A few short years ago the title of this article may have been considered ambiguous, but today the secret's out. Musicians like the 'Indigo Girls' and the 'Goo Goo Dolls' sing about the problem and TV magazines like Dateline and 20/20 have had programs about the problem. Cutting, also known as self-mutilation, has been sometimes called the anorexia of the 90's. A few short years ago the disorder was rare. Today at university health services, where most of the patients are in their adolescent and post-adolescent years, staff doctors and therapists describe the problem as epidemic. A recent survey of 245 college students revealed that 12% admitted to having harmed themselves deliberately. By the end of this article you will have a clear idea of who might be a self-injurer, you will be made aware of the warning signs, and you will have an understanding of the behavior. There will also be suggestions for getting help.

Although the article is titled cutting, and cutting is perhaps the most common form of self-injury, there are other forms. The recent book titled Bodily Harm defines self-injury as: "The deliberate mutilation of the body or a body part, not with the intent to commit suicide but as a way of managing emotions that seem too painful for words to express. It may include cutting the skin or burning it, or bruising oneself through a premeditated accident. It can mean scratching the skin until it bleeds, or interfering with the healing of wounds. In more extreme cases, self-injury can mean the breaking of bones, amputating fingers or toes, eating harmful substances, or injecting the body with toxins. It is the willful alteration of body tissue, in disregard for consideration of health and safety, which serves the purpose of restoring or preserving a person's emotional equilibrium. Often this behavior becomes the person's primary method of regulating internal tension or distress."

At first glance it may seem like these behaviors are attempts at suicide. However, this is rarely the case with self-mutilation, in fact, quite the opposite. Cutting is usually a life-sustaining act. It is an act that manages overwhelming emotional chaos; it is a life-preserving act, not a life-terminating act. This does not mean that self-injurious behavior is not dangerous, of course it is dangerous; however, when a cutter does commit suicide it is often by accident. Similar to tolerance with drugs and alcohol, the cutter often develops a tolerance for the self-injurious behavior and must create more intense pain, which usually means deeper, longer and more dangerous cuts. Sometimes this leads to an accidental death. However, the majority of cutters do not commit suicide. They are not trying to die. They are trying to survive.

**Why does someone self-mutilate?**

Different individuals self-mutilate for different reasons. These reasons are often very complex. We will discuss the most common reasons, but by no means is this a comprehensive discussion of the "why" of self-mutilation. First, cutting can be analgesic, the behavior has a calming effect, and the behavior creates a bridge between the mind and the body. Cutters often describe a feeling of "numbing-out". This feeling of being out of the body is a common state of those that suffered sexual abuse during their childhood. As a child suffering physical and/or sexual abuse, the numbing out state was a way of coping; however, as an adult this "numbing out" state feels like one is losing their grip on reality, and cutting alleviates this feeling. It is a bridge back to reality; it lets them know they are alive.
Secondly, the behavior makes the person think he or she is in control. This is especially true of those that have been physically, sexually, or emotionally abused as children. The childhood of an abused child was often spent never knowing when a perpetrating molester, or abuser was going to walk through the door to present yet another round of pain and torture for the child--pain that is charged with "not knowing", not knowing how long it will last, not knowing if it will be survived, not knowing when this round of abuse will end, and not knowing when it will begin again. The unknown and the uncontrollable aspect of the abuse is the link to the present self-mutilation. The cutting is now in complete control of the former victim (the cutter). The pain has a beginning, middle and an end, and the former victim is in complete control of this, not the father or abuser, but the "I" of the cutter. I control it, no one else. I start it; I feel it; I watch the blood drip from my skin and I stop it. This pain belongs to me. There is nothing unknown about it. I am in control!!!

Third, for some the cutting is a way to communicate their emotional state and express their wishes, needs, and desires. For example it may be self-punishing for perceived sins. It can represent an act of vengeance, a reenactment of earlier abuse, or a desperate cry for help and compassion. Some cutters get addicted to the caring phenomenon from the attention they receive from nurses, doctors, therapists, etc.

Fourth, there is the attention aspect. Children that are completely ignored by their parents will resort to cutting just to get attention, usually rooted in a desire to be held, loved, and wanted.

Finally, the act of cutting can be an act of vengeance. "Often the cutters are unable to put into words their feelings of anger and maltreatment, their rage takes a diffused form, it simmers internally as an inchoate mass of noxious, painful feelings. Self-injury becomes a concrete outlet for the expression of this confusion. Cutting is a highly symbolic behavior, one with multiple functions. It becomes the primary means for gratification and tension release. It reminds the person that they are alive, it is used to speak the unspeakable thoughts and feelings in themselves." (Conterio and Lader, 1998)

Who is likely to become a cutter?
It is difficult to write a definitive profile because there are always exceptions, but the book Bodily Harm describes a typical cutter in the following way. "Generally cutters are white, middle class women with above average intelligence who began cutting themselves in adolescence. They are likely to have low self-esteem and may suffer from bouts of depression. They have trouble relating to people or forming intimate relationships. Despite their smarts and education, they have an extremely hard time articulating their thoughts and feelings and a seemingly insatiable need for love and acceptance. Because they did not internalize positive nurturing skills from their parents, they do not take very good care of themselves and they feel that they are bad people and don’t "deserve" comforts or luxuries.

Warning signs:
1. The person may seem to be emotionally and physically absent. He/she may disappear frequently to his/her private space. She/he may offer flimsy excuses for wounds.
2. The self-injurer my wear long sleeves and long pants in warm weather.
3. You may discover odd objects like bent paper clips, pieces of glass or razor blades stored in unusual locations.
4. The self-injurer may become irritable when questioned about the possibility of a problem.
5. They may be socially withdrawn, become very sensitive to rejection, and have difficulty handling anger.
6. They may express feelings of extreme shame, worthlessness and self-loathing.

Where to find help:
1. Most of the information for this article came from a recently published, comprehensive book titled Bodily Harm by two experts in the field, Dr. Wendy Lader and Karen Conterio. This book is a good place to begin. It is available in most bookstores or on the Internet.
2. S.A.F.E. (Self-Abuse Finally Ends) Alternatives Program, is an organization that has additional information available on the Internet at www.selfinjury.com. This site links to a multitude of self-harm sights, from bulletin boards to real-time chat lines where you can speak to others with the same problem. It is important to note that if you are engaged in this behavior a professional therapist should be contacted immediately. The chat lines may offer support, but contacting a therapist is essential.
3. CAPS counselors are available to help. Do not wait; call or just come into the center immediately.

Sometimes the most insightful view into a problem can be found with those members of our society that have nothing to do with psychology, but carry what C.G. Jung called the archetypal lover. He said that the lovers of our world are the poets, painters, singers, writers, photographers, sculptors, songwriters and today we must add the filmmaker. In other words, "the artists". Jung had a great deal of respect for these people and thought that they should be heard. I would like to end this article with a portion of a lyric called "Iris" by The Goo Goo Dolls. Ironically, the song describes what it feels like to be a cutter, something that many (but not all) cutters themselves have difficulty doing.

Well, I don't want the world to see me.
Cause I don't think that they'd understand.
When everything's made to be broken,
I just want you to know who I am.

And you can't fight the tears that ain't coming.
All the moments of truth in your lies.
When everything feels like a movie.
Yea, you bleed just to know you're alive.

And I don't want the world to see me,
Cause I don't think that they'd understand.
When everything's made to be broken
I just want you to know who I am.
I just want you to know who I am.
I just want you to know who I am.