Cutting: Understanding the Self-Mutilation of Teenagers

By Kelli Woodard My ministry journey led me off the well-beaten path of church work into a job at a residential counseling facility for teens. During my 18 months as a house parent, my eyes were opened to the issue of self-mutilation and I learned how to have an effective ministry with hurting teens. Our facility was designed for short-term stays, with most teens graduating the program and returning home within 12-18 months. Our residents were "normal" kids, the same kids who attend youth groups across the country. In fact, many of our teens were active in their churches both before and after their stay with us. Their self-mutilation didn't begin once they entered our doors.

"Leah" was one of my girls. When I met her she was only 14 years old, but she had a history of cutting. She had deep hurts, including losing her father to suicide. The physical scars on her body were an indication of the wounds she had inside. During the time she lived in my house I learned her story: {quotes}The first time she cut herself was just an "experiment" that she says did not really affect her.{/quotes} It wasn't until the summer she attended a week-long middle school church camp that cutting became a problem. Like any camp, the week was filled with activities, Bible studies, and discussions. For Leah, it was more than she could handle. She explained to me that through the week she realized all the things she didn't have, all the things her youth minister told her she shoul have if she was a believer. Not only was she saddened by the things missing in her life, but she began to feel like she didn't deserve to have a relationship with Christ. As she so clearly stated, "I felt unworthy, so I cut." Hidden away in a bathroom stall at camp she sliced her wrist. She bandaged it up and pretended everything was okay. For Leah, it was the beginning of a long struggle with cutting. Obviously, something was terribly miscommunicated to Leah at camp. She arrived at camp in pain, and instead of leading her into the arms of a healing Savior, the speaker alienated her and added another emotional scar. I'm sure this was not the speaker's intent, but Leah was at a point in her life where she was "ever hearing but never understanding." What she did hear caused even more problems. There are many teens like Leah. As youth workers, how knowledgeable are we about the growing problem of cutting? How do we respond to the harm teenagers inflict on themselves? And most importantly, how do we communicate clearly to these hurting teens? Understanding Cutting

Simply defined, self-mutilation is harming oneself by injuring the body. Cutting, the most well known form of self-mutilation, falls under this definition. It is most common on the wrist or forearm, but teens may also cut their legs, feet, abdomen, breasts, or other places.But cutting is not a new issue. In fact, it's even documented in Scripture. Mark 5 begins with the account of a man possessed by an evil spirit. Verse 5 states, "Night and day among the tombs and in the hills he would cry out and cut himself with stones." This recorded history of self-harm is unusual. In the past, the issue remained hidden and seldom discussed. However, lately it has entered the mainstream. It is explored in movies (Thirteen), television shows (Seventh Heaven), music ("Last Resort" by Papa Roach), magazines (Time, May 2005), and the Internet (cutting chat-rooms). I even found a Web site quiz titled "What self-mutilation are you?"With this increase in exposure, it is no wonder that the number of teens who harm themselves is also increasing. According to an article by K.R. Juzwin, Psy.D. entitled "Self-Injury: A Growing Epidemic Problem," cutting is widespread. "The problem of self-injury is not confined to any one demographic, ethnic or socioeconomic group. Although women/girls seek treatment more frequently and for different problems than do men/boys, self-injury appears to not be selective with who engages in it. Both sexes tend to use cutting as the most frequent form of self-injury." Due to the secrecy of cutting, and because many teens do not seek help, exact numbers of teens who cut are hard to come by. "Since cutting is generally done in private, no one really knows how widespread it is, however experts say upward of three million Americans hurt themselves on a regular basis." ("Cutting to Cope" by Ken Mueller, CPYU.) The Journal of Abnormal Psychology estimates that anywhere from 14 to 39 percent of adolescents have engaged in self-mutilating behaviors. It is imperative for youth workers to understand that the act of cutting is a symptom of a greater problem—abuse, mental illness, loneliness, family problems, etc. All of these issues generally generate deep pain in the individual, and cutting becomes a coping mechanism. One of the basic premises behind cutting is that it is "used to alleviate emotional distress in an effort to enhance psychological adjustment" (Journal of Clinical Psychology). This seems to happen in one of two ways. For some teens the act of cutting takes away pain. In a sense, the physical pain dulls the emotional pain. Many of the girls I worked with repeatedly told me that the physical pain was easier to deal with than emotional pain. On the other hand, cutting allows some teens to feel again. In Leah's case, her emotional pain was so great that she would eventually stop feeling altogether. In this numb state she would cut and then be able to visibly see the pain. There is also the control factor teens experience when cutting—when the emotional pain is too hard to handle, a cutter can regain control by causing physical pain to themselves instead of dealing with the emotional pain someone else may have caused. For some teens, the attention received as a result of the cutting becomes as important as the pain relief that cutting originally provided. In general, adults freak out when a child is wounded. This is especially true if the injury is self-inflicted. A teenager feeling alone and isolated may appreciate the sudden interest in her life that others are now exhibiting. There's also the issue of cutting becoming contagious or the "cool" thing to do. In the article by Juzwin, there's mention of teens involved in "cutting clubs." For some teens, this social cutting plays into the need for attention. In various high schools it may be the newest fad, the popular way of dealing with pain.Cutting is usually a solitary activity and shrouded in secrecy so it can be extremely difficult for youth workers to know if a student is harming him or herself, but there are indicators. The girls I worked with would go to extreme measures to keep their wounds hidden, including wearing numerous bracelets, wearing wristbands, or only wearing long-sleeve shirts even on the hottest summer days. During the winter months scars are easier to hide, but as the temperature rises and clothes decrease it takes more creativity to hide the problem. Always wearing long sleeves or pants may be an indication that a teen is trying to hide wounds or scars. Also, habitual cutters will often keep a supply of bandages readily available. If you see such a supply, or if a student is always asking for a band-aid and you never see a wound, there may be cause for concern. If a student seems to be down or in a bad mood, disappears for a little while, and comes back seeming fine, it may be a red flag. However, mood swings are a

part of adolescence and it may not indicate anything except that the teenager is acting like a teenager! When cutting is a struggle for a kid, it would be nice to be able to remove all sharp objects from the environment, but it is neither logical nor feasible. Although most teens have a preference, they will use whatever is available to cut their skin. Common cutting instruments include paper clips, staples, broken glass, broken plastic, safety pins, knives, scissors and razor blades. While working at the residential facility we were able to restrict certain items (knives, scissors, shaving razors) in order to keep the environment safe. However, the more objects we took away, the more creative the girls were. They used razor blades from pencil sharpeners, broken glass from makeup cases, thumbtacks, the broken plastic from a ballpoint pen, or their own fingernails. Responding

Unfortunately, simply understanding the cutting phenomenon is not enough. Intellectual knowledge seems completely inadequate when a student actually walks into your office with a bleeding wound she inflicted on herself. There is both a need to respond appropriately in order to help the teen, as well as to allow future discussions about the incident. I learned this very quickly. "Hannah" was new to our facility, and I had just recently met her. One evening another student told me that Hannah had cut her arm and that it looked really bad. It was the first time she had cut. I wasn't quite sure what to expect. Hannah had taken a razor blade to her forearm and cut a deep 4" long gash that was now bleeding heavily. Thankfully, I kept my cool and was able to assess the wound and take appropriate steps. (In her case a trip to the emergency room for stitches was necessary.) A youth worker needs to care for the wound immediately. It may be a superficial scratch that just needs a bandage, or it may be a deeper wound requiring more care. Remaining calm is also essential. Remember, in most cases the cutter does not think the wound is that big of a deal. The more worked up you get, the more likely the teen is to shut down all communication, and may regret coming to you in the first place. Because I didn't over-react (or throw-up) Hannah saw that her cutting did not scare me. I was not shocked or disgusted. Instead, I was able to turn the situation into a positive discussion about when, where, how, and why she cut, which removed some of the secrecy. The way in which you first respond will set the tone for future communication with the student. For a kid to even acknowledge his self-mutilation is a huge step. In Hannah's case, she was loved and cared for, and she saw that she did not have to struggle alone. Steven Levenkron's book Cutting: Understanding and Overcoming Self-Mutilation, has an entire chapter devoted to the characteristics of helpers. He lists six personality traits that are necessary in order to help a teen in crisis: confidence, empathy, knowledge, understanding, nurturing, and optimism. "The helper who combines all of these traits offers the self-mutilator a way out of her painful loneliness: the relationship." How encouraging it is as youth workers to know that the relationship is key. It is something we know how to do and at which we should excel. The way Hannah's situation was first handled proved very beneficial down the road. She was willing to share her struggles and eventually would come find me to talk when she had the urge to cut. The relationship not only survived the incident, but it grew stronger as a result. It is more likely that a youth worker will find out that a student is cutting long after the actual incident. Usually the wounds have healed and only the scars remain. I knew that Shannon cut herself, but I did not know the extent until a day at the pool. Wearing only a swimsuit, she couldn't hide the scars covering her thighs. I was shocked by the number of scars, but did not make a big deal of it. Instead, we were able to have a casual conversation, which led to a deeper discussion of what was going on in her life. For Shannon, who was not trying to hide the scars, revealing the issue was a step towards recovery. I was not afraid to acknowledge the scars, but I did so in a way that encouraged discussion and openness. Once I was able to talk to her alone, I told her that I had noticed the scars on her legs and I asked her how long she had been a cutter. Sometimes it just makes sense to bring up the obvious, and I could not help having seen her scars. I made sure that my tone was non-threatening and that she was not intimidated. She answered very honestly, and her response spurred on further conversation. My intent was to build upon the existing relationship and to help her talk about the issue. I was able to ask what events in her life led up to the cutting, how often she cut, what she used to cut with, and what kept her from cutting. Self-mutilation can be a difficult subject for cutters to discuss, so I continually encouraged Shannon for being open about it. She could see that I was interested in her life, and not just in regards to the cutting behavior. When she mentioned that talking to her parents on the phone was a trigger for her to cut, I asked questions about her family and got to know them. The key to the conversation was my ability to listen and to ask thought-provoking questions. Regardless of how the cutting is discovered, youth workers need to be discreet and professional in their handling of the situation. Drawing public attention to the issue can hurt a student deeply. At the same time though, we need to be able to discuss the issue with our students in a general matter. The longer it remains hidden, the greater the shame may be for students who do struggle. Obviously, a band-aid and a one-time discussion will not fix the problem. The reasons a teen is cutting are complex, and working through the issues will take time and hard work. Because youth workers are not professional counselors, the best thing we can do is refer the student to a professional. Therapists are increasingly more aware of self-mutilation and can help the student identify underlying issues. A teenager may be able to stop cutting on her own, but for most teens it's not that easy: "Cutting is a central feature of their psychological makeup and cannot easily be abandoned. Peeling away the complex web of coping mechanisms they have used to survive and healing the deeper internal wounds is a painstaking process that requires an extraordinary commitment on the part of the patient" (p. 161, A Bright Red Scream: Self-Mutilation and the Language of Pain by Marilee Strong). Therapists may take various approaches including medication, behavior modification, inpatient treatment, or counseling. Regardless of what type of treatment an individual is receiving, issues will arise outside of the therapy setting and the youth worker may be the one the teen turns to. In such cases, find out what the teen is doing as part of his therapy. If he's supposed to journal each time he feels sad, encourage him to journal. The relationship you have with the teen may be vital in his healing process. Also, one of the greatest ways we can help students is by helping them create alternatives to cutting. When I lived with Leah, anger was a very difficult emotion for her. When situations arose she would cut instead of dealing with the anger. Over time I learned to recognize what upset her and encouraged her to find outlets for her anger. For example, one evening after she had a difficult conversation with her mom we went outside and she hit pinecones with a golf club. She correlated each pinecone to

something she was upset at. She was able to be angry, name the anger, and we had an unbelievable conversation throughout the evening. Another student, Rebecca, learned that if she had the urge to cut, she needed to keep her hands busy. Finger painting was one of her favorite outlets. Our students are gifted in incredible ways, and we can encourage them to use those gifts as alternatives to hurting themselves. Spiritual Ramifications

Not surprisingly, I could not find any academic literature or books written on self-mutilation that correlate cutting and spirituality. However, I am convinced there is a link between the two. For one, cutting is mentioned in Scripture (Mark 5:5). The demon-possessed man sitting outside the tombs cutting himself needed Christ's healing. This is also true of our students. Also, a teen in crisis may twist Scripture to give it new meanings. For example, Hebrews 9:22 says, "without the shedding of blood there is no forgiveness." For a cutter, this verse can be taken to validate the act of cutting. Similarly, the beginning of Leah's struggle with cutting had everything to do with her faith. She did not feel worthy of God's love and she hurt herself as a result. She missed the fact that it is Christ's blood that atones for sin, not her blood (Romans 3:21-26). Finally, we need to remember that teens who cut have problems feeling and expressing emotions. If events and programs are designed to give students emotional and spiritual highs, a teenager who cuts may not experience the high and therefore not "feel" spiritual enough. This has the potential to do great damage to a student's faith. We all go through dry times when we don't feel like we experience God's presence, but we know those days are temporary. A kid struggling with cutting may not. Let us give thanks that we serve a God who can heal the both the physical, emotional, and spiritual wounds of our students. A Bright Red Scream: Self-Mutilation and the Language of Pain, by Marilee Strong, 1998. Cutting: Understand and Overcoming Self-Mutilation, by Steven Levenkron, 1998. "Contextual Features and Behavioral Function of Self-Mutilation Among Adolescents." Matthew Nock & Mitchell Prinstein. Journal of Abnormal Psychology, vol 114(1), February 2005. "Coping and Problem Solving of Self-Mutilators." Janet Haines & Christopher Williams. Journal of Clinical Psychology, vol 59(10), October 2003. "Self-Injury: A Growing Epidemic Problem," K.R. Juzwin, Psy.D, www.cpyu.org "Cutting to Cope," Ken Mueller, www.cpyu.org This article was originally published by Youth Specialties, reprinted with permission.