

Why Teenagers/Young Adults Self-Mutilate

(A therapist's perspective)

First and foremost, most teenagers and young adults are not attempting suicide. The act of self-mutilation is rarely about taking one's own life. However, some young adults have killed themselves by accident when they took the act of self-mutilation too far. The difficulty often faced in self-injurious behaviors such as cutting, burning oneself, or ripping/tearing at one's own skin, is that the mutilation becomes addicting and is very difficult to all of a sudden stop. Mostly, in my experience I have seen young adolescent girls age ranges 11-12 years to 17-18 years old, however I have also seen teenager boys indulge in self-injurious behaviors as well as young and middle-aged adults.

The one factor that I have seen that is consistent in those individuals that self-harm is that they have a very poor self-concept and extremely poor coping skills. There are several ways that individuals self-mutilate, but by far the most common way that I have seen is by cutting or burning themselves. Commonly, they will cut with a knife, scissors or burn themselves with a curling iron. Also common is writing in their skin with a pencil or safety pin by ripping their skin open. Self-mutilators will cut on their stomach, the back of their legs, upper arms, and thighs in order to try and hide where they have cut or burned themselves.

Often the reason that someone would intentionally harm themselves is an enigma to their parents as well as the general public. Why would someone actually inflict pain on themselves? Is a question often heard asked by parents and loved ones of those that self-mutilate. The reasons that someone would hurt themselves are often expressed by the client in this way, "When I cut myself it takes my mind off of what is bothering me". Also often expressed in therapy is a teenager saying, "I feel less anxious" or "I feel better when I cut myself, it is like a relief you know." Nine times out of ten, a client will cut after something stressful has happened to them either at home or at school and they cut themselves in order "to deal" with the pain. Individuals that self-mutilate never seem to have learned effective coping skills to work through stressful situations as they occur in life.

A lot of teenagers/young adults that self-mutilate have a history of abuse, hurt themselves as a way to deal with their anger, use as a way to self-soothe (a way to calm themselves down), or to distract them from any emotional pain that they are going through. The therapeutic process utilizes a number of techniques.

Professional help from a qualified mental health therapist is almost always needed to stop the cycle of self-injurious behaviors that becomes addictive, like any other addiction it is difficult to stop. Most commonly used in therapy is Cognitive-Behavioral Therapy (CBT), which helps the individual identify with their thoughts that contribute to this behavior and then address the specific triggers that lead them to self-harm. The goal is to help them to find more positive and effective means to cope with their situation and with their feelings. Other means that can be

utilized are group therapy, family counseling, self-relaxation techniques, and in extreme cases the client may have to be hospitalized.

In treating a person in therapy that self-mutilates, the therapist must first get the client to acknowledge that their behavior is in fact a problem. Often times, the client will not see this as a problem and say to you, “But, I am not hurting anyone else, so why should it matter?” Help them to understand the triggers or what leads them to hurt themselves. Lastly, to help the client figure out what the self-mutilation is actually doing for them, in other words, what does the self-mutilation accomplish for them. Getting the client to replace the negative self-harming behaviors and replacing them with more effective skills, such as learning to express emotions/feelings in a healthy and more constructive way.

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