

Outside Counsel

## **Teenage Self-Injury: The Secret Language of Pain**

By Susan L. Pollet

"I feel relieved and less anxious after I cut. The emotional pain slowly slips away into the physical pain."<sup>1</sup> This is one young person's explanation for deliberately and repeatedly injuring his own body.<sup>2</sup> Princess Diana, in 1996, said, by way of explanation, "[y]ou have so much pain inside yourself, you try and hurt yourself on the outside because you need help."<sup>3</sup> Some other reasons given by young people include that "it reduces their anxiety, it allows them to feel a sense of control over their bodies when they believe they have no other control over their lives, it expresses emotional pain for which they have no words or that pain is better than feeling nothing."<sup>4</sup>

Mental health, school professionals and the media have become well versed in teenage self-injury, which, according to experts, is a "disturbing and hard-to-treat phenomenon" that is "increasing among adolescents, college students and young adults."<sup>5</sup> Lawyers and judges working with families on cases in a variety of contexts must understand these behaviors, too, in order to work successfully in an interdisciplinary manner with other professionals. These young people described in this article can be children of divorce and separation, victims of child abuse or other trauma, youths with a variety of mental illnesses and victims of other difficult circumstances.

### **What Is Self-Injury?**

Self-injurious behaviors (SIBs) have been defined as "the act of deliberately harming your own body, such as cutting or burning yourself. It's not meant as a suicide attempt and isn't part of a socially acceptable cultural or artistic expression or ritual, such as tattooing. Rather, self-injury is an unhealthy effort to cope with overwhelming negative emotions, such as intense anger, tension and frustration."<sup>6</sup> Self-injurious behaviors may include the following: "cutting, burning, needle-sticking, banging your head, carving on your skin, severe scratching, punching yourself, biting yourself."<sup>7</sup> Researchers have quantified it under three major categories: "(a) major self-injury (the most rare form which usually results in permanent disfigurement), (b) stereotypic self-injury (which consists of head banging and biting), and (c) superficial self injury (the most common which involves cutting, burning, and hair pulling) (Anonymous, 1999)."<sup>8</sup>

An additional method of self-injury is described as 'self-embedding disorder,' usually done by girls, which is defined as "using objects to puncture the skin or inserting them into a wound after cutting," for example, "inserting objects such as pins and paperclips under the skin."<sup>9</sup> According to mental health experts, self-mutilation and self-embedding often are done as a way to relieve tension.<sup>10</sup> One expert who described 19

episodes of self-embedding injury in 10 girls ages 15-18 found common characteristics as follows: "Ninety percent had self-injured before, and most had attempted or thought about suicide. Forty percent had a history of sexual abuse. Most had other psychiatric disorders, such as bipolar disorder, depression, post-traumatic stress disorder or borderline personality."<sup>11</sup>

### **What Is the Prevalence?**

"There are no reliable estimates of the prevalence of self-injury among the general U.S. adolescent population."<sup>12</sup> While the statistics cited vary, experts in the field have noted that "[o]ver the past decade there has been a steady rise in the reports of self-injurious behavior (SIB) among adolescents (citations omitted)."<sup>13</sup> It is maintained that "[c]urrent estimates of SIB patterns of youth in the United States reveal a significant number of adolescents may be involved in these types of self-harming behaviors (citations omitted). In fact, White-Kress et al. found nearly 13 percent of youth surveyed reported personally engaging in self-injurious behaviors."<sup>14</sup>

Anonymous surveys among college students are reporting that 17 percent of them have self-injured, and experts are reported to estimate that "self-injury is practiced by 15 percent of the general adolescent population."<sup>15</sup> Research conducted by the University of Missouri, Columbia, indicated that approximately three million Americans self-injure, and that an estimated 90 percent began hurting themselves as adolescents.<sup>16</sup> One article stated that "[t]he average self-injurer starts to hurt himself/herself at the age of 14 years and continues with increasing severity into his/her late 20's.... It is estimated that ... one in every 200 teenagers suffer from chronic self-injury."<sup>17</sup> Overall, estimates of self injurious behavior among adolescents range from 5.1 percent to over 40 percent."<sup>18</sup>

Some researchers have posited that the rise in the incidence of self-injury may be "fueled by current trends in music and media that highlight violent and self-injurious behaviors."<sup>19</sup>

### **Characteristics of Self-Injurers**

Some common characteristics of self-injurers are that "[t]he self-harm behavior is recurrent, the self-injurer experiences a mounting sense of fear, dread, anxiety, anger or tension before the event, a sense of relief accompanies the event, a sense of deep shame follows, and the self-injurer attempts to cover-up any evidence (e.g., scars) of his/her act."<sup>20</sup> According to the 1999 docudrama movie entitled "Secret Cutting," the "most common parts of the body injured include (in ranked order) 'the forearms and wrists, upper arms, thighs, abdomen, and occasionally, breasts and calves.' The reason for the variation in the ranked locations is that those most concealed by clothing are the most preferred areas."<sup>21</sup>

### **Why Do It?**

There are many reasons which have been posited thus far. "It could be a biological predisposition, performed for reduction of tension, or resulting from a lack of experience in dealing with strong emotions (Martinson, 1998)."**22** The release of beta-endorphins, or the brain's 'feel good' chemicals, which makes the behavior addictive, is another explanation.**23** Control over one's body, sexual abuse as a child, a severe lack of familial support or role models, violence at home, loss of a parent through death or divorce, parental depression or alcoholism, a lack of emotional warmth from parents and hypercritical parents**24** are other reasons commonly cited.**25**

Studies have shown that 35 to 80 percent of people who self-injure also suffer from eating disorders, and that "other diagnoses associated with self-injury include 'depression, bipolar disorder, obsessive-compulsive disorder, post-traumatic stress disorder, disassociate disorders, anxiety and panic disorders, and impulse-control disorders (Diagnoses, 2001)."**26** The effects of "peer pressure and contagion can also influence adolescents to injure themselves."**27**

### **What Can Be Done?**

Medical literature on this topic is limited, and it has been noted that [r]esearch is needed to identify successful treatment approaches and to discover the best ways to educate teens, families, educators, and community leaders about the prevalence of self-mutilation in our youth."**28** There are several types of psychotherapy which have been identified as helpful including cognitive behavioral therapy, dialectical behavior therapy and psychodynamic psychotherapy.**29** Those treatments which have focused on teaching emotion regulation, distress tolerance and interpersonal skills have "shown promise."**30**

While there is no specific medication to treat self-injury, if antidepressants or other psychiatric medications are called for in certain cases, they may help to prevent the behavior.**31** One study indicated that adolescent self-mutilative behavior (SMB) "typically is performed impulsively, without the use of alcohol or drugs, and in the absence of physical pain" which concerned the researchers as it suggested that SMB is difficult to prevent and treat "given the limited time frame for prevention and the lack of naturally occurring aversive consequences. "**32**

According to one author, the most well-know treatment facility is SAFE (Self-Abuse Finally Ends) Alternatives, which has a national information hotline with referrals to "therapist-led support groups around the country and inpatient treatment programs."**33** One article for school counselors evaluates appropriate Web sites on this topic.**34**

Is there any way to prevent self-injury? According to the Mayo Clinic, the answer is no, but there are ways to reduce the risk of self injury including identifying people most at risk and offering help, helping self-injurers to expand social networks, raising awareness so that adults working with children can identify the warning signs, promoting programs encouraging peers to seek help and offering education about the harmful impact of media influence.**35**

## Conclusion

Teens who suffer from self-injurious behaviors can be helped by lawyers, working with other professionals, on an individual basis, as well as in the larger sphere to enhance policies and practices dealing with this issue and to promote the enhancement of evidence-based prevention, intervention and treatment programs.

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## Endnotes:

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2. Id.
3. Len Austin and Julie Kortum, "Self-Injury: The Secret Language of Pain for Teenagers," 2004 WLNR 11273943.
4. Allan N. Schwartz, LCSW, PhD Weblog, [http://www.mentalhelp.net/poc/view\\_doc.php?type=weblog&wld=5&id=411&cn=28](http://www.mentalhelp.net/poc/view_doc.php?type=weblog&wld=5&id=411&cn=28).
5. Jane E. Brody, "The Growing Wave of Teenage Self-Injury," New York Times, May 6, 2008, Section F, p. 7; the Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults has an excellent Web site with information at <http://www.crpsib.com>.
6. Mayo Clinic staff, "Self-Injury/Cutting" at <http://www.mayoclinic.com/print/self-injury/DS00775/DSECTION=all&METHOD=print>.
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12. Janis L. Whitlock, Jane L. Powers, and John Eckenrode, "The Virtual Cutting Edge: The Internet and Adolescent Self-Injury," *Developmental Psychology*, 2006, Vol. 42, No. 3.
13. Michael Moyer, Shane Haberstroh, and Christina Marbach, "Self-Injurious Behaviors on the Net: A Survey of Resources for School Counselors," 2008 WLNR 10723502.
14. Id.
15. Jane E. Brody, "The Growing Wave of Teenage Self-Injury," New York Times, May 6, 2008, Section F, p. 7.
16. Pashtana Usufzy, "Scarred," 2008 WLNR 7522189.
17. Len Austin and Julie Kortum, "Self-Injury: The Secret Language of Pain for Teenagers," 2004 WLNR 11273943.

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  20. "Common Characteristics of the Self-Injurer," <http://www.healthyplace.com/abuse/self-injury/things-self-injurers-have-in-common>.
  21. Len Austin and Julie Kortum, "Self-Injury: The Secret Language of Pain for Teenagers," 2004 WLNR 11273943.
  22. Id.
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  24. See MM Wedig and MK Nock, "Parent Expressed Emotion and Adolescent Self-Injury," *J. Am. Acad. Child Adolesc. Psychiatry*, 2007 Wept.: 46(9): 1171-8. This study notes that parental criticism is significantly associated with self-injurious thoughts and behaviors.
  25. Len Austin and Julie Kortum, "Self-Injury: The Secret Language of Pain for Teenagers," 2004 WLNR 11273943.
  26. Id.
  27. "What Is Self Injury and What Can Parents Do About It?" <http://www.healthyplace.com/parenting/self-injury/what-is-self-injury-what-can-parents-do-about-it>.
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