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E-News Exclusive

Bleeding to Stop the Hurt: The Rise of Self-Injury By Lynn K. Jones, DSW

"I cut myself with razors because the pain in my chest is unbearable," explains a 32-year-old anonymous woman on a self-injury blog. "Almost anything can set me off. Most of all, the desire to injure myself comes when I feel like I have failed at something or when I feel someone close to me is going to leave me. The need for intimacy in my life is great and, although I try to keep everyone at arm's length, when I do let someone in, I feel as though I will be hurt. Cutting relieves the pain that nothing else can take away." She says she has a master's degree in social work and has been injuring herself for 17 years.

A professional woman in her 30s mutilating herself?

Long thought to be a behavior primarily seen in adolescent girls or people with borderline personality disorders, researchers are discovering a troubling reality. Self-injury seems to span most age groups, is seen in both sexes, and is not associated with any one diagnosis. Self-injury is "remarkably prevalent and woefully understudied," according to the editors of a special issue of the *Journal of Consulting and Clinical Psychology* on self-injury.

Strictly Taboo

It takes a lot to injure oneself. Primitive personal and social taboos and all our instincts of self-preservation work against it. It is not a natural act such as sex or a social act such as drinking, explains Janis Whitlock, PhD, a prominent researcher in self-injury at Cornell University. "Every part of a person is screaming 'Don't do this!'"

Animals rarely self-injure. When they do, it is a result of high distress or for self-preservation. An animal may chew off a paw to get out of a trap, for example. Researchers are finding that the urge to self-injure in humans is also highly correlated with stress.

Cutting, burning, and biting are the most frequent forms of self-injury, but scratching, picking scabs, interfering with wound healing, punching objects or oneself, head banging, and hair pulling are not uncommon.

A type of self-injury involving self-embedding objects has been discovered by radiologist William E. Shiels II, DO, of Nationwide Children's Hospital in Columbus, Ohio. Shiels uses ultrasound technology to see and remove fragments from the body, an expertise he developed while working with injured military personnel. After several children were referred to him with wounds that would not heal, he discovered self-embedded objects and was curious. Shiels' one-time research aid, Adam Young, subsequently identified 19 episodes of self-embedding in 10 girls aged 15 to 18 following his review of a hospital database. The girls had inserted items such as metal staples, unfolded paper clips, glass shards, wood splinters, pencil lead, crayons, and stones into their arms and legs.

Because of the strong taboos against self-injury, it is almost always kept secret. People feel shame and guilt about it, says E. David Klonsky, PhD, an assistant professor of psychology at Stony Brook University in New York. "They recognize that people might pass judgment and have severe reactions to them."

The anonymity of the blogosphere provides a safe place for people to seek support and share their secret. The high volume of activity on blogs involving a wide spectrum of people suggests that self-injury is more common than previously thought.

Knowing about self-injury is a "gift," according to Whitlock. It is a red flag that someone is dealing with emotions without the positive skills to cope with them; it should alert a social worker to investigate further, to assess the client's coping skills and other dysfunctional behaviors on a broader level.

But because people who engage in self-injury tend to be secretive, how do you find out? According to Whitlock, the simplest and best way is to just ask. She suggests that a query about self-injury should be part of every initial assessment.

Mental health professionals should be alert for signs of possible self-injury. Whitlock says



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that while people who self-injure are secretive, they also often want someone to know and will give little clues, so be attentive to any scars or wounds. "It is not hard to get glimpses, if you try," she says. Take notice of someone who is always covering up a particular area with clothes or wearing clothes that are inappropriate for the weather.

People Who Self-Injure

All behaviors serve a purpose, and the purpose of self-injury is usually related to relieving tension or stress from "acute, intense, overwhelming emotions," explains Klonsky. It is a crude but efficient coping mechanism. "When people self-injure, they feel overwhelmed, frustrated, and anxious. After they self-injure, they feel calm and relief, although guilty and sometimes angry at themselves," he says.

A 26-year-old male blogger shares how self-injury helps him cope: "Injury gives me focus. I cannot seem to stop the spinning of emotions/ideas and thoughts (mostly thoughts that I don't want). Self-injury gives me a temporary peace, and it works for any situation."

Self-injury doesn't imply a certain diagnosis, according to Klonsky. People who self-injure have difficulty regulating their emotions. They have a lot of self-directed anger and self-blame, and they tend to be hard on themselves. "People who only self-injure once or twice may not have incredibly severe psychiatric symptoms; they have some. Whereas, people who habitually engage in self-injury will have clinically significant psychiatric symptoms such as depression, anxiety, and suicidal thoughts," he notes.

Because self-injury is most often used as a way to manage extreme negative emotions, it often occurs in people who have experienced a trauma. Michelle M. Seliner, MSW, LCSW, chief operating officer for S.A.F.E. ("self abuse finally ends") Alternatives, a program based in Naperville, IL, for people who self-injure, says that many of the organization's clients have been in physically, sexually, or emotionally abusive environments where they weren't allowed to verbalize their feelings.

According to Seliner, a self-injurer will have an uncomfortable feeling and then will try to bury that feeling. "We first try to identify what their impulses are, what their triggers are, and we work with them to identify what they are feeling, so that we can help them to sit with their painful feelings," she explains.

At S.A.F.E. Alternatives, the goal of treatment is abstinence. "We want people to stop injuring; we want to extinguish it." This is in contrast to other approaches that attempt to teach replacement behaviors for self-injury behavior.

"I don't always know why I self-injure. Sometimes it's used as a distraction from the pain or anxiety I'm feeling. Sometimes, I use it as a way of saying with my body what I can't say with words. At times, there are no words for what is going on inside me. Other times, I use self-injury as a way of releasing the anxiety and panic I am feeling. And, sometimes, I use it as a way of punishing myself for whatever it is at that moment for which I feel I need to be punished." These words, written by a 44-year-old female blogger who has been self-injuring for 24 years, say it all: Self-injury is self-expression, and treatment begins with understanding the message.

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