

CUTTING AMONG ADOLESCENTS: A DANGEROUS TREND? Elizabeth Ellis, Ph.D.

Over my years in practice, I have seen many adolescents who cut themselves, though only a few have done so as severely as that girl did at the therapeutic camp.

In the summer of 1971, having just completed college, I took a job as a camp counselor in Lake Lure, North Carolina. It was a therapeutic camp for children with emotional and behavioral disorders, and I was assigned to the cabin that housed teenage girls. It was a trial by fire for a not yet 22 year old. The girls had backgrounds that included suicide attempts, prostitution, substance abuse, running away, and defiance toward authority. One day as we were swimming at the lake, the call went out for the nurse to come right away to cabin 17; a girl was bleeding profusely. I came running as well and entered the cabin to see a girl whose forearms were slashed. "She's a cutter," the nurse said. The girl looked at me and said, "I wanted to show on the outside how I was feeling on the inside." The scene was etched indelibly on my memory. The girl was taken to the hospital for suturing, then to an inpatient facility.

Over my years in practice, I have seen many adolescents who cut themselves, though only a few have done so as severely as that girl did at the therapeutic camp. Most have been relatively superficial cuts that were hidden from view and did not require medical attention. What has been alarming is the increase in the prevalence of this symptom over the last 10 years. "Cutting," as it is known, is a dramatic and attention getting symptom. Given that we instinctually flee from pain, we struggle to find an explanation for why a person would deliberately inflict pain on themselves. How common is this problem at this time? Are these adolescents trying to kill themselves? How seriously should we take an incidence of cutting? What other problems are teenage cutters likely to have? If this problem is on the rise, why is this?



This past year I have researched self-mutilative behavior in depth in order to find answers to some of these questions. Self mutilative behavior refers to a group of behaviors that involve inflicting injury on oneself in a very specific way. While cutting is the most common form, it also includes scratching and scraping the skin, picking at sores till they bleed, inserting sharp objects under the fingernails, burning the skin, biting oneself, and creating primitive tattoos by inserting ink into small pinholes on the skin. In one study (Briere & Gil, 1998), SMB occurred in only 4% of adults in the population, and in 21% of adults with psychiatric problems. It is much more common in adolescents, however. Lloyd, et al. (1997) found that 14% of an adolescent community sample had inflicted self harm at some point. In a survey of college students, 12% admitted to having harmed themselves by cutting or by burning themselves at least once (Favazza & Conterrio, 1989).

These figures were derived from surveys of adolescents in the general population, not those identified as having significant emotional problems. If one looks at those samples, however, the figures are much higher. For example, Penn, et al., (2003) found that of 78 adolescents in a juvenile correctional facility referred for psychiatric evaluation, 30% had a history of SMB. Darche (1990) reported that 40% of an adolescent inpatient sample had a history of self-harm. Guertin, et al. (2001) studied a group of adolescents who were admitted to the hospital following a suicide attempt by overdose. This was a predominantly White, female group, and 55% had a history of SMB. Zlotnick et al., (1997) looked at a group of 62 adolescents who had been admitted to the hospital for either suicidal ideation or suicide attempt. They found that fully 87% and 80% of these two groups, respectively, had a history of SMB in the year preceding their admission.

From these figures, we can see that self-harm or self-injurious behavior in adolescents is associated with a wide range of emotional and behavioral problems, especially with depression. But SMB is not necessarily a symptom of depression per se, nor a vague attempt at suicide. The studies of these adolescents have consistently found that, as a group, they engage in a range of impulsive, and often self-destructive behaviors. Those adolescents with milder emotional problems and less severe forms of SMB are likely to have a history of angry encounters with family members, acting out, substance abuse, and oppositional defiant disorder. Some studies show higher rates of running away, violent crime, and conduct disorder among teens who engage in SMB, but these problems are likely seen only in more severe cases. This pattern of multiple problems is more prevalent and serious in adult self-mutilators. They are more likely than other psychiatric patients to abuse alcohol, to have an eating disorder such as anorexia/bulimia, to be violent toward others, to engage in shoplifting, drug abuse, and sexual promiscuity (Evans & Lacey, 1992; Favazza & Conterrio, 1989).

The other feature that stands out among these teens is that they have great difficulty managing strong negative emotion, whether that emotion is loneliness, depression, anxiety, anger at others, or anger at oneself. Nock and Prinstein (2004) addressed the issue of the motives of teens who engage in self harm by first asking 108 adolescents on an inpatient unit if they engaged in self harm. Fully 84% said that they had done so in the previous year.

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Cutting Among Adolescents, continued

The researchers then asked them to endorse a list of possible reasons why they engage in this behavior. The following is a list of the most common reasons that were endorsed and the percentage of teens who endorsed that motive.

- To stop bad feelings (53%)
- To feel something, even if it was pain (34%)
- To relieve feeling numb or empty (31%)
- To punish yourself (32%)
- To give yourself something to do when alone (24%)
- To feel relaxed (24%)
- To get control of a situation (15%)
- To try to get a reaction from someone (15%)
- To receive more attention from your parents or friends (14%)
- To let others know how desperate you were (14%)
- To get attention (14%)
- To get help (14%)
- To get your parents to understand or notice you (13%)
- To avoid doing something unpleasant you don't want to do (13%)
- To avoid punishment or paying the consequences (12%)
- To get other people to act differently or change (12%)

These responses reflect the reality of adolescent emotional turmoil in many ways. For a variety of reasons, adolescents do have stronger and more complex emotions than do younger children, and sorting them out, understanding them, and learning to calm themselves is one of the tasks of the adolescent years. Many adolescents simply do not have good coping skills. Whereas some adolescents might simply call a friend, chat on the internet, or talk to a parent or older sibling, cutters often describe themselves as lonely. In one study (Guertin, et al., 2001), the authors found that experiencing loneliness increased the odds that a depressed teen would engage in SMB by five fold. We are not sure if this is because SMB is done in isolation, because these teens have fewer friendships, or if shame perpetuates their loneliness.

From the above we can also see that cutting or SMB often has a goal directed purpose—the seeking of emotional support and attention from others. Self harm, when brought to the attention of a parent, does diminish the parent's anger and garner sympathy and understanding. Hilt, et al., (2004) found in their study that teens who engaged in SMB reported improvements in the quality of their relationships with parents.

Cutting among adolescents has a certain contagious quality. Just as trends in shoes and iPods move quickly through an adolescent group, trends in behavior problems seem to be copied by other adolescents. In the Nock and Prinstein (2005) study, fully 82% of the adolescent inpatients involved in self-harm had at least one friend who had engaged in SMB in the previous 12 months. What I have seen in my practice is that the trend in eating disorders and smoking is waning among teens, but cutting is on the increase. A recent issue of Time magazine, (see: Kluger, 5-16-05), cites several clinics around the country where cases of SMB appear to be increasing dramatically. Many point to the prevalence of internet websites as part of the problem. These sites ostensibly discourage cutting, but they also popularize and sensationalize cutting to impressionable teens. Celebrities such as Fiona Apple and Angelina Jolie have publicly talked about their own past self-harm, further glamorizing it, by associating it with celebrities.

I asked my 14 year old daughter why she thought cutting was on the rise. "Well, it's obvious, mom," she replied, "emo is cool now. Just watch MTV some time." "Emo," for those parents who don't have teenagers, is a term that has been coined to describe a phenomenon that I would call *negative, pessimistic emotionality*. My daughter, who is a media maven, says that being depressed and complaining about how people treat you badly and how you want to die, is a style of music, a way of acting, even a way of dressing to a certain point. It is a particular teen lifestyle, sort of like being a punk, a geek, a jock, or a skater. Cutting is just one facet of the emo life. I asked her what she thought of cutting, and, to my relief, she said, "I think it's stupid. It's more fun to be happy. In fact, most of those kids aren't even depressed, they're just posing."

I would also suggest that the rise in cutting has paralleled the rise in tattooing and body piercing, and that the two are related. Up until 20 or 30 years ago, tattooing was an activity of young men who wanted to appear tough and manly—the sailor on shore leave from the Navy, the biker on his Harley Davidson—a way to say, "See, I can withstand pain. I'm a man now." However, it has moved into mainstream culture and been popularized by both young women as well as men, at increasingly younger ages. Our 21st century technological culture has no rites of passage for young people in which they have to endure a trial of physical pain, after which they are visibly changed, in a way that is easily seen by others, and which sets them apart from children. The body piercing that conveys the highest status now is that which causes the most pain—piercing of the nipple or tongue, or a tattoo that is the most dramatic, such as a tattoo on the neck or a tattoo on the body that displays a violent scene. Thus, a certain level of cutting or piercing one's own skin with needles is, in a small way, an attempt on the part of adolescents to prove to themselves that they have the endurance to undergo a personal trial and emerge from it a stronger person.



In summary, I am no longer as alarmed as I used to be when a parent calls to report that a teenage daughter or son has made cuts on their arms. Those adolescents who are at greater risk are: (1) those who have no friends and a poor relationship with parents so that they are completely isolated, (2) those who are engaging in multiple self destructive behaviors besides cutting, such as anorexia and bulimia, substance

abuse, and running away, (3) those whose cutting is not abating with counseling but is escalating to more serious self injury, and (4) those who express clear suicidal thoughts and plans. This group is more likely to have been physically or sexually abused by a family member. This very small percentage of teen cutters may have to be evaluated for medication and inpatient hospitalization. They are more likely to be later diagnosed with borderline personality disorder, dissociative disorder, or bipolar disorder.

The vast majority of teens who make minor cuts, however, are not suicidal, do not have a major mental illness, and are not significantly depressed. Typically, they made the cuts after an argument with a parent or friend, or after a rejection or a setback. They felt overwhelmed and didn't know how to cope with the problem. The cutting served as a way to vent emotion, to punish themselves, and/or to seek help and sympathy from others. After talking about the problem, and getting some help in resolving the problem, most do not cut themselves again.

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ARE FAMILY MEALS THE CURE TO TEEN EMOTIONAL PROBLEMS?

Over the years I've listened to hundreds of teens talk about their lives at home. I have always been saddened to hear how many of them are alone at dinnertime while their single parent works the night shift, or that they eat dinner in the back seat of the car after pulling through the drive-thru at the fast-food restaurant, or how the family members "graze" in the kitchen at various times of the evening, taking their food back to their bedrooms and eating it alone in front of a television. Is there something wrong here?

In 1997 two major studies of teens and families released their results to the media. The results were heartening to parents who may wonder if they should keep trying to connect with their teen children who increasingly don't want anything to do with them. One study, published in the *Journal of the American Medical Association*, paid for by 18 federal agencies at a cost of \$25 million, reported on the findings of a survey of 20,000 teenagers across the country. The major finding of the study was that kids who have a strong connection to their parents were less likely to be violent or indulge in drugs, alcohol, tobacco, or early sex. "And feeling close to teachers was by far the most important school-related predictor of well-being." (see: A. Sachs). The study was a little fuzzy as to what constitutes a "strong connection." However, the study's lead researcher, Dr. Michael Resnick, of the University of Minnesota, indicates that it is spending time together in meaningful ways and talking. The study also indicated that mealtimes seem important.

That same year the American Psychological Association released the results of a study of 527 teenagers done by Blake Bowden of the Cincinnati Children's Hospital and Jennie Zeisz from DePaul University. These young researchers categorized the group as either well-adjusted or not well-adjusted and looked at the number of times they eat dinner with their families each week. The well-adjusted teens—defined as those who were not depressed, not

using drugs, doing well in school, and had good friends—ate dinner with their families an average of five days a week. The not well adjusted group ate with their families only three days a week.

Is it the meal that is the magic elixir researchers wonder? It is difficult to say. While it may be that teens who eat with the family are more likely to discuss what is going on in their lives and to know that their parents are interested in them and care about them, it may also be that family meal time is simply one aspect of a more cohesive family life. Those parents who take the time to cook dinner, turn off the tv (and the cell phones), and sit down to a meal with their teens, may also be the ones who are closely involved in their teen's lives in other ways as well. Whatever the case may be, I always advise parents to have family meals with their teens. The frozen food section at the grocery store is stocked with tasty meals that can be cooked and brought to the table in as little as 10 minutes.

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YOUR TEEN'S BRAIN ON VIDEO GAMES

By now, most of us would have to agree that playing video games is addicting. The size of the X-Box and Playstation industry and the struggles we have at home, trying to get our teens off the video games and onto their homework, is evidence enough that something powerful is going on here. Behavioral scientists have established that video games activate the reward circuitry of the brain, just as recreational drugs do. One of the ways they do this is by allowing the gamer to succeed when the game challenges them right at the edge of their abilities. Make the game too difficult and they get frustrated. Make it too easy and they get bored. Cognitive psychologists call this the "regime of competence" principle.

But do teens learn anything from playing video games? James Gee, a professor of learning sciences at the University of Wisconsin, has found that they do indeed. After a series of studies, he found that gamers must learn pattern recognition, system thinking, and how to prioritize scarce resources. They grow in the ability to focus, to have patience, to anticipate the consequences of their choices, and to delay gratification. Researcher James Rosser of Beth Israel Medical Center in New York found that laparoscopic surgeons who played games for more than three hours per week made 37% fewer errors in surgery than their nongaming peers. A study by the Harvard Business School looked at three groups of white collar professionals and ranked them as hard-core gamers, occasional gamers, and nongamers. They found that the gaming group turned out to be consistently "more social, more confident, and more comfortable solving problems creatively. They also showed no evidence of reduced attention spans compared with nongamers." So video games aren't so bad for your teen after all. Now, if you can just get them to turn off the game and take out the trash...

Read more in: "Your Brain on Video Games," by Steven Johnson in *Discover*, July 2005, 38-43.

Dr. Elizabeth Ellis

Trusted by families, respected by colleagues

2400 Pleasant Hill Road, Suite 165
Duluth, GA 30096

www.dr-elizabethellis.net

Dr. Ellis has been a clinical psychologist in practice in the Gwinnett area since 1980. She works with children, families, and adults. Her specialties are: evaluating children and adults for ADHD, working with adolescents and their families, and conducting court ordered evaluations of children and parents. She is often a featured speaker at meetings of the Georgia Psychological Association and local and state bar associations. She is the author of two books:



Raising a Responsible Child (Birchlane Press, 1995) and
Divorce Wars (American Psychological Association, 2000).

She lives in Atlanta with her two teens, Andrew, 19, and Sarah, 14. She enjoys hiking, bicycling, photography, and travel.

CONTACT HER:

770-476-1967
2400 Pleasant Hill Rd., #165
Duluth, Georgia 30096

You can email her at:
elizabethphd@bellsouth.net

Or view more publications by her at her web site:
www.dr-elizabethellis.net

Coming Soon...

What Does the Future Hold for Teens Who Break the Law?

The answers may surprise you. Though law-breaking is a serious problem and shouldn't be ignored, the truth is that it is quite common. One study found that 93% of adolescent boys in this country had committed at least one juvenile offense by the time they were 18. The good news is that 75% of those boys stopped their offending by the time they were in mid-twenties. What causes this problem? Which teens go on to commit serious crimes? What can a parent do about this problem? We'll explore this topic in the next issue.

Also: Girls and sports—a winning combination. Studies show that girls who are involved in athletics actually spend more, not less, time studying than girls who do not.

And: A Lexicon to Teen Language. Do you know the difference between “jacked up” and “whack”? Have you heard your teen say, “Hook me up?” or “Who’s Your Daddy?” Know the difference between “bank” and “bling-bling?” All in the Fall 2006 issue.