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Self-Injury in Adolescents: A School Counselor's Reference

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Abstract

This paper is a compilation of what the author discovered as a school counselor in training at a high school when confronted with students who self-injure. It is intended to be a practical and helpful tool for practicing school counselors. Self-injury is defined and described along with reasons adolescents self-injure, how to identify self-injurers, interventions for school counselors and concerned caretakers, and treatment options. Advocacy and education are briefly discussed.

Self-Injury in Adolescents: A Counselor's Reference

"Nancy and Katie are best friends with one big thing in common: they both cut themselves. They don't cut by accident; they do it purposely. And they don't talk about why they do it. Soon Nancy realizes that she and Katie need cutting to get through the day" (Stoehr, 1998, inside cover).

Among adolescents, there has been an alarming increase in the incidence of self-injurious behaviors (SIBs) in recent years, and some argue it is becoming a *common problem* [italics added] with this age group (Dibrino, 1998, as cited by Froeschle & Moyer, 2004, p. 231). While estimates may vary, they all remain high. For example, 700 of every 100,000 individuals self-injure (Dunkle, 1990), 13.9% of a school-based sample of 440 adolescents admitted to SIB (Ross & Heath, 2002)—a number which rises to 40% to 61% in adolescent inpatient settings (Conterio, Lader, & Bloom, 1998; Darche, 1990; DiClemente, Ponton, & Hartley, 1991, as cited by White Kress, Gibson, & Reynolds, 2004)—and, according to early estimates by leading SIB researchers, Favazza & Conterio (1989, as cited by American Self-Harm Information Clearinghouse, 2005), the numbers range from 2 to 8 million Americans per year, that is, 0.7% to 2.8% of the population affected by SIBs. Later studies have indicated even higher estimates. Briere and Gil (1998) showed a 4% prevalence of self-mutilation in the general population of the United States and 21% of a clinical sample reported SIBs. It is important to note that the most recent published statistics are almost ten years old. Although some researchers have found self harm to be a long-time problem amongst the adolescent population (Yip, 2005), it is only in the past two decades or so that there has been a surge in research and media attention surrounding SIB.

Self-Injury Defined

Without consistency across researchers in defining self-inflicted injury as well as what constitutes it—the symptoms and signs—it remains difficult to fully understand the problem (Ross & Heath, 2002; Zila & Kiselica, 2001). In order to do justice to the men and women who have devoted their lives to this topic of research, this author will use the following terminology synonymously: self-mutilation (SM), self harm (SH), self-injury (SI), self-destructive (SDB) or self-injurious behavior (SIB). It is crucial to recognize the difference between SIB and adolescent trends such as piercing and tattooing, which have grown in popularity and are NOT forms of self-mutilation (Levenkron, 1998). This huge consideration for counselors and other helping professionals responsible for determining a child's intent will be discussed later. It should be understood that the above-listed terminology indicates behaviors that are both harmful to the individual and executed for emotional release, that is, seeking out pain and blood as a way of relieving emotional anguish (Froeschle & Moyer, 2004), a process that will be explained in greater detail later. Self-injurers rarely desire suicide; however, suicide is occasionally an unintentional outcome of self-injuring.

Three types of mutilation have been identified by Favazza and Rosenthal (1993): stereotypic, major, and moderate. The first type, stereotypic, is most often seen in institutionalized, mentally retarded individuals. Individuals with a psychotic disorder tend to perform major self-mutilation in the form of amputations and other ways of destroying large portions of the body. Moderate self-mutilation is the most common in adolescents and is the type discussed in this paper. Forms of moderate SM include cutting or burning (most common forms), overdosing on over-the-counter medicines, punching/hitting self, throwing own body against something, hair pulling, eyelash pulling, scratching, picking, or tearing at skin, inhaling or sniffing harmful substances, swallowing non-edible objects, infecting oneself, bruising or

breaking bones, and inserting objects into own body, to name a few (National Mental Health Association (NMHA), 2007; American Self-Harm Information Clearinghouse, 2005).

Reasons to Self-Injure

Common reports amongst self-injurers include feelings of emptiness, over- or under-stimulation, inability to express feelings, loneliness, feelings of not being understood by others, and a fear of intimate relationships and adult responsibilities (NMHA, 2007). In her book *Crosses* (1998), Shelley Stoehr depicts the life of a young woman who self-injures in several forms. The protagonist of the story, 14-year-old Nancy, is a drug addict, sex addict, and cutting addict. She describes her cutting, which is the most common form of SIB among adolescents (Pattison & Kahan, 1983), as a way of getting high and just feeling better about life; cutting, like drugs, helps her forget about all of the bad things around her; for example, her alcoholic parents, stuck-up classmates, and unhealthy romantic relationship. When she finds a friend who also cuts, the two are on an unstoppable mission of self-destruction.

A freshman from a rural high school explained her reason for cutting as a way of "getting the anger out" (anonymous, personal communication, November 10, 2006). While the student admitted not knowing why she does it [self-injures], she noted, "I know it's stupid." Her response suggests she is dealing with feelings of embarrassment, guilt, and shame surrounding her cutting behavior. As her counselor, I told her that it wasn't the "why" that I was concerned with, but the "how can you stop this behavior" that mattered more to me. She described feelings of anger, and frustration just before cutting; also, feelings of helplessness.

It seems that cutting, or any form of SIB, is cathartic for those who take part in such behaviors. It appears to induce an emotional release and suggests an outlet for emotional pain. The abovementioned girls all have one thing in common—they lack the skills to self-medicate in

a healthy and appropriate manner. They have discovered harmful alternative ways to handle typical teenage stressors.

Suyemoto (1998) identified the following six perspectives to adolescents' self-mutilating: the environmental perspective, a response to trauma and unpleasant childhood experiences; the anti-suicide perspective, SIB accompanied by a sense of psychological relief and other sensations; the sexual perspective, where SIBs are used as a defense against unresolved, unpleasant sexual impulses and complex, symbolic self-castration or substitute for masturbation (Ross & McKay, 1979, p. 51, as cited by Yip, 2005, p. 81); the affect regulation perspective, where the self-mutilator has difficulty controlling his or her emotions (Suyemoto, 1998), challenges coping with stress (Haines & Williams, 1997), and trouble reducing tension (Brain, Haines, & Williams, 1998); the dissociation perspective, indicated by the self-mutilator losing his or her identity and needing to see his or her own blood to differentiate between what is the self and what is not; and the boundary maintenance perspective, illustrated by "poor object relation, diffused ego boundaries and confused body experience" among self-mutilators (Podvall, 1969, p. 214). Yip (2005) notes the commonality amongst all six perspectives: "peer influence and response" (p. 81). From these Yip conceptualizes a multi-dimensional perspective in adolescents' self-cutting that details the antecedent factors, the process, and the aftermath.

Possible contributing factors to the occurrence of self-cutting among adolescents, according to Yip's (2005) multi-dimensional perspective include distressing childhood and adolescent experiences such as abuse, neglect, trauma, and conflicts, and consequently, excessive exposure to anxiety-provoking social contexts and tension; bad sexual experiences and/or incidents revolving around sex with boyfriends or girlfriends; a lack of previously learned constructive and appropriate stress, frustration, and anger coping skills, and as a result, lack the skills necessary to manage emotions. Under such conditions, the development of a solid and

desirable self-identity is improbable for the adolescent. Mixed feelings toward the self and others may result, as well as feelings of "emptiness, anger, and frustration" with regard to confronting life and what is to come (p. 82). The antecedents listed may be intensified by "inappropriate parental and family influence in forms of rejection and neglect of children, child abuse, parents' marital discord, conflict and divorce, family problems, adversity and migration" (p. 82).

However, *opposite* types of parental influence can have antecedent-*reducing* effects. In much the same way, negative peer influence (i.e. rejection, miscommunication, and relationship troubles) can exacerbate pre-existing antecedents for adolescent self-cutting. Finally, one cannot deny the powerful influence of socio-cultural contexts on the antecedents of self-cutting. Such contexts include, but are not limited to "employment opportunities, cultural interpretation of body figure, and meaning of beauty" (p. 82). The process as well as the aftermath of self-cutting influences as described by Yip (2005) directly parallel those of the antecedents of self-cutting, and thus will not be elaborated here. Yip's subsequent interventions are described in the "Intervention" section of this paper.

Froeschle and Moyer (2004) identify feelings of shame, humiliation, and rage as preemptors of SIB. Richards (1999, as cited by Froeschle & Moyer, 2004) notes failure and feelings of low self-worth. SM is a way for the adolescent to "alleviate stress, depression, rejection, hyperactivity, numbness, and feelings of alienation" (p. 232).

Identifying Self-Injurers

Identifying self-injurers is a difficult task particularly in light of culturally sound self-injurious behaviors (Favazza, 1996) such as ear and body piercing, and tattooing, which have become more commonplace in Western culture. It is important to be able to distinguish between these and deviant forms of self-injury that are reactions to psychological crises and are usually

physically harmful. Indeed, the line between sanctioned self-injury and deviant self-injury is an obscure one (Dallam, 1997).

In a self-report questionnaire study, Laye-Gindhu and Schonert-Reichl (2005) found significantly increased reports of antisocial behavior, emotional distress, anger problems, health risk behaviors, and decreased self-esteem among adolescents who indicated taking part in self-injurious acts. Milnes, Owens, and Blenkiron (2002) used an interview format to ask self-harm patients about the type of problems they faced and their perceptions of the solubility of their problems. Also, participants completed a Beck's Hopelessness Scale, and a psychiatrist completed a Beck's Suicidal Intent Scale. The researchers concluded the participants experienced insoluble relationship problems, hopelessness, and suicidal intent. One can deduce that it might be critical for counselors and other helping professionals to ask adolescents about their feelings of hopelessness and perception of insoluble problems, particularly with regard to relationships.

In an extensive, longitudinal study, Sourander, Aromaa, Pihlakoski, Haavisto, Rautava, Helenius, and Sillanpaa (2006) obtained information about ideations and acts of deliberate self-harm at ages 12 and 15 from parents and children. The Child Behavior Checklist 2/3 was used to acquire facts about the child's problems at the age of 3, and again along with the Youth Self-Report at the age of 12. Additionally, at the ages of 12 and 15, parents provided the investigators with information about personal health, well-being, and mental distress. Also, the Family Assessment Device was used to measure family functioning at various points throughout the study. Sourander et al. concluded "deliberate self-harm in adolescence is often a consequence of an accumulation of numerous additional factors and events over and above the presence of psychopathology in the child" (p. 95). Specific self-harm data on preadolescents and parents provide important indicators of future self-harm in adolescence. Other predictors that can be identified pre-self-injurious acts include "child psychopathology, parental well-being, and living

in a broken family in preadolescence" (p. 95). At-risk children might be more easily and earlier identified through means of routine physical examinations in school and self-reported screening questionnaires, according to Sourander et al.

Other researchers have suggested self-mutilation as an additional symptom of obsessive-compulsive disorder (Yaryura-Tobias, Neziroglu, & Kaplan, 1995). Self-cutting is strongly associated with sexually risky behaviors amongst adolescents, indicating a need for careful assessment of self-injurers for such dangerous behaviors (Brown, Houck, Hadley, & Lescano, 2005). SIB has been linked to eating disorders in females (Paul, Schroeter, Dahme, & Nutzinger (2002) indicating a need for specific types of screening for individuals suffering with eating disorders, and to substance abuse disorders (Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006). Furthermore, Nock et al. found that 87.6% of a sample of 89 adolescents engaging in non-suicidal self-injury (NSSI) met the criteria for the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (1994) Axis I diagnosis, supporting the notion that a complete psychological evaluation by a professional is necessary before prescribing any medication for the treatment of SIB since comorbidity is a significant risk.

While there is no set profile of a self-injurer, the existing research does shed some light on potential symptoms, warning signs, and possible antecedents for counselors and other helping professionals to look out for when assessing pre- as well as mid-adolescents.

Interventions

White Kress, Gibson, and Reynolds (2004) outlined specific school counselor interventions for adolescents who self-injure. Since most self-injurers are embarrassed, experience guilt, and in general try to hide their acts of deliberate self-harm, counselors should attempt to verify suspicion with non-threatening questions such as where the marks came from,

or simply asking him or her to say more about the marks, if this type of thing has happened before, and if so, how often. Also, it is appropriate to ask what the person was thinking and feeling just before the incident, and how he or she felt afterwards as well (Barstow, 1995; Dallam, 1997). As a school counselor, it is important to help the student create a safe environment (White Kress et al.). Together, the student and the counselor should devise a plan that emphasizes responsibility for one's actions and making safe decisions. The plan should provide structure and stability for the student who perceives life as chaotic. Finally, the plan should include "identifying SI triggers, physical cues, and reducers related to SI; exploring safe people and safe places to go when wanting to SI; and the deliberate avoidance of objects which could be used to SI" (p. 197). Helping the student to identify feelings and express them verbally has been found to contribute to the ending of SIB (Dallam, 1997). Increasing the student's coping skills to manage feelings could also prove to be beneficial (Kehrberg, 1997).

There was previous discussion of Yip's (2005) multi-dimensional perspective of self-cutting in adolescents. Yip proposed subsequent interventions including bettering the social environment for adolescents, providing them with supportive parents and friends, and assisting adolescents in regulating, communicating, and expressing anger properly. First and foremost, however, as a clinician, it is critical that one acknowledges the adolescent's struggles in life, frustrations, and feelings of emptiness as he or she faces life's challenges. Furthermore, clinicians can help build the adolescent's self-integrity and dignity through encouraging him or her to participate in activities that will prove meaningful such as volunteer work, sports, arts, and normal social and recreational activities that will be supportive in nature.

Treatment

Little is known about the treatment of SIB, despite increasing awareness (Zila & Kiselica, 2001). Attempting to treat SIB can be complex since obsessive-compulsive disorder, eating

disorders, substance abuse disorders, and other Axis I disorders have been linked to SIB.

Medication should be prescribed with caution.

Advocacy and Education

As school counselors, it is our responsibility to advocate for students through educating parents and faculty about SIB. Dispelling myths and distinguishing stereotypes is also essential (Froeschle & Moyer, 2004). In a safe and supportive environment, students will be more likely to seek out the help that they need, and in an aware environment, students are more likely to be identified and consequently helped. Educating people—students, faculty, and parents alike—is a way to build awareness and can be preventative of SIB. Other preventative methods include strengthening family and peer relationships, increasing self-esteem, creating caring, supportive, open environments, helping students to learn to accurately identify feelings and encouraging appropriate expression of feelings, as well as teaching coping skills. It is not surprising that most of the preventative measures coincide with the interventions; this is because it is rarely too late to help a self-injurer change his or her habits.

*As a note to the reader: For many years there was little research and practically no awareness of SIB. Now, however, there is a rapidly growing body of literature on the topic. While this paper is in no way exhaustive, it does provide a near-comprehensive review of the foundational as well as the current and most recent publications in the field, and serves as an excellent starting point for someone interested in learning more about SIB.

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