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Family Focus If Your Child is Cutting

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Thirteen year-old "Tara" was referred to me for therapy by her family physician. She went (very reluctantly) for treatment for bronchitis, and her doctor discovered cuts on her upper arms and thighs. Tara admitted that she had been cutting herself with a kitchen knife almost daily for over four months. Needless to say, her parents were shocked and extremely worried.

Tara was the older child of two highly successful parents. She had every material advantage and a loving family. Tara was used to having a great deal of control in her life, but she didn't have the acceptance and popularity she desired with her peers. She had few friends because she limited herself to seeking friendships only with the popular kids. Tara experienced a lot of rejection and became hurt and enraged as a result. This negative spiral resulted in Tara feeling increasingly inadequate and alienated.

At first Tara experimented with alcohol and marijuana, but she turned to cutting herself after hearing about another student who cut. As with most people who engage in self-harm, Tara found that her emotional pain subsided when she focused on the physical pain. And she found that the physical pain was minor in comparison to her psychological distress. Cutting herself actually released endorphins that produced a temporary feeling of well-being.

The incidence of cutting has increased dramatically over the past ten years. Some attribute this spike to media influence; more movies and

television programs have featured teens who cut themselves with razor blades or knives, or who perform other types of self-harm, such as burning themselves with lighters or cigarettes. There are websites and chatrooms that actually glamorize cutting and other self-destructive behaviors in an attempt to make them seem "cool." The average age of onset for cutting is usually late childhood or early adolescence, a time when children are especially impressionable. Cutting can become a habitual coping method long into adulthood if left untreated.

Females are more likely to cut than males, though males certainly are represented in this population. One theory to explain this discrepancy is that females are socialized to internalize their anger and pain while males use more external methods to express their feelings, such as dangerous driving, physical altercations, or tragically, suicide. While cutting is not usually considered to be a form of suicidal behavior, the potential for suicide should always be evaluated. Cutting is an attempt to relieve extreme emotional pain through a temporary means. Unfortunately, cutting behavior usually escalates over time; it takes more cutting to get the same relief. And it can result in accidental death if a cut is too deep or becomes septic and is left untreated.

The reasons for cutting vary and include untreated depression, family problems such as divorce or alcoholism, physical or sexual abuse, and severe psychiatric disorders. But commonly, among upper middle-class children, cutting is an expression of feelings of hopelessness, alienation, inadequacy, and/or internalized anger and hurt. Sometimes it is simple experimentation.

Cutting is usually not an attention-seeking behavior. Most who cut try to hide it from others, since it can be embarrassing and shameful. But some, like a twelve year-old girl I worked with, do crave attention. She used a needle and thread to cross-stitch on both of her thumbs. It is really difficult for me to look at these signs of self-mutilation, and of course it's even worse for the families who hurt for their children.

What can parents do? If you find that your child is cutting or is engaged in any type of self-harm, it is important to remain calm and loving and to find help immediately. You must insist that your child go for help, even though it is likely that she will resist. You can tell her that you are too worried and that she must do this for you. If you find the right therapist for her, one whom she can trust with her deepest feelings, she will eventually become more cooperative about going to therapy. It often helps for the entire family to participate at first so that the child doesn't feel singled out. And it is important for the child to see that her family can accept and love her, no matter how she feels inside.

Gradually, your child will learn different coping skills to deal with her anger, guilt, and negativity. She will practice strategies for handling difficult situations and people so that she will feel more empowered and in control. As she comes to accept and value herself she will be able to let go of negative, unhealthy behaviors.

Try to avoid feeling guilty and responsible for your child's problem. It is important to remember that your child is a separate and unique individual with her own set of perceptions and preferences. The best thing you can do as a parent is to show as much love,

acceptance, and support for her as possible, and to find her help whenever it is needed.

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