

CUTTING FOR TREN: TEENS, EMOTIONS AND SELF-HARM

BY EMILY LEAS, ILLUSTRATION BY ASH-DEE STIFTER

It started with a thumbtack piercing the delicate skin of her forearm, and the unexpected rush of feeling. Just feeling. Something other than anger, frustration and self-doubt. Maggie* never thought she would be one of those people like she saw online who carved words into their arms. She never thought she would slice her stomach with a razor blade from a pencil sharpener, be mesmerized by the blood and the release it gave her.

It started after school one day in seventh grade when her seemingly normal and perfect friend, Ashley*, showed her cuts on her wrist, hidden under stacked rubber bracelets.

"I didn't get it. Why would you cut yourself on purpose?" Maggie wondered about Ashley. "I thought she had a perfect life, a normal family. She always got good grades."

When Ashley told Maggie that her parents were getting divorced, Maggie was shocked.

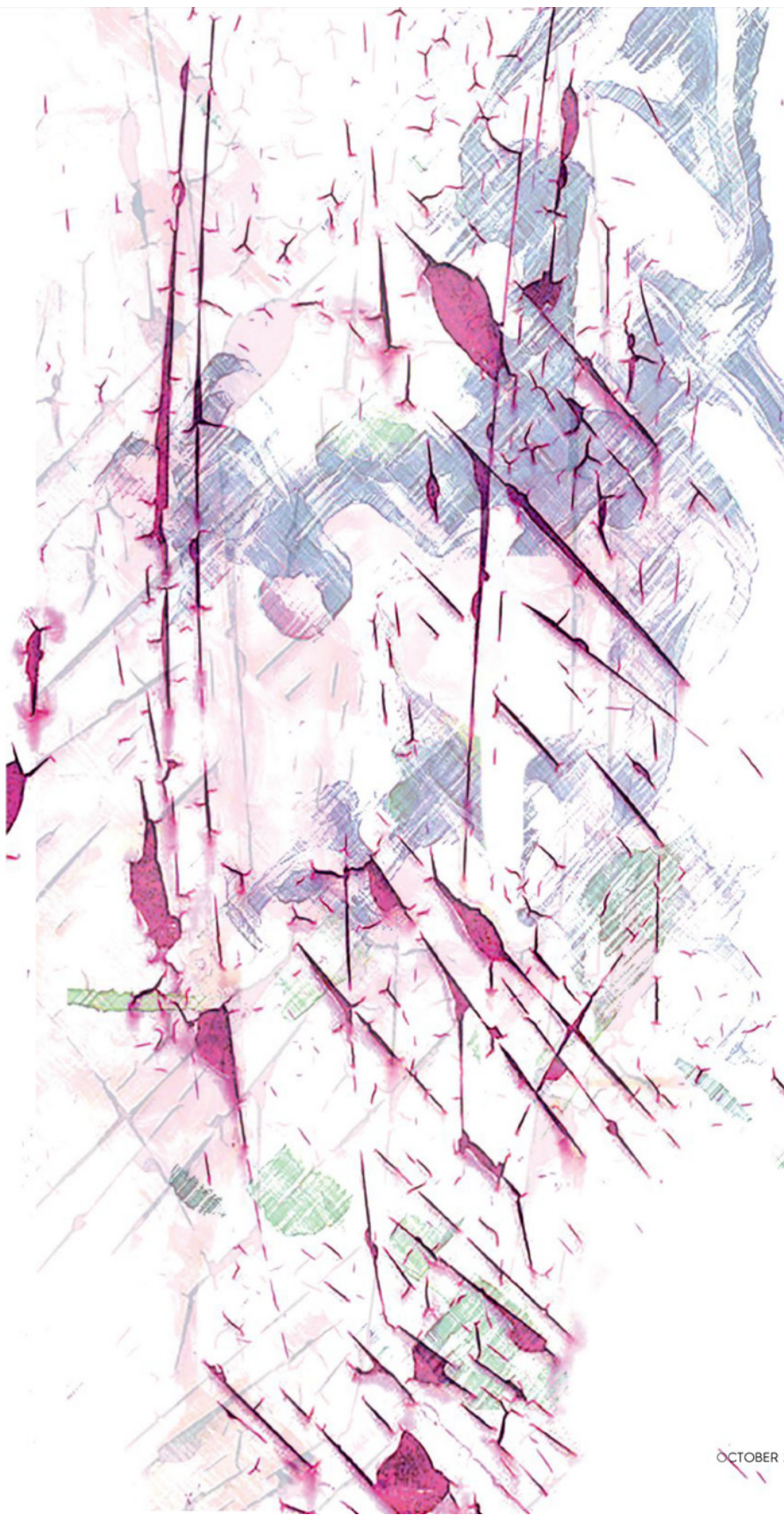
"She said cutting was the only thing that made her feel normal, like she was in control," Maggie recalls.

Maggie's 13-year-old self wanted to relate. Her parents were constantly fighting, and the thought of controlling the frustration and anger building inside her was tempting.

"My dad was gone all of the time for work. When he was home, he and my mom were always yelling at each other or at me," she says. "Things like, 'Why aren't you watching your brother,' and 'why aren't you doing better in school.' I couldn't talk to them about anything and I felt like they just didn't even try to understand me or even look at me."

Maggie went home that night and looked online and soon found groups of kids doing it, too. Kids like her and Ashley, who were looking for an escape, control and to feel something other than anger and hate.

**Name changed to protect identity*



WHEN TO SEEK HELP

If you began cutting as a teen and feel the behavior is so ingrained that stopping doesn't seem like an option, it's time to seek help. According to psychiatrist Dr. Peggy Scallon, this persistent behavior could be for a variety of reasons:

- LACK OF LEARNING HEALTHIER COPING STRATEGIES
- SOCIAL ISOLATION DUE TO THE CHRONIC CUTTING AND SCARS
- LACK OF SUPPORT AND VALIDATION FOR YOUR EMOTIONS
- BORDERLINE PERSONALITY DISORDER

She suggests the same professional treatment for adults as for teens—using mindfulness techniques, group or individual therapy and possibly medications to deal with depression or anxiety.

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Maggie's story is one that Jamie Duckert, a social worker at Whitehorse Middle School in Madison, sees often, especially among teen and pre-teen girls.

"Most of the students who are engaging in cutting are trying it out because they have heard about it online or a friend has done it," Duckert explains. "Many of these cases are very superficial cuts and commonly on an arm or wrist."

She goes on to say that, "When you ask the students the reasons, they mostly say it's because they are feeling sad or depressed about common adolescent issues, like friends, family, self-image or bullying on social media."

According to Dr. Peggy Scallon, clinical associate professor for child and adolescent psychiatry at UW School of Medicine and Public Health, the "contagion" effect is a dangerous aspect of nonsuicidal self-injury, such as cutting.

"It's difficult to study and track because kids don't often admit to doing it when asked," she says. "But social media has made it seem more 'normal' which contributes to that contagion effect. People are more desensitized to images of cutting behavior."

Scallon cites a 2012 study that showed about 6 percent of teens and young adults from age 12 to 23 engaged in some form of self-injury, such as cutting, burning their skin, banging their head or not letting wounds heal. Most start the behavior at age 14. And almost 40 percent of those teens and young adults have reported doing it at least once.

Scallon notes that the top four reasons given for self-harm are intrapersonal: To calm down, to self-punish, to stop suicidal thoughts and to stop feeling numb. Other reasons stem from actions forced on the teen, like physical or sexual abuse, or being discouraged to show emotions, like sadness.

For Maggie, the thumbtack soon turned into a safety pin, scraped across her stomach, then the razor blade. Then it turned into a need, the only way to feel in control, like those other kids. And then she couldn't stop.

The addictive nature of cutting flows from the immediate satisfaction of a sharp object to skin, to pain, to feeling, to control. Scallon says this pathway is similar to the endorphin rush drug users feel.

"At the time, it's a readily available way to improve their emotional state. It can become rewarding or reinforcing and even addictive," she explains. "They go straight to the thought that feelings must be bad, they need to go away, make it stop. Something about that jarring effect, seeing the blood, helps in that moment."

But in the end it makes the situation much worse. By short-circuiting the process of labeling feelings as sadness, loneliness, depression or frustration, cutters are not allowing themselves the chance to explore healthy ways to resolve "bad" feelings or to just let them evolve.

"Eventually they feel more ashamed, more isolated, they have scarring and it can cause more strain in family relationships," says Scallon.

Maggie found herself on this spiraling path, and as the weather got warmer, it became harder to hide the evidence of her pain. She tried wearing a forearm full of bracelets, or long-sleeve shirts, but eventually found it easier to just stay in her room.

Duckert says that kids who cut for the reasons Maggie did—to control emotions in the short-term—can hide their wounds well.

"I usually don't notice the cuts themselves at first," Duckert says. "Typically, we have a concerned friend who reports it to a student services staff member."

Maggie eventually told her aunt, who agreed to help her find resources to stop cutting. Research shows that about 71 percent of teens who cut or self-harm say they want someone to help them.

Duckert says that in her role, it's critical that she let the student know that it's her job to keep them safe. "Part of that is to help their parents or guardians understand what they are going through," she says.

Scallon emphasizes that it is critical for parents to not personalize the situation. And most importantly, don't freak out, but do take it seriously. Scallon says it's important for parents to identify and acknowledge the reasons their child is cutting.

A common misconception, according to Scallon and Duckert, is that if a teen is cutting, she must want to commit suicide. It is true that teens who are chronic cutters are desensitized to pain, and there may be a higher risk for suicide if the behavior continues untreated. Yet, Scallon points out that suicide is rare compared to self-injury but there is growing research to investigate the link between the two.

"It's okay to inquire about suicide," she says. "It's fair to ask, 'Were you actually trying to kill yourself?' And by asking it, you won't make it more likely to occur."

Duckert says that if a student is cutting, it's important to make the parents aware, validate the child's feelings and possibly seek professional help to create a pathway for healthy coping mechanisms and diagnosis for any underlying mental illness. Without this therapy, Scallon says it's more likely for the addictive nature of cutting to push into adulthood, leading to more severe depression and anxiety. And as the behaviors become ingrained, it can be harder to break free.

In the outpatient setting of child psychiatry, Scallon uses a method called dialectical behavior therapy, which focuses on four modules that construct the ability to label feelings and understand that stressors can be dealt with in many way, not just by cutting.

"The first step is mindfulness and acceptance of the situation," says Scallon. "It's hard when you're a teen, but it's important to just be present in the moment."

Part of this is labeling emotions and acknowledging their existence, which leads to module two, interpersonal effectiveness.

"Often these kids don't know how to be effectively assertive with adults or peers, and so they kind of just shut down," she explains. "They begin self-harming instead of saying, 'Hey, I'd like to talk to you about something that's bothering me.' Or, 'I'd like to apologize about something.'"

For module three, it's about distress tolerance and knowing that emotions eventually change.

"In Western culture, we have such a 'judgy' relationship with our emotions," Scallon says. "I'm sad, so that's bad, and I have to make it go away. That's not true at all. That's part of life, and part of the human experience. We have to move toward, 'How can I learn from this.'"

Finally, Scallon helps patients create a bag of tricks, or strategies, to use when they want to cut or harm themselves.

"If a child is in a home with practiced, easy communication and trust, self-harming behaviors typically don't exist," she explains.

It comes from vulnerable situations, like a rough divorce, multiple foster care placements or physical abuse, and the kids feel like they have to manage all of those stressors on their own. The skills to vent frustration or confide in an adult are never developed.

The solution? Create a list of activities that are outlets: Walking, running, music, art, calling a friend or escaping in a book.

For Maggie, just telling someone helped her work toward ending the cutting. Her aunt validated her feelings and helped her talk to her parents about them.

"Of course I regret doing it, because now I have these scars on my wrists," she says glancing down at the marks she created five years ago. "But it helped *me* figure out how to be in control."

Not her friends, not her parents, and most importantly, not the blades. ✨

SOLVING SELF-HARM FOR YOUR CHILD

If you find out your child is cutting or self-harming, Dr. Peggy Scallon, clinical associate professor for child and adolescent psychiatry at UW School of Medicine and Public Health, stresses that you shouldn't freak out, but do take it seriously. Here are her tips to handle the situation:

- Don't personalize it. Avoid saying things like, "How could you do this to me." Or, "I don't even know you."
- Do ask questions to start to understand why your child is self-harming.
- Don't accuse your child. Avoid saying things like, "What's wrong with you?" Or, "You must be very disturbed."
- Do acknowledge that something isn't right, and when your child opens up with the reasons, validate those reasons.
- Don't assume you can fix the problem alone.
- Do consider seeking professional help to determine other potential underlying causes. Scallon notes that medication is sometimes appropriate to address anxiety and depression.

"But there are of course no medications to treat cutting," she reminds us. "Medication can help the mood, but you still need to learn those coping skills."