



CUTTING: DEEPER AND WIDER

By Walt Mueller

Trend Alert: **Cutting: Deeper and Wider**

As a culture-watcher, I sometimes like to “rewind” as a way to gain perspective on just how much and how fast youth culture has changed. The practice serves to wake me up at times when familiarity with what was once relatively unknown lulls us to sleep because it’s become all-too-common and widespread. That creates huge problems, because we’re prone to sleep through things that are so normalized that they don’t catch our attention and wake us up anymore. Sadly, the epidemic of self-injurious behavior that’s swept through and taken up residence in today’s youth culture is one of those things. My “cutting” rewind reminds me just how diligent we really need to be.

I first-encountered self-injurious behavior – more specifically, cutting – in the adolescent ward of a private psychiatric hospital back in 1974. Days out of high school myself, I was hired as a well-intentioned yet terribly ill-equipped and untrained “Mental Health Technician,” working the four-to-midnight shift with a revolving cast of 15 teenagers who were dealing with a variety of psychiatric disorders. One common-thread besides their close-proximity was a tendency for them all to slice away at themselves with anything and everything sharp that they could get their hands on. Usually, it was on their wrists. That location combined with a great deal of ignorance among our professional supervisors to lead them to instruct us to chart any and every incident as an “attempted suicide” or “suicidal gesture.” In hindsight, none of us had any idea at all what we were dealing with.

Fast-forward almost twenty years to the early 1990s. It was then that cutting caught my attention. . . again. This time I was studying youth culture full-time, which is why the concerned mother sent me her letter. She wrote, “I am the parent of two students who attend a local Christian school, a 15-year-old girl and a 13-year-old boy. Recently, both of them have told me that they have numerous friends who slice themselves with sharp objects. Can you help me understand what’s going on and what to tell my kids???” A quick trip to the medical library at a local teaching



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hospital turned up next to nothing. . . which was still far more than I had known two decades earlier. But what was known about cutting by the early 90s was this: It was happening more frequently. It seemed to be launched as a thought or idea without outside provocation. It was usually engaged in alone by 13 or 14-year-old girls who simply had a desire to slice themselves as a result of overbearing emotional pain. Few people were doing it with the goal of taking their lives. Among those who did it, there was quite often an early experience of being victimized by sexual abuse. Once they cut, they felt better. Consequently, they cut again and again, leading to more frequent and severe episodes in an effort to achieve the end of emotional relief. Researchers also reached this conclusion: We need to learn more!

The sad reality is that since receiving that letter, self-injury has swept through youth culture like a plague. It's not only a sign that more and more kids are hurting more and more deeply, but that cutting is no longer an unspoken and solitarily-discovered coping mechanism for those who hurt. It's become popularized and thrust into the mainstream as an option for self-therapy and self-care through casual conversations, music, and film. In 2003, Catherine Hardwicke's poignant film, *Thirteen*, depicted 13-year-old Tracey's venture into the world of coping with a chaotic and confusing transition to adolescence through cutting. In 2010, the always-relevant Pink took music fans into the bathtub of a teenager who cuts in the video for her chart-topping song, "F___ing Perfect." These depictions and others stand as brutal reminders of an

increasingly mainstream reality many of us would rather ignore.

One cutter says this about a habit that, for those who don't do it, seems absurd: "I feel like there's something terrible inside me that I have to get out any way that I can. I think that's part of the reason why I have to bleed. Afterwards, I feel cleansed. I feel like whatever was crushing me before has been removed. I feel calm and in control." Beneath his shirt, unbeknownst to even his closest friends, this twenty-year-old wears the cries of his heart and soul on his chest. Because these marks are usually outward manifestations of inward pain, one researcher has called self-injury "the voice on the skin."

If we care at all about kids we should learn to recognize, understand, and answer these visual cries of a generation longing for spiritual truth, emotional healing, and answers. Self-injurious behavior (SIB) or self-inflicted violence (SIV) has been defined as "the commission of deliberate harm to one's own body. The injury is done to oneself, without the aid of another person, and the injury is severe enough for tissue damage (such as scarring) to result. Acts that are committed with conscious suicidal intent or are associated with sexual arousal are excluded." By May 2013, the *Diagnostic and Statistical Manual – 5* included a new diagnosis - NSSI, or Non-Suicidal Self-Injury (Diagnostic criteria: "Over the past year, the person has for at least 5 days engaged in self-injury, with the anticipation that the injury will result in some bodily harm. No suicidal intent.").

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Since SIB is still stigmatized and usually hidden, accurate statistics on its prevalence are difficult to find. What is known is that the average self-injurer begins at age 14 and continues the practice, usually with increasing severity, into his/her late 20's. Among adolescents, the ratio of boys to girls who cut themselves is equal. Most teens and young adults who exhibit SIB are sometimes the ones who you'd least suspect. For the most part, they are bright, intelligent, and generally "normal". One recent study of high school students in the Western part of the U.S. estimates that between 26 and 37 percent were cutting.

Those who tell the first person stories say they harm themselves because "it makes me feel better." They describe periods of incredible emotional turmoil, anger, hate, and stress that are calmed by the cathartic act of cutting. "As I cut deeper, my mind began to feel relieved of the torment," says one self-mutilator. "My body eased of the tension, and I began to feel comforted." In effect, cutting becomes an effective coping and self-care strategy for individuals who have not learned healthy and correct ways to deal with the problems and pressures of life.

In addition to release, others say the practice helps them feel "alive". They are reassured by their capacity to *feel* physical sensation. They describe a desire to escape "numbness" and by feeling "something" they know they are still alive. "There have been times when I don't even feel like I'm alive," Jane says. "I'll do something to feel - anything. And that's usually cutting. Just seeing blood. . . I don't know why." This poem from one cutter describes the same sensation:

*Blood wounded hand bleeds
Red blood makes me feel real
I am alive I feel pain otherwise numb
I may as well be a plastic baby doll
until*

*I cut myself and bleed and see the blood bleeding
from the body*

Not plastic after all . . . but human babydoll.

Still others resort to SIB as a way to gain control of a chaotic existence. "Sometimes I just feel out of control," says a 19 year old college student. "All the hurt and confusion, the loss and emotional pain, is transferred into something I can control and feel." This is especially true for kids who have experienced abuse. They see SIB as a way to exert their own power in the midst of feeling powerless. "What better way (at least that's the way the thinking goes) to gain control than to do something to myself. I'll beat you to it. You won't hurt me anymore. I'll do it to myself."

What should we make of this disturbing practice?

First, we must come to an understanding of the path this trend looks to take. We can be sure that the stigma associated with SIB will continue to disappear as this generation's bloody cry of confusion and self-hate appears on individual bodies and collective soul. Consequently, SIB will become more pervasive as a "normal" coping mechanism. If that happens, chances are good that SIB might move so far into the mainstream of youth culture that kids who exhibit none of the classic SIB precipitating factors will cut themselves simply because it's fashionable.

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In addition, we can expect that increased “publicity” for cutting will plant the idea in younger and younger minds. Eventually, we might expect SIB experimentation to be more common among curious and impressionable young elementary school aged children.

Second, we must consider how to respond in a loving and grace-filled manner. We could shake our heads in disgust, write it off as another link in the chain of “typically bizarre adolescent behavior”, then walk away hoping that the next generation of children and teens will somehow get their act together and make more out of their lives. But if that’s our approach, we haven’t truly heard “the voice on the skin” for what it is. Rather, we will have added another ugly link into the chain of ignorant and inappropriate responses to young people today. Our ignorance will only serve to remove opportunities for kids who cut to hear a message of healing and love.

Third, we must be able to recognize the signs. In his helpful book, *Hope and Healing for Kids Who Cut*, Marv Penner says there are many “clues” that something may be wrong. We must look for things like unexplained cuts and bruises, wearing long sleeve shirts or long pants during warm weather, wearing jewelry or wristbands that cover cuts and scars, a collection of cutting paraphernalia (razors, knives, etc.), bloodied tissues or towels, first aid supplies, or rubbing wrists through their sleeves. If you suspect, ask.

Finally, we must diligently work to exert a redemptive influence on those who resort to cutting. Their cries must be answered through counseling *and* long-term relationships with mentors who speak *and* live an example of redeeming love. For many, it will be the first time someone *really* cares. While you can always care and walk with them through the issues, be sure to point them to a trained and competent professional counselor who has a good track-record of ministering to and helping cutters.

Judged by appearances, 19 year old Renee is your typical college freshman. What nobody knows is that she’s been damaging herself since she was 11 years old. “I use a needle,” she says. “I jam the needle down as far as I can, and then move it back and forth until I have a long cut on my finger. I repeat this until I’ve slashed up both my hands. I almost want someone to notice, to ask me what happened. But I’m so much of a loner that no one’s ever even noticed. I wonder if people DID notice, if they would care.”

Do we?

DR. WALT MUELLER,

President, the Center for Parent/Youth Understanding

Recommended Reading:

Here are three books to get you started. . . and to keep on your shelf at no more than arm’s distance, as some day, you will need them.

HOPE AND HEALING FOR KIDS WHO CUT,
BY MARV PENNER

HELP, MY KIDS ARE HURTING: A SURVIVAL
GUIDE TO WORKING WITH STUDENTS IN PAIN,
BY MARV PENNER

THE YOUTH WORKER’S GUIDE TO HELPING
TEENAGERS IN CRISIS,
BY RICH VAN PELT AND JIM HANCOCK



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For more information on today’s youth culture, visit the website of the Center for Parent/Youth Understanding at www.cpyu.org.

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