

THOSE DARN TEENAGERS

Self-Injuring Explored

By

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Program Goals:

- Description of self-injury
- History
- Myths
- Common types / targets
- Where does it come from
- Purpose of
- Warning signs
- Support and Treatment ideas
- Group work with self-injuring teenagers
- Personal Story
- Questions and Answers

Self-injury Defined

- “deliberate mutilation of the body or body part, NOT with the intent to commit suicide but as a way of managing emotions that seem too painful for words to express” (Conterio & Lader, 16).
- “acts directed towards themselves that result in tissue damage” (Schroeder, et al., 1).

History

- 496-406 BCE - Sophocles's play, Ancient Greece, Oedipus sticks golden brooches through his eye after killing his father and marrying his mother
- First century – Roman poet Catullus portrays story of Cybele and Attis where he cut off his loins after being unfaithful and this was followed by priests at the Blood festival honoring Attis
- 13th – 16th century - Flagellants, sect of people starting in Italy where they would walk the streets beating their backs with twigs till they bled for religious mortification
- Numerous nuns and saints were known to starve, purge and flage themselves

History cont.

- 1846 – First case report on self-mutilation where a guilt ridden widow enucleated her eyes
- 1886 - African Bushman family demonstrated finger amputations based on African tribal mourning and how much was amputated depended on how close they were with the deceased
- 1888 - Artist Vincent van Gogh cut off his ear lobe and sent it to a prostitute when angry with a housemate possibly wanting her to grieve for and love him
- 1960s - Traditional sacrification among the Bangwa tribe in Africa to enhance social status and free oneself from spirits

(www.williams.edu/atimofey/self_mutilation/History)

Types of Self-Injury

(not all inclusive list)

- Cutting oneself
- Burning oneself
- Bruising oneself
- Scratching oneself
- Breaking own bones
- Amputation of digits
- Injection of toxins
- Extracting of one's own hair
- Chewing on lips / hands, other parts
- Pulling out own fingernails
- Hitting self with objects
- Banging head
- Piercing
- Tattooing
- Embedding objects into body

“Myths” of Self-Injury

- 1. It's attempted suicide
 - a. Often self-injury is averting suicide and a survival strategy
- 2. It's attention seeking
 - a. There are better ways of getting attention!
- 3. It's Borderline Personality Disorder
 - a. Self-injury is not a diagnosis. What is true for one is not true for another
- 4. They're manipulative
 - a. Self-injury is private and not about its effects on others
- 5. If you won't see a psychiatrist you can't want to get better
 - a. Psychiatry has little success treating self-injuring individuals and these do not address self worth

- 6. Either they enjoy the pain or they can't feel it
 - a. Each person has a different pain tolerance
 - b. Commonly the pain that may not be felt during the act itself is felt later
- 7. Don't waste your time we've been treating that person for years
 - a. These are not hopeless cases and may require years of treatment
- 8. It's tension releasing
 - a. Tension is rarely the sole pressure the individual is feeling and has multiple triggers
- 9. They'll grow out of it
 - a. There is no evidence that shows people grow out of it

Most common types:

- Cutting
- Burning
- Self-embedding

Instrument Examples

(not all inclusive list)

- Razor blades
- Knives
- Glass
- Pens / pencils
- Credit cards
- Bottle caps
- Staples
- Safety pins
- Earrings
- Any sharp instrument

Common Targets

- Arms
- Legs
- Stomach thighs
- Breasts
- Genitals

- 75% use more than one method of self injury
- 1,400 out of 100,000 people self-injure
- 56% also have difficulties with alcohol
- 30% also have difficulties with street drugs
- 61% also have difficulties with eating disorders
(Dr. Armando Favazza)
- 13-24 % of high school students in the U.S. and Canada have self-injured (Web MD 2009)

Who Self Injures?

- Self-injury knows NO geographic, cultural, or class boundaries.

- “Typical” injurer home: (per Conterio & Lader)

One with physical/sexual or emotional abuse, parents ignore the person, rigid households, little or no parental guidance, lack of emotional involvement by parent figures, chaotic home life, neglect, role reversals / dynamic shifts.

- “Typical” Injurer: (per Conterio & Lader)

White, middle-class female with above-average intelligence, began cutting in teen years, low self-esteem, trouble relating to others, depression tendencies, difficulty putting feelings/thoughts into words, high need for love/acceptance, lack of self care, lack of self soothing abilities, lack of abilities to control distress, fear of change, difficulty forming stable relationships.

- *“Self-injury is usually a life sustaining act, a mechanism to cope with stress, relieve inexpressible feelings and gain attention”*

(Conterio & Lader, 29)

- *I do it for different reasons, depending on what state of mind I am in. I will do it sometimes as a way to get relief from the pain I am feeling inside. Other times I do because at the time I feel I deserve to be punished. And other times I do it to “shout out” to the world that I need help and it is this bad* (female, age 38, 27 years self-injuring)

- *Because I hate myself, the way I look. Whenever something in my life goes terribly wrong. It usually happens whenever I am rejected in any way (male, age 26, 12 years self-injuring)*
- *I guess I do it to let out the pain. It feels good when you're angry or upset about something and then I cut or inflict some kind of pain on myself. I do it because I love how it feels. I feel weird saying that but I do and sometimes I can't stop doing it (female, age 24, 4 years self-injuring)*

- *I am full of anger and hurt. I feel like nobody cares. I do it because it is easier for me to hurt myself and deal with my pain than it is to tell someone and hurt them. I would rather be the one hurting. I never want to make someone feel the way people make me feel, so I don't say anything. I keep everything to myself and then it builds up. I explode and I start cutting* (female, age 17, 7 years self-injuring)

(www.palace.net/llama/psych/qwhy.html)

Co-morbidity?

- Substance Dependence
16% of self-injurers are diagnosed here
- Depression
14% of self-injurers are diagnosed here
- Dysthymic Disorder
12% of self-injurers are diagnosed here
- Borderline Personality Disorder
9% of self-injurers are diagnosed here
- Sexual orientation and identity issues
- Other possibilities (PTSD, etc.)

(Ferreira de Castro et al., 1998)

Where does it come from?

- *“Behaviors acquired through an individual’s history of interaction with the environment and are influenced by the same types of contingencies – positive and negative reinforcement”*

(Shroeder, et al., 2002, 93)

- Peers
- Popular Culture
- Accidental
- Social Consequences
- Social Reinforcement
- Learned Behavior
- Health Conditions
- Neurochemical

Theories

- Early – psychoanalytic hypothesis that there is psychopathological causes as symbolic behavior is to thwart infantile motives
 - Inherited or congenital brain disorders
 - Failure of maternal attachment

(Schroeder et al., 2002)

- Operant Learning –

- Learned behavior which is increased by positive and negative reinforcements

- a. One is that individuals who self-injure are positively reinforced by getting attention

- b. Another is that the sensory stimulation attached with self harm serves as a positive reinforcer

Typically more useful explanation when dealing with stereotypic self-injury (ie. autistic individuals)

(Schroeder et al., 2002, & www.palace.net/psych)

■ Neurochemical

- Dopamine

depletion of agonists (cocaine, amphetamines) create self-injury

binding agonists to receptors cause self-injury SO blocking should reduce self injury

tx: clozapine & risperidone – selective D1 receptor agonists reduce self injury

(Schroeder et al., 2002)

- Serotonin

serotonergic dysfunction may facilitate self-mutilation

(Coccarp et al., 1997 & Simeon et al., 1992)

■ Social Communicative

- Positive reinforcement

- Negative reinforcement

Trauma / invalidation as antecedent

Studies that validate that if exposure to physical abuse/neglect/chaos the more likely the subjects were to self-harm with sexual abuse most likely

■ Health Conditions

- Otis media, GI problems, Menses, and Sleep deprivation

Ex: sleepless night may lower value or increase aversiveness of task and thus more likely to self injure to avoid the event

(Schroeder et al., 2002)

Purpose?

- Physical calming
- Control
- Temporary boost of morale
- Cleansing
- Expression of needs, wishes, desires
- Self-punishment
- Cry for help
- Mood regulation

- Cry for compassion
- Attempt to engage care from others
- Leveling aggression
- Religious beliefs (atonement, rid self of demons)
- Grounding / reality testing
- Relief from alienation
- Tension release
- To see blood

Doesn't It Hurt?

- Numbing
- Empty
- Disassociation
- Pain after and/or some during
- Pain is the small price to pay
- Bigger purpose

Process Feelings Example:

- Before feelings:
panic, anxiety, loneliness, exhausted, indecisive, overwhelmed
- During feelings:
intense, numb, miserable, hysterical, concentration, calm
- After feelings:
disappointed, guilty, relief, embarrassment, shame, relaxation

- *“Before I self-injure, I am usually in so much pain emotionally. I feel helpless, upset, and anxious. I really do not consider anyone around me. During the act itself I feel completely numb or I feel so much physical pain that I overpower my emotional pain. After the episode, I feel relieved, as I have released some tension. My blood shows me I am still human”*

(Conterio & Lader, 95)

Warning Signs:

- Scars
- Patterns of abrasions / repetition
- Secrecy
- Physical / emotional absence
- Retreating to private space
- Excuses for wounds
- Guarded / anxious when questioned
- Long pants / long sleeves in warm weather
- Low self esteem
- Eating disorders
- Substance abuse
- Behavior changes (social withdrawal, etc.)
- Inflammation and swelling due to a foreign body with no clear reason

What do we do?

- Pay attention to warning signs
- Support and more support and more support
- Address the concerns calmly – NOT with shock, fear, anger
- Avoid abrupt questions (Why are you doing this?)
- Don't have high expectations
- Don't make threats

- Don't give ultimatums
- Offer options
- Respect privacy
- Look at and weigh consequences of sharing information with school, work, family, and friends
- Medication options
- Family support and treatment

- Look at yourself but let self-injurer take own responsibility
- Avoid rescuing
- Don't accept blame for their distorted views
- Crisis plans / safety plans to their level
- Self care for client and family
- Healthy feelings expressions
- Don't invalidate

Stopping Self-injury

- It is not necessary to meet all these criteria before stopping but the more of these that are true, the better.
- Having a solid emotional support system of friends/family and professionals
- There are at least 2 people in their life that can call when want to hurt self
- Feel at least somewhat comfortable talking about it
- List of 10 things can do instead of hurting self
- Feeling confident can get rid of major things that would be used to hurt self
- Holding commitment and responsibility to others for working to stop
- Willingness to feel uncomfortable, scared, and frustrated
- Confidence that can endure thinking about hurting self without actually doing it
- Wanting to stop hurting self

Substitution methods

What can they do instead?

- Putting hands in ice
- Snapping rubber bands
- Punching pillows
- Writing / drawing with red colors
- Red Food coloring
- 15 minute game

Match an activity with a feeling

- Anger, frustrated, restless

Break sticks

Tear up old newspapers, magazines

Do something physically aggressive
not directed at self or another
person

- Sad, soft, melancholy, depressed

 - Do something slow and soothing

 - Listen to music

 - Put on lotion on the parts want to hurt

- Craving, disassociation, feeling unreal

 - Grounding exercises

 - Stomping feet

 - Focus exercises including breathing (mindfulness)

- Wanting focus

 - Do a task that requires concentration

 - Mindfulness exercises

 - Examine an object around you carefully

- Wanting to see blood

 - Draw / write with red colors

 - Use red food coloring that is warmed on
the parts one wants to cut

Group Work

- What Works / What is Different (so far)
 1. Group rule differences
 - a. No war stories
 - b. No showing or bragging of injuries
 - c. Do not come to group if self-injured that day prior to group
 2. Focusing on emotional regulation / coping skills / addiction type model
 3. Use of DBT skills such as mindfulness
 4. Parent group / education

■ What Does not Work (so far)

1. Allowing outside group support or contact
2. Abstract metaphor – need concrete
3. Not process only

Personal Story

This is the story of Veronica Ramos and her mother Theresa. They came to me seeking counseling services and Veronica was entering high school.



Questions??????

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