

## Ask ERS?

Dear ERS Advisor,

**My 9 year-old son gets easily frustrated with his homework and his chores. Lately I've noticed that he's begun to kick or punch the wall whenever he gets especially wound up. I find this new behavior to be worrisome and want for him to find a better way to deal with his anger, preferably one that doesn't damage my walls! What would you suggest?**

**Worried Mom**

Dear Worried Mom,

There are many possible reasons for your son's physical outbursts: a) He may not have the language skills necessary to identify thoughts & feelings. b) He needs a physical outlet to discharge intense and uncomfortable emotions. c) His behavior may be a call for attention, a way of asking for help. d) His home or school environment may be stressful and overwhelming. Learning to deal with frustration is one of the biggest challenges that children face. Many kids do struggle with finding an appropriate outlet for their negative emotions; however, anytime that a child resorts to lashing out physically, there is cause for concern as it might indicate a deeper problem.

If you've already clearly outlined the rules about hitting or breaking things and what the consequences are, then focus upon initiating and encouraging verbal expression. Ask your son about his feelings. Not only will you create the opportunity to learn more about him, but this will encourage him to **verbally** express his emotions. If he doesn't respond to the limit-setting and your outreach, it might be a good idea to call your Employee Assistance Program (EAP) and arrange for an evaluation with a therapist who specializes in family & children's issues. An appointment with his pediatrician is also a good idea to rule out any other health issues that may be a contributing factor. While you don't want to discourage the expression of emotion, there are lots of more appropriate ways he could be "venting steam."

Good luck!

ERS Advisor

**Interested in submitting a question or comment?  
Send an e-mail to [aharkleroad@ers-usa.org](mailto:aharkleroad@ers-usa.org).**

## "Cutting": A Troubling Trend

Andrea Finnegan, LCSW

**Warning! This article may contain some content that could act as a trigger for those who engage in self-harm.**

**C**ody is 16, and recently began burning himself, usually with his cigarette lighter. He is polite, intelligent, well-liked by his peers, and involved in his school and community. No one suspects that Cody's family life is chaotic. His mother is a functioning alcoholic and is verbally and emotionally abusive, while his father is emotionally unavailable. For the last two years, Cody has been feeling more and more overwhelmed by school, work, and family relationships.

Reeling from a recent argument with his mother, Cody punched a hole in his wall, but he didn't calm down. He paced in his bedroom, music turned up loud to drown out his mother's hurtful words and his own thoughts about not being good enough. Cody picked up his lighter, still searing hot from lighting his cigarette, and burned the inside of his forearm.

The burn was quick, and the initial physical pain was quickly replaced by a rush, a high. Then he was calm again, and felt more like himself. Self-injury is as complex as it is horrifying and sad. You may wonder, "Why would anyone do such a thing? Are these people suicidal? Are they on drugs? Are they mentally ill? Are they doing this just to get attention?" The reasons and circumstances surrounding the behaviors of self-injury are infinite.

### Self-Injury Defined

Self-injury, self-mutilation, self-harm, or "cutting" (slang) are terms used to describe a variety of behaviors where one deliberately harms the body in an effort to cope with overwhelming and painful emotions. Common forms of self-injury include cutting the skin, hitting oneself, pulling out hair, burning or biting oneself, ingesting sharp objects or toxic substances, and interfering with wound healing. It would be natural to conclude that individuals who hurt themselves are suicidal, but that is not always the case. In some cases, those who self-injure have contemplated or attempted suicide, and some have accidentally killed

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## “Cutting” *Continued from page 1*

themselves. Yet for most self-injurers, the act of hurting themselves is considered a way of coping with, even relieving intense emotions. Some describe the act as a “safety net,” a vice that helps them stay alive. One self-injurer describes this struggle:

“It’s a vicious cycle, an avalanche of negativity and self-loathing. But enough physical pain relieves that feeling, calms me down, and makes me relaxed afterwards.”

*Anonymous, 27 year-old male*

Another common misconception is that self-harming behavior is a result of a mental illness or an addiction. While it’s true that many people who suffer from mental illnesses (depression, bi-polar disorder, psychosis, etc.) may also self-injure, the majority of them function well and lead relatively productive lives. However, addiction is a real risk for those self-injurers who use alcohol, drugs, food, sex or gambling as an alternative method to temporarily relieve intense emotions. In fact, many who suffer from addictions and self-injury often feel uncontrollable cravings for the substance or behavior. Eventually, their tolerance increases, meaning more substance or behavior is needed to achieve the same effects. To add to the complexity of the problem, many symptoms of mental illness and addictions overlap. These factors make diagnosing and treating self-injury quite complex.

## Quarterly Quote

*“Loneliness does not come from having no people about one, but from being unable to communicate the things that seem important to oneself, or from holding certain views which others find inadmissible.”*

– Carl Gustav Jung

In treatment, experts believe that the act of self-injury is a choice, and point out that there is no genetic link associated with those who engage in self-injury, unlike that of addiction and mental illness. Viewing self-injury as a choice fosters hope that one can learn healthier coping skills. It allows self-injurers to feel more empowered, in control, and responsible for their emotions, their choices, and ultimately their lives.

### Warning Signs

Do you know someone who....

Has scars on arms and legs, scrapes, scratches?

Wears long-sleeved shirts and long pants at all times?

Is annoyed or defensive when asked about the wounds or scars?

Makes excuses for the injuries?

AND Seems distracted, withdrawn, or has difficulty managing anger and/or other emotions?

### Who is “at risk”?

Most self-injurers are survivors of a variety of personal and family secrets including sexual, physical, verbal and emotional abuse or neglect, family addictions and family mental illnesses. Family patterns that often set the stage for self-injury range from extremely rigid and controlling environments to chaotic households with absolutely no rules, boundaries, or guidance. In fact, self-injury (like addiction, mental illness, and abuse of all types) occurs in all sections of the population. Self-injury afflicts women and men of all races and ethnicities, socioeconomic status, and geographic locations. Of course, not everyone who survived abuse, lived in a rigid household, or has been exposed to addiction will go on to self-injure, but estimates indicate 3 million Americans will self-harm at some point in their lives. Those numbers are growing so quickly, that experts refer to self-injury as one of the fastest growing problems in today’s society.

Most self-injurers begin doing so in their teen years. The adolescent population has always been considered “at risk” because it is a period of separation and rebellion. Primarily, teens experience unfamiliar physical and emotional feelings constantly, expectations increase, and as they begin thinking and behaving independently, they may find their ability to regulate or soothe themselves is inadequate. If children and teens are not encouraged to express themselves in healthy ways (especially if they are

victims/survivors of abuse or raised in unhealthy family systems,) they may learn to internalize their thoughts, feelings, and emotions, so much that they have difficulty relating to others. Some self-injurers describe themselves as feeling detached from their bodies and emotionally numb. Their bodies then become a canvas to display their emotional pain. Diana, Princess of Wales described her struggle with self-injury that began in her early 20's:

"You have so much pain inside yourself that you try and hurt yourself on the outside because you want help." BBC Interview, 1995

If you suspect someone is self-injuring, keep in mind the following important points:

## DO:

- Take time to gain control over your emotional reactions (horror, shock, fear, guilt, anger, sadness, disgust).
- Calmly, tell the individual you are concerned for him/her, you've noticed the scars and you suspect he/she is self-injuring.
- Offer support in talking about it and getting him/her involved with a professional.
- BE PATIENT

## DO NOT:

- Demand that he/she stop hurting him/herself.
- Interrogate that person, by asking why, how, when, or where he/she self-injures.
- Try to control his/her behavior by hiding potentially harmful objects, or supervising him/her constantly.
- Try to fix this problem yourself, even if the self-injurer is a child, spouse, parent, or sibling. That person needs professional expertise.

The list of "Do Not" behaviors often lead to arguments and power struggles which may create feelings of resentment, resistance, denial, shame, and guilt for the person who self-injures. Further, the "Do Not's" can trigger more frequent or more severe self-injury as he/she tries to express and alleviate the heightened emotions. While this may be an issue that seems bizarre and difficult to understand, your patience and concern may be the kind of sup-

port needed to get that self-injurer into treatment.

If you'd like more information and resources on self-injurious behavior, call the Employee Assistance Program (EAP) at 1-800-292-2780.

*Andrea Finnegan, LCSW has been an EAP counselor with ERS, Inc. since 2004. She also has a private practice in Park Ridge, Illinois, where she works with children, adolescents, and families in the treatment of abuse, domestic violence, substance abuse and addiction, mood disorders and self-injury. Andrea also facilitates group therapy services for women and girls who are survivors of sexual abuse and domestic violence.*

## just the FACTS.

- According to a study conducted by the National Institutes of Health & Columbia University, "The number of visits to a doctor's office that resulted in a diagnosis of bipolar disorder in children and adolescents has increased by 40 times over the last decade..." Dr. Olfson, one of the researchers in the study commented, "It is likely that this impressive increase reflects a recent tendency to over-diagnose bipolar disorder in young people, a correction of historical under recognition, or a combination of these trends."
- Researchers at the National Institutes of Mental Health have reported that tamoxifen, a drug commonly used for treatment of breast cancer, "dramatically reduces symptoms of the manic phase of bipolar disorder more quickly than many standard medications for the mental illness..."
- Researchers at the National Institutes of Health have been able to replicate obsessive-compulsive type behaviors such as compulsive grooming and anxious behaviors in mice by breeding them without a specific gene. By replacing the missing gene in young mice, they were able to prevent the development of this behavior. It remains to be seen how this exciting finding can translate into potential treatment for the repetitive behaviors and intrusive thoughts that affect people with obsessive-compulsive disorders.

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## Sites to See



### [www.selfinjury.com](http://www.selfinjury.com)

The SAFE Alternatives Program (Self Abuse Finally Ends) is the nation's first treatment program designed specifically for self-injury, founded by nationally recognized experts in the field of self-injury. The phone number is 1-800-DONT-CUT **(1-800-366-8288) or 1-708-366-9066.**

### <http://www.crpsib.com/whatissi.asp>

In an article written by the Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults, the authors note, "Data from college studies suggest that 30% - 40% of college respondents report initiating self-injury while 17 years old or older (Whitlock, et. al, 2006). Although the majority of college students surveyed, report stopping within five years of starting, it is also clear that the behavior can last well into adulthood." Additional resources and programs are mentioned within the article as well.

### <http://mentalhealth.samhsa.gov/child/childhealth.asp>

SAMHSA's National Mental Health Information Center has a wide variety of publications, programs, and articles on child and adolescent mental health issues. This link connects you with several specific websites which promote a variety of youth programs such as the National Child Traumatic Stress Network, Youth Violence Prevention, and the Caring for Every Child's Mental Health campaign.

**Struggling with your temper? Having trouble dealing with the same frustrations day after day? Call the Employee Assistance Program for free and confidential assistance. (800) 292-2780**

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