

Self-Injurious Behavior

Many of us have experienced hurt, sadness, and loneliness at one time or another. We have all encountered rejection. For some, the emotional pain that results from such experiences can become overwhelming. To feel relief from what is experienced as unbearable emotional pressure, some individuals engage in self-injurious behavior (SIB), also commonly referred to as self-mutilation.

SIB involves behaviors in which a person deliberately inflicts pain and physical injury upon his or her own body. One of the most common forms of SIB is "self-cutting, followed by self-burning, pin-sticking, scratching, self-hitting, interference with wound healing, and bone breaking" (Lukomski & Folmer, n.d., p.1). Cutting involves making cuts to the skin, usually of the arms or legs, although it can also involve other parts of the body such as the genitalia. Individuals who engage in self-cutting are often referred to as 'cutters' and frequently experience low self-esteem, relationship problems, and difficulty functioning at home, school, or work.

Researchers estimate that between 2 to 3 million Americans struggle with SIB (Conterio & Lader, 1998). Women more frequently engage in SIB than men. Self-injurious behavior appears to be on the rise at American colleges, and traditional-age students (ages 18-22) are at highest risk (Brumberg, 2006). Brumberg cited a study led by Janis L. Whitlock, a developmental psychologist at Cornell University, which offers evidence to this growing trend among college students. Of the 3,069 students randomly surveyed, 17% "purposely tried to injure themselves by cutting and burning," while 75% of these students had attempted to cut or burn themselves multiple times (Brumberg, p. B6). People can engage in cutting behavior in episodes or continuously throughout the years but the behavior often increases in frequency and severity over time. Individuals who cut, often describe their behavior as addictive, contributing to the repetitiveness and difficulty of stopping this behavior.

In general, cutting is neither socially condoned nor accepted. Friends, family, even doctors can respond to cutters with discomfort, fear, even disgust. Such reactions increase the individual's reluctance to seek help. Individuals who cut tend to wear long pants and sleeves, even in warm weather, in order to conceal their wounds. Wristbands and other accessories are frequently used to conceal cuts around the wrist area. If questioned, individuals who cut themselves will frequently offer a number of excuses for their cuts. A great deal of secrecy, guilt, shame, and isolation surrounds this behavior, which ultimately contributes to the difficulty in monitoring the prevalence of cutting.

There are many reasons people cut: to release tension, gain control, escape from emotional pain, and to experience a momentary state of pleasure (Lukomski & Folmer, n.d.). In the early 1900's, L.E. Emerson described how cutting produced a feeling of relief and was therefore utilized by cutters as a means of coping with emotional pain (Brumberg, 2006). The individual may experience a sense of control over their lives and emotional experiences by distracting him or herself from painful thoughts and memories (White, Trepal-Wollenzier, & Nolan, 2002). SIB can also become a way to communicate experiences and emotions that would otherwise be difficult for the individual to express (Gratz, 2006).

Some individuals who cut experience a strong need to reduce their experience of feeling empty and emotionally numb by creating a sense of feeling "real" (White, Trepal-Wollenzier, & Nolan, 2002). Johnny Cash conveyed this sensation in the song

"Hurt" when he sang, "I hurt myself today. To see if I still feel. I focus on the pain. The only thing that's real" (LyricWiki, n.d.). Without conscious recognition cutting becomes a way to express a "rage toward others or self; feelings of abandonment, guilt, or desperation" (Skegg, 2005). In an article by Mahari (1999), one cutter explains, "Cutting was how I cried. As the blood dripped, it was like tears cleansing the ocean of my psychic pain. After I would cut, I then would take care of myself." Personal accounts like this support the notion that cutting functions as a way for the individual to achieve an emotional equilibrium. The mounting tension that is experienced prior to engaging in the SIB diminishes shortly thereafter. For some cutters, engaging in SIB "produces an increase in the production of endorphins, which inhibits the feelings of pain and tension" (White, Trepal-Wollenzier, & Nolan, 2002), resulting in a state of pleasure and euphoria (Lukomski & Folmer). This relief, however, is fleeting.

Regardless of what motivates someone to cut, it is self-destructive, both emotionally and physically. Problem-solving becomes more difficult, the ability to be flexible in one's thinking decreases, and there is an increased sense of hopelessness and isolation (Skegg, 2005). Permanent scarring can result from cutting and there is a serious risk for infection due to wounds not healing properly. Cutting also can cause more physical harm than intended and result in medical complications or even death. Having other conditions such as an eating disorder or problems with alcohol or substance abuse can further complicate the individual's overall health and quality of life (Conterio & Lader, 1998).

If you, or someone you know is engaging in self-injurious behavior, you are not alone, professional help is available. Seeking an evaluation from a mental health professional is the first step. Talking with a therapist is essential to preventing the self-destructive cycle of cutting from continuing. During the course of treatment, individuals who engage in self-injurious behavior can work on increasing their ability to identify and verbally express their emotions, and on developing alternative methods of coping with intense emotions and physical sensations. Identifying activities and alternative behaviors the individual can engage in when they experience the urge to cut is important, as is strengthening the individual's social support. It is possible to develop healthier, more effective methods of dealing with emotional pain.

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