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Child and Adolescent Dev.
Research Paper

A dialogue about self-injury has developed since Princess Diana's 1996 disclosure of her own experiences with the malady. Also known as self-mutilation, self-wounding and self-harm, and by more specific terms such as "cutting," the American Psychological Association website describes the practice as an "ultimately…dangerous and futile coping strategy that interferes with intimacy, productivity, and happiness."[1]

While commonly associated with teenage girls, there is not a specific profile of a self-injurer. Still, according to some research the typical self-injurer begins at age 14 and continues into the next decade of life with increasing severity.[2] Len Austin and Julie Kortum cite data in their article, "Self-injury: The Secret Language of Pain for Teenagers," that women are "twice as likely to engage in self-injury as compared to men,"[3] while an article by Ron Best details the importance of how self-injury is defined. According to Best, who makes this point in relation to determining the prevalence of self-injury, "the wider the definition, the greater the prevalence."[4] That being so, Best refers to a number of studies and surveys that propose an array of prevalence rates of secondary students exhibiting some degree of self-injury tendencies, most clustering around 10%.[5]

Austin and Kortum's article offers an overview of self-injury, namely attempting to determine the underlying causes of the behavior through a first-hand account and other

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[1] American Psychological Association, "APA Videos," (2006) <http://www.apa.org/videos/4310758.html> 29 November 2006.
[2] Len Austin and Julie Kortum, "Self-Injury: The Secret language of Pain for Teenagers," *Education* 124, no. 3 (Spring 2004): 519, *Academic Search Premier*, EBSCOhost (27 November 2006).
[3] Ibid.
[4] Ron Best, "An Educational Response to Deliberate Self-Harm: Training, Support and School-Agency Links," *Journal of Social Work Practice* 19, no. 3 (November 2005): 275, *Academic Search Premier*, EBSCOhost (27 November 2006).
[5] Best, 277.

self-descriptive passages from self-injurers. It tries to accurately portray characteristics of self-injurers without over-dramatizing the situation or creating stereotypes. The article also draws connections between self-injury and other psychological diseases such as anorexia, noting that often self-injury is both addictive and misunderstood; according to Austin and Kortum, "many psychologists will tag a teen that self-injures with Borderline Personality Disorder…[but] unfortunately [these] diagnoses are often used as a way to 'flag' a teen to indicate that he or she is a troublemaker and difficult to treat."[6] Finally, the authors also stress the importance of offering compassionate support to self-injurers who come forward, asking for help. The authors purport that "the caregiver should be honored that the self-injurer has trusted him or her with information of their destructive behavior. The secret is now out!"[7]

Nick Huband and Digby Tantam published an article entitled, "Repeated self-wounding: Women's recollection of pathways to cutting and of the value of different interventions" in which they look at both what drove their sample of ten women to self-mutilation (cutting or burning) and which of the accepted therapies discussed in psychological literature were most effective from the patient's perspective. Huband and Tantam used grounded theory methods to structure their research, identifying common themes from interview to interview as the research process continued, and using these themes to help direct the semi-structured interview sessions; the researchers recognized themes such as winding up, effort to resist, and craving.[8] From this, two "pathways to self-wounding" were discovered: the spring, which intensified over time, and the switch,

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[6] Austin and Kortum, 523.
[7] Austin and Kortum, 525.
[8] Nick Huband and Digby Tantam, "Repeated self-wounding: Women's recollection of pathways to cutting and of the value of different interventions," *Psychology and Psychotherapy: Theory, Research and Practice* 77 (2004): 418-19, *Academic Search Premier*, EBSCOhost (27 November 2006).

in which a desire to cut suddenly appeared.[9] The article also compares the perceived effectiveness of strategies employed by clinical staff from the perspectives of both the participants and clinicians. Most notably, the participants found "having available a long-term relationship with one key worker" to be the most effective, while clinicians ranked it eighth of fourteen strategies. Additionally, "being taught relaxation techniques" was listed last by participants, though listed third by clinicians.

Ron Best, meanwhile, published an article about the response of schools to students who self-injure. His research focused on 32 semi-structured interviews with an array of school personnel in Britain such as teachers, school nurses and a school chaplain.[10] Best then compiled this information into topics addressed in interviews, such as the range of behaviors, teacher reactions and school policies. While he concludes that "the pattern of training provision is at best patchy and may generally be considered to be quite inadequate,"[11] Best and other education personnel recognize that self-injury is just one issue in an array of child-welfare concerns.

One major theme across the articles is how disclosures of self-injury are handled, especially by teachers and other school administrators. Best, Austin and Kortum, and Huband and Tantum all recognize the dangers of negative responses, especially those characterized as "flight" from the self-injurer. The perception that a student or patient has problems that are too large to handle can compound the problem, forcing rejection upon someone already calling out for help. Instead, the disclosure should be handled with support, in turn seeking additional support from qualified personnel.

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[9] Ibid.
[10] Best, 277.
[11] Best, 282.

Another major cross-article theme was the manifestation of self-injurious behaviors. While Huband and Tantum restrict their definition to cutting and burning in their sample of ten women, Austin and Kortum's definition is made by the intent of the action, thus excluding practices like tattoos and skin piercings which might otherwise appear to fall into the category of self-injury. A link is also noted between self-injury and eating disorders, citing recent studies that show 35 to 80 percent of self-injurers are also afflicted by eating disorders.[12] Best's research creates the most specific and inclusive laundry-list definition, though, as it draws on all of the different types of self-injury school personnel had included. This list includes:

> Cutting, scratching, burning, hitting or abrading the skin; punching the wall; drinking bleach; scrubbing the skin with cleaning agents; picking at wounds and warts; refusing medication; 'binge' drinking; sniffing glue and petrol; jumping from a moving car; overdosing on paracetamol and recreational drugs; sewing pieces of material to the skin; putting oneself at risk of sexual abuse; tearing earlobes with heavy ear rings; self-administered body-piercing and 'tattooing'; 'scorching' skin with aerosols; and swallowing a range of objects including mobile phone batteries and zip-fasteners.[13]

While Huband and Tantum's definition was posited for them by the sample of women, Austin and Kortum and Best's definitions more broadly define self-injury, noting the variety of ways someone might injure herself. This seems to thus speak to the addictive nature Austin and Kortum purport and both the switch and spring pathways Huband and Tantum explore; self-injury is the end-goal and the process is not as important.

Finally, the three articles also explore the causes of self-injury, accepting that it is a cry for help. All three articles seem to be in agreement that the most basic cause is

[12] Austin and Kortum, 522.
[13] Best, 278.

overcoming an internal pain with external harm. Austin and Kortum quote a Jimmy Buffet song: "It's a permanent reminder of a temporary feeling"[14] to describe self-injury to students, noting that the physical pain diverts attention from the emotional pain. Huband and Tantam also go into depth due to the nature of the study, but take a different approach to such precipitating causes, instead collecting and classifying preceding emotions. They most often classified feelings as powerless and uncared for,[15] tying in to other research that point to family causes and abuse in childhood as precipitating causes for self-injury. Additionally, several articles note that, as Austin and Kortum state, "[p]ain that is self-inflicted is pain over which a person has self-control."[16] In linking self-injury to eating disorders, this connection is also made, as in both scenarios, the harmful behavior can serve as a stable source of control when emotionally someone's world is in turmoil.

This research supported much of what we have learned in class and from the textbook this term. The book does not explicitly discuss self-injury, though it does offer information on eating disorders and suicide in Native American teens. While these topics may be only tangentially related (as mentioned previously, in these research articles connections are made with eating disorders, but not suicide), all three topics represent something essential: the breakdown of normal processes in adolescence. In attempting to determine the causes of self-injurious behavior, researchers seem to suggest that the behavior, no matter what the root cause, can be classified as a breakdown in normal behavior.

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[14] Austin and Kortum, 518.
[15] Huband and Tantum, 422.
[16] Austin and Kortum, 517.

One of these failures is the adolescent's inability to use formal operational thinking with regard to their own life. Self-injury is, instead, a destructive coping strategy that does not represent the systematic and logical thought Piaget envisioned with formal operational thought. Instead, teens that self-injure are so caught up in their own pain that they cannot see past it, and are thus kept from applying logical thought to their own emotions and actions. They cannot see that self-injury is dangerous, as the brief quelling of emotional pain skews their perception. While not necessarily relating to any of Piaget's stages, self-injury seems to be a breakdown of formal operational thought.

Self-injury also appears to be a breakdown in the generally positive subjective self-being that the average teen experiences. The behavior itself indicates a poor subjective self-being, as it is closely linked with painful circumstances that, for lack of a better term, necessitate self-injury to cope.

Self-injury is indicative, though, of the attempt to negotiate difficulties on one's own, a typical process in adolescence. Teens enter adolescence dependent on parents and friends, and move away from these supports throughout adolescence. Self-injury is indicative, however, of a failure to develop healthy coping strategies and thus the failure to successfully move towards independence. As Huband and Tantum illustrate in their research about best practices by clinicians, intervention is often necessary to help self-injurers move away from the behavior; Austin and Kortum point out that the practice is addictive, thus also lending credence to this point. Thus self-injury signifies the attempt, but failure to successfully gain independence.

Finally, the research draws an important connection with the text in regards to the influence of parents on teens. Huband and Tantum's research indicates that self-injurious

behavior is often precipitated by feelings of being uncared for. While adolescence is known for "storm and stress" parent-child relationships, failed relationships with little attention paid to the child or instances of child abuse may cause irreparable harm, resulting in self-injury beginning in adolescence. This is indeed another failure of adolescence, though it is directly related to the research in the three articles.

I entered into this research project after reflecting back to the challenge in adolescence of having a close friend self-injure herself. I was one of two peers to whom she disclosed the information and we immediately turned to our mothers and the school guidance counselor for help. We were particularly positive and responsive to her needs, recognizing both the severity of the matter and her call for help. I know our response was correct and beneficial, but as a conversation about self-injury has developed in the media, I have not been as sure that other self-injurers receive the same help.

This research has done a great deal to substantiate the informal information that I have absorbed over the years. Self-injury is, for example, an external sign of internal pain; cutting can serve as a distraction, using physical pain to divert attention for emotional pain. Additionally, the responsiveness of the environment of disclosure is paramount to supporting the self-injurer and helping her move past it to more effective coping strategies.

I was surprised, however, at both the prevalence of self-injury in society and its treatment. Best's research on the perceived effectiveness of different strategies was especially shocking, as my prior perception had been that much of therapy is designed to meet the needs of patients, whereas the research seems to show a disconnect between clinical personnel and patients. If teaching relaxation techniques is not an effective

strategy as purported by patients, then why did clinicians rank it as the third most successful strategy? Certainly all patients are different and require individual care, but while the difference in perception may be substantial, I was surprised to find such a discrepancy in the treatment.

Finally, in conducting my own research and reading, I was taken with the genderization of self-injury. Though not reflected in this research, another article by Robert T. Waska noted that some behavior self-harm behaviors are more socially acceptable for males than females.[17] Looking at Best's research, this would include behaviors like binge drinking and jumping from a moving car; women, on the other hand, as Austin and Kortum emphasize, often choose behaviors such as cutting and burning that are less socially acceptable. It is interesting to thus think about how self-injury behaviors are constructed in society. Choice self-harm methods for men are seen as acceptable and often typical teenage behaviors, perhaps preventing them from receiving the help they may need to keep themselves healthy and happy; women on the other hand resort to methods that are kept in from public discussion, perhaps indicative of generations of emotional suppression. It will be interesting to note overtime if, as this discourse changes, the behaviors also change.

Self-injury is thus a dangerous behavioral practice that, while it may offer the self-injurer temporary relief, is really a sign of greater trauma. It is a breakdown of successful processes in adolescence and presents a great challenge to both the teen and the person to whom they disclose the behavior. While a problem in its own right, in the classroom, it is important to be aware of such circumstances as they may be indicative of

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[17] Robert T. Waska, "Self-Mutilation, Substance Abuse, and the Psychoanalytic Approach: Four Cases," *American Journal of Psychotherapy* 52, no. 1 (Winter 1998), *Academic Search Premier*, EBSCOhost (27 November 2006).

a student's greater needs. It is thus essential to be attuned to these needs and aware of a student's circumstances that they bring into the learning environment.