When A Patient Is His Own Worst Enemy

Understanding The Mentality Of Self Injury

Most physicians go on red alert when they encounter a patient who has many wounds or claims they just have an aggressive cat, burnt themselves cooking a few too many times, or tripped down the stairs...again. Is it clumsiness or pure bad luck? Is your patient being abused? Or is it something much more disturbing? It could be self injury (SI), and many experts believe SI is silently growing to epidemic proportions.

What SI is (and isn't)

“Cutting and self injury are phenomena in which the person feels relief or a release of tension through the pain caused by the harm,” says Diana Marshall, a psychiatric clinical nurse specialist at Portage Path Behavioral Health. “A person will attempt to alter his mood state by causing tissue damage to the body.” Cutting is only one means of SI, according to Marshall. Other forms include burning of the skin with a flame, most often from a lighter or a candle, or carving - involving pencil erasers used to ‘burn’ carved marks in the skin. Picking skin, biting, pulling hair out, hitting the body with a hard object, puncturing skin with a needle or pin, and in some cases, bone breaking are also methods employed by those who self injure.

Marshall emphatically points out that SI is NOT a suicide attempt, as the injuries aren’t intended to be fatal. Actions are not considered SI if done for the purpose of:

• Sexual Pleasure • Body Decoration
• Spiritual Enlightenment • To Fit In
• To Be Cool and Get Attention

Those Who Harm Themselves

SI was previously thought to be an activity among teenage girls. While the activity does typically begin in the teen years and there is a higher incidence in women, SI can occur in any socioeconomic background, education level, or gender. More recent studies and anecdotal evidence even suggest that the incidence rate is similar in males, but they are less likely to seek support and it remains hidden.

One common thread generally held by those who self injure is a history of abuse (physical, emotional or sexual.) Researchers Van der Kolk, Perry and Herman (1991) found that physical abuse, emotional neglect and chaotic family conditions during childhood were reliable predictors of future cutting; however, not all who were abused self injure and vice versa.

Marshall points out that trauma survivors and substance abusers also are at risk for self injury. “Most have issues with their self esteem and experience guilt and feelings of worthlessness, and they have difficulty expressing their feelings,” she explains.

Often, those who SI are high achievers and perfectionists. They put a great deal of pressure on themselves and feel the need to relieve it.

Hurtong or Helping: Why They Do It

The website for Self Injury & Related Issues (SIARI) explains that there are a variety of reasons why people SI. One reason is about control. Often those who SI feel out of control of their lives, and through self harm, they control the depth, length and amount of wounds - one of the few things they feel they can control.

A nother reason people self injure is that they feel numb inside. By inflicting harm, they are able to feel something - namely pain. One woman described it as “a way to know that this is where I am and that I am still alive.”

Marshall says that one trigger for self harm is usually an increase in stress, but this includes positive stress as well. “A new job, new school, new relationship - it’s not just limited to negative stressors. It’s a way to use physical pain to deal with emotional pain.”

Finally, some will harm themselves as punishment for “being worthless”, “not good enough”, or for a perceived failure.

Experts say SI is an addictive behavior because it works. Almost immediately, the sight of blood or...

(continued)
the feeling of pain releases the pent up tension that the patient felt before the harm occurred.

Risks Go Beyond the Wounds

Authors of Understanding the Cycle of Self Injury Debra M artison and Jan Sutton warn that while SI isn’t meant to be fatal, it can cause more damage to the body than just the physical wound. C utters, for example, lose two important things: fluid (plasma) and red blood cells. Red blood cells transport oxygen to the lungs and tissues, and can take roughly two months to be replenished in the body. Without them, patients will feel fatigued, irritable, pale and develop anemia. Lack of fluids can cause dehydration, which can send a patient into shock.

“Open wounds are susceptible to infections or hemorrhage and there is a risk of getting hepatitis and HIV if the person shares cutting implements with others,” M arshall states.

Experts caution treatment providers not to overlook patients who present with injuries that are obviously caused by SI - i.e. thinking that there are other patients more worthy of treatment, or that they are freaks.

“If they patient is calm, denies suicidal intent and has a history of self inflicted violence, the doctor should treat the wounds as they would non-SI injuries,” M artison asserts. “Refusing to give anesthesia for stitches, making disparaging remarks, and treating the patient as an inconvenient nuisance simply furthers the feeling of invalidation and unworthiness the self injurer already feels.”

Why Referral Is Crucial

The St. Louis Behavioral Institute warns that it is not uncommon for self injury patients to have comorbid mood disorders such as depression or dysthymia, or they may even have other forms of mental illness as well. M ost common are eating disorders, post traumatic stress disorder, dissociation, substance dependence and borderline personality disorder. Personality disorders and impulse control disorders are also common. B ecause SI is typically a maladaptive coping method, it is important to treat the underlying problems of the behavior.

Unfortunately, some patients may not even admit to their SI behavior. If they are somewhat prepared to seek treatment, however, they may discuss feelings of depression, anxiousness, confusion, despair or being overwhelmed, according to LifeSigns, a SI G uidance and Support N etwork. It is important for physicians to be alert for these types of descriptions regarding health.

“The diagnosis for someone who self injures can only be determined by a licensed psychiatric professional,” maintains experts at the N ational M ental H ealth A ssociation. “If someone is displaying signs or symptoms of self injury, a mental health professional with SI expertise should be consulted. An evaluation or assessment is the first step.”

The Truth About Self Injury

adapted from www.youthnoise.com

Self Injurers can be very private about their activities and often provide plausible excuses for their injuries. Before writing them off as someone who doesn’t fit the profile of a self injurer, or simply very clumsy, it’s best to familiarize yourself with what self injury is and isn’t.

• People who self injure are just trying to get attention. Those who SI may need attention, but they aren’t hurting themselves to get it. In fact, most will try to hide the scars. The often negative attention brought on by SI is NOT the type of attention they want.

• The wound isn’t that bad, so the problem isn’t that serious. You CAN’T judge the seriousness of a person’s emotional distress by the severity of a self inflicted (or suspected SI) wound.

• Only teenage girls self injure. ALL SORTS of people feel out of control sometimes and don’t know how to cope. SI knows no limits in age, race, educational background, gender, etc.

• People who SI are “wacko” and need to be institutionalized. SI is a result of overpowering emotions and a loss of self control. Placing someone who feels this way in an institution would only decrease their feelings of self control. Forcing someone to stop only increases the likelihood that they would turn to suicide.

• People who SI do not feel the pain. For some, the pain may not be felt immediately, or during the actual act, but they feel it afterwards.

• Those who self injure pose a danger to others. Self harm is a private activity and is not about the effect it has on others.

• Self injury is a personality disorder. SI behavior itself is not diagnosed in the same way that a personality disorder is. In fact, it can sometimes be a symptom of one, but not all people with a personality disorder self harm and vice versa. For this reason, it is important to refer your patient to a mental or behavioral therapist for an assessment of coexisting problems.

• SI is a suicide attempt that failed. Usually, self injury is used to cover emotional pain or to FEEL. Most people who SI say that it keeps them alive by blocking suicidal urges.
How Loved Ones Can Show Support

adapted from the research of Jan Sutton & Deb Martison, authors of “Understanding the Cycle of Self Injury”

A patient who has support from his family is more likely to get treatment. However, it is often just as difficult for family members to hear the confession of self injury as it is for the one who self inures to “come out.” Many people are disturbed by the behavior and find it difficult to understand. If family members aren’t supportive of the one who self injures, the harm will only continue, or even get worse. Below are some tips to give to the family members of a patient who engages in cutting, burning, carving, or any other form of SI.

- **Be supportive without reinforcing.** Let them know that you can separate who they are from what they do and that you love them regardless.
- **Don’t avoid the subject of self injury (SI).** Be willing to talk, but follow the other person’s lead.
- **Make the initial approach.** Try saying “I know that sometimes you hurt yourself and I’d like to understand it. I’d be grateful if you could help me.” Don’t push after that.
- **Set reasonable limits,** such as “I cannot handle talking to you while you are actually cutting yourself because I care about you greatly and it hurts to much to see you doing it.”
- **Provide distraction if necessary.** Don’t ignore their feelings, but try to distract them from depression or anger. Something such as taking them a flower can brighten their day. This is a simple “improve the moment” technique, not a permanent cure.
- **Understand your own feelings.** Be honest with yourself about how your loved one’s SI makes you feel.

- If you live apart from the person you are concerned about, **offer a physical safe space.** “Would you want to stay at my house tonight?” Even if the offer is declined, just knowing it is available can be comforting.
- **Don’t ask “Is there anything I can do?”** Find the things you can do and instead ask “May I?” Often, SIIs won’t be able to think of anything that could help them, even though helping with their chores can be enough to release the pressure.
- **Take care of yourself.** If you are completely supportive of someone else, you will burn out and not be able to help them. Be careful not to be too distant and help them understand that you are not abandoning them.
- **Know that ultimatums do not work.** Ever. You can’t force them to behave as you want. Strip searching will only lead to more hidden places of abuse. Confiscating tools leads to more creative methods of self injury. Punishments only feed the cycle of self hatred and unpleasantness, as does guilt tripping.

### What Treatments Are Available?

Once you have referred your patient to a behavioral therapist, you still have to be supportive of your patient’s needs when she comes for her next appointment. If you understand the treatment your patient is receiving, you can help provide a safe and structured environment for your patient.

“Intensive, behavioral treatment is most effective,” Diana Marshall, a psychiatric clinical nurse specialist at Portage Path explains. “Most common types of treatment are group or individual programs that use cognitive behavioral therapy or behavioral therapy.”

Patients don’t want to stop their self injury because it works to relieve the pressures they feel. Therapists will focus on this pressure and other methods of relief so that injury won’t be necessary.

“The focus of treatment is to help the person change negative thought patterns and the destructive behaviors that occur as a result,” Marshall states. “These treatments emphasize learning more effective coping skills and the practical application to everyday events.”

In behavioral therapy, one behavior (self injury) is replaced with another, more effective, coping method. It could be something as simple as snapping a rubberband on her wrist to taking up jogging or another activity when the need to self harm manifests.

Marshall warns “Relapses happen and recovery is a process. Behavior modification takes time. Therapists look at the overall improvement: such as cutting less frequently, making fewer cuts, and being able to admit they’ve cut again and need to talk about how they feel. Therapists won’t focus on the relapse as a failure.”

### Resources For Patients

**The Scarred Soul** by Alderman
- a book oriented towards self help

**Bodies Under Siege** by A.R. Favazza
- a scholarly toned book to help understand SI

**A Bright Red Scream** by Strong
- a book that lets you into the mind of people who SI

[www.siari.co.uk](http://www.siari.co.uk) (Self Injury & Related Issues)

**Clinical Pathways** is a publication of Portage Path Behavioral Health, with outpatient facilities in Akron, Barberton, and Cuyahoga Falls/Stow, and psychi atric emergency services in Akron.

Portage Path is an affiliate of the County of Summit Alcohol, Drug Addiction and Mental Health Services Board.

For more information about the topics covered in this issue, or to make a referral, call 330-253-3100.

For 24-hour/7-day** Psychiatric Emergency Services, call (330) 762-6110. To reach our 24/7 Support Hotline, call (330) 434-9144.
Should you refer a patient for SI treatment?

• Do you have a patient who repeatedly explains away injuries (ie “cat scratches”, “cooking burns”, “rugburn from wrestling with the kids”)?

• Does he or she become defensive when you ask about healing wounds or scars?

• Was your patient physically, sexually, verbally or emotionally abused in the past?

• Do you have a patient who appears chronically anxious, irritated or depressed?

• Does your patient seems to act in accordance with their mood? Or are lacking impulse control?

• Does your patient have blood or burn stains on their clothing? Or have many band-aids?

• Does your patient wear long pants and sleeves, even in the summer?

If so, you may be treating a patient who is exhibiting personality traits and symptoms of self injury. By referring this patient for behavioral and mental treatment, they can learn to cope with the pressure they feel in ways other than injuring themselves. Heal the mind, and their physical wounds will heal also.

For more information on treating someone who self injures, call Portage Path Behavioral Health at 330-253-3100