-injurers have a history of sexual or physical abuse. That leaves room for many other factors and explanations.

“Cutters” generally prefer to speak of cutting rather than self-injury or self-mutilation. “Cutters” are all different... in terms of the factors that led to cutting and in their manner of cutting, burning, or inflicting even more serious types of damage to self. They learn to cover their scars with clothes or to provide alternative explanations for the injury. It’s obviously more difficult to conceal the evidence in summer.

Most experts separate cutting from suicide attempts, even when both stem from depression. There are cases in which cutting seemed to have been contagious, spreading through institutions like prisons or mental hospitals—
even some schools. Some, even cutters, have suggested that bodily piercing and tattoos give a similar kind of relief through pain, but this is very controversial. Clearly tattoos and piercings are most often a style statement. This phenomenon challenges further study and deeper thought—and very careful intervention.

Self-harm or self-mutilation, as we’ve implied, is generally defined as doing damage to one’s body tissues without clear intention of committing suicide. "Secret Shame" is an important web site for anyone engaged in such behaviors; or worried about it. It begins by saying:

In spite of the title, there is no shame here. This site is meant to help you understand that you are doing nothing shameful; you are maintaining psychological integrity with the only tool you have right now. It’s a crude and ultimately self-destructive tool, but it works; you get relief from the overwhelming pain/fear/anxiety in your life. For some, though, there comes a breakthrough moment when they realize change is possible, that they can escape, that things can be different. I hope that when you leave this site, you will be closer to that moment.

After brief explanation of the site there are three questions to help one know whether they self-injure...whether or not one is really into self-harm.

• Do you deliberately cause physical harm to yourself to the extent of causing tissue damage? (breaking the skin...leaving marks that last more than an hour)
• Do you cause harm to yourself as a way of dealing with unpleasant or overwhelming emotions, obsessive thoughts, or dissociation?
• If your self-harm is not compulsive, do you often think about self-injury even when you’re relatively calm and not doing it at the moment? (Copyright 1996-1998 by Deb Martinson with permission to reproduce with credit to the author. See Web site.)

Throughout history it appears that cultures have manipulated or mutilated bodies of the young. Male and female circumcision, scarification and branding, the cramping of feet, elongating the neck, the tightening and restricting of waists, tattooing and body piercing can all be included as examples. Where reasonable manipulation ends, and a negative mutilation
begins, is a difficult line to draw.

Dr. Armando Favazza has written about this fascinating, if bizarre phenomenon in his *Bodies Under Siege* (1996). Here one can learn of Christian flagellant cults who beat themselves to show remorse and piety in the Middle Ages. It also describes the Australian Aboriginal practice of subcision in which the penis is sliced open along the urethra as a rite of passage... a rite embodying universal themes.

Historic cutting or branding of the body may have been done for at least two reasons: to make one’s body more beautiful or attractive—at least by particular cultural standards—and to engage in a ritual rite of passage with some kind of transcendent meaning. In addition the act may have fulfilled some complex emotional needs.

On the one hand, we can see a link between tribal scarification, the tightening, restriction or extension of female body parts, and today’s cosmetic surgery. All try to satisfy cultural standards of beauty. On the other hand, there are also the ritualistic rites of passage. One common theme in these painful practices is a mortification of the flesh in order to obtain transcendent healing and power.

Favazza goes on to describe a "new tribalism and body arts." Some tattooing and branding is performed in public rituals, especially in the gay S & M subculture; they are spoken of as "blood sports." Ron Athey and Orlan of France are exhibitionist performing body artists; Athey pierces himself while reading autobiographical selections and Orlan produces videos of progressive cosmetic facial surgeries.

The author of *Bodies Under Siege* is concerned (along with many who work with youth today) about young people growing up in societies with vanishing markers, in cultures which have no clear rites of passage to give clarity and significance in their transition to adulthood. He notes secret ceremonies in which teenagers cut themselves. Favazza sees these young people developing their own initiation rites...their own clarity in a confusing world.

We’ve done away with rites of passage, but the pattern can still exist. And younger teenagers who are seeking to become adults, the ones who can’t
make it the ordinary way, somehow tap into that. (New York Times Magazine, 27Jul97, p. 40)

The relationship of self-mutilation to ritualistic rites of passage lost in urban societies is debatable. And whether tattooing and the body-piercing fad have anything to do with cutting and other forms of self-injury is also controversial. But the fact that many teenagers in the U.S. and elsewhere are scraping, cutting, and burning their bodies with dangerous consequences—and admitting to the pleasure of pain—cannot be questioned.

Self-injury is more common than many realize. Marilee Strong’s A Bright Red Scream (1998) looks at a nation obsessed with cutting. Dr. Favazza estimates there are two million sufferers from this behavior in the U.S. He defines self-mutilation as "the direct, deliberate destruction or alteration of one’s own body tissue without conscious suicidal intent." His estimates refer to "moderate/superficial self-mutilation" in contrast to involuntary acts such as autistic head banging, or coarse self-mutilations such as the "eye enucleations and self-castrations of psychotics."

Examples of moderate/superficial self-harm include:

- Cutting
- Burning
- Plucking hairs from one’s head or body (trichitillomania)
- Bone breaking
- Head banging
- Needle poking
- Skin scratching or rubbing skins with sharp glass
- Poisoning, drinking toxic substances
- Self-Embedding

The act of taking a knife or razor to one’s flesh is a desperate crying out for feelings and for control. The person is saying:

I’ve given it all away. (or, I’ve had it all taken away.) I’ve tried so hard to please or help others...and I’ve been so hurt or disappointed when I have opened myself up to receive love and care...that I feel nothing anymore. I’ve got to feel something, and I’ve got to be able to control one small act
of my life.

With the pain of the cut comes a sense that the ability to feel has returned. The bleeding may symbolize the release of hurt and shame or even the expurgation of ugliness. The ritual may act as (or seem to be) a tremendous and necessary relief. But that relief is obviously temporary. And recurring rituals may become more severe.

In December, 2008, the public learned of self-embedding disorder (see article on self-embedding). Earlier acts of self-injury tended to be temporary, demanding re-cutting or burning. Embedding produces continued pain. Radiologists discovered this phenomenon through X-rays, ultrasound and fluoroscopic guidance. Doctors studied 19 episodes of self-embedding injury discovered in 10 adolescent girls, aged 15-18. Fifty-two objects, including needles, staples, paperclips, glass, wood, plastic, pencil lead, crayon and stone were removed from arms, ankles, feet, hands, arms and necks of 9 of the patients.

To discuss this behavior is to realize its similarity with (and differences from) eating disorders. The extreme anorexic (at least the dominating part of this person) may seem to dislike self and wish for its extinction. She or he is controlling one small but vital aspect of life: the taking of food and the control of weight.

There are many degrees of self-harm. Some teenagers have engaged in one-time experimentation or group ritual and decided it will never reoccur. Others have gone through a period of time when it took place, but alone or with therapy have left that behavior behind. Many self-mutilators, however, begin the practice in early teen years, may be successful in hiding it until it seriously affects or threatens their lives, and finally find treatment and final resolution of the habit or disorder in their twenties or thirties.

Whether to alleviate pain, to finally feel something, to substitute for some worse imagined expression of anger, or just to gain control, this behavior can move from a single exceptional episode to an occasional escape, finally to a way of life, an addiction.

Though seemingly a solitary secret means of relief, cutting and other forms of self-injury are bound to affect others. That’s one thing the cutter must
face. Beset with his or her difficult dilemma, a cutter must find others with similar struggles. In such company there is hope for choosing positive ways to deal with emotional pain and difficult situations.

Parents, friends and spouses are also caught wondering about appropriate intervention. Denial and resistance may seem overwhelming and insurmountable. Study of this problem helps. One boy wrote:

My sister was a cutter and when I first found out early last year, I immediately got onto the Internet to search for answers. This book (Kettlewell's Skin Game: A Memoir) reads beautifully and has helped me understand some of the feelings that my sister may have and the reasons she has chose to do what she does. (Amazon.com)

Prevention of self-harm obviously stresses building self-esteem in children and young people along with encouraging strong and healthy peer support. Prevention begins as families care for each member and note those who are not able to talk about their deepest needs. With adequate treatment and personal resolve, teenagers can change the destructive and seemingly irresistible behaviors described here.

As with all serious problems, a family needs advice from experts and those who have come out of this condition. Whole new levels of communication will have to be slowly opened up—which will take time and patience. But there is hope, as described above and as you will find through further study and conversations. The book, Bodily Harm: The Breakthrough Healing Program for Self-Injurers should provide some of the hope you need.

The treatment of self-harm is a complex process that needs specialized professional therapy and unusual group support. For additional information, also see Anorexia Nervosa, and Tattooing and Piercing.

**QUESTIONS FOR REFLECTION AND DISCUSSION**

- How close to this problem have you come? How has it affected you?
- What most pained you here? What most impressed you? With what did you disagree, or what did you want to add?
- What do you think about any society contributing toward tendencies
of self-injury? What can be done about that?

- How can you learn more about this behavior and discuss it with those who are able to answer your questions?
- Who, in your opinion, should be discussing this issue? What should come out of such discussions? What do you want everyone to know about cutting and other means of injuring one’s self?
- Finally, how would you help someone whom you suspected of cutting or hurting her- or himself in some serious or habitual way?

**IMPLICATIONS**

- We should assume that in most schools, churches, and communities, there are secret cutters and other forms of self-harm.
- Boys are getting hurt these days as well as girls. It seems, however, that boys are more often hurt girls or other boys than themselves. There must be a way to improve the ways boys deal with girls—and with anger. Our goal should be that boys and girls feel good about themselves and care about others.
- Self-mutilators will obviously not be helped much by condemning them or the practice. They want to be treated as persons rather than problems.
- Families and friends, even nice folk in nice communities, are the source of the hurts described here. Even if only a relatively few are hurting themselves, we should still try to correct those "toxic" influences.
- The issue of cutting or self-injury should not be put in a category all by itself. It is related to many other emotional coping mechanisms and behaviors among us. Self-harm must be looked at from the standpoint of the individual, first of all, then family, school, community, the media, advertising, churches and other social systems.
- Treatment of self-injury is important. Prevention is even more critical.

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