

Who Self-Harms and Why?

The idea that someone would deliberately hurt themselves is difficult for many of us to understand, but self-injuring—cutting, burning, scab picking—are increasingly common and on the rise, especially in adolescent girls.

Deemed “the new Anorexia,” self-injury behaviors commonly afflict middle and upper class teenage girls with average to high intelligence and low self-esteem. They are the “invisible” kids who get good grades and have nice friends. However, ninety percent of sufferers have experienced some type of emotional, physical, or sexual abuse.

Paradoxically, sufferers say they self-harm to *help themselves* rather than *hurt themselves*. The intention is not suicidal, but rather relief from bottled up emotions they otherwise can't communicate or manage. Self-mutilation provides a soothing but temporary endorphin rush that relieves anxiety. Without proper treatment, this can lead to a self-destructive cycle with an addictive need to cut deeper or hurt more as pain tolerance increases.

While loved ones may focus on the disfiguring effects of the self-mutilation, the real focus belongs on the underlying issues that create the anxiety fueling the need for the relief that self-injury provides.

Most health insurance policies cover the service of MFTs so long as the services are “medically necessary.” This typically includes coverage for face-to-face sessions for a diagnosable mental health problem. Such coverage may be limited. Please contact your health insurance company for detailed information about the coverage available to you and your family.



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SELF-INJURY:

Helping Those Who Hurt Themselves



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HELPING A LOVED ONE

Self-injury is a complex long-term problem and sign of acute psychological distress. However, recovery *is* possible for those who seek treatment. Those who self-injure are very secretive, ashamed, and fearful someone will find out about their coping mechanism and remove it.

Since self-injury is compulsive and often the only way the sufferer knows to self-soothe, recovery requires the help of a qualified therapist. It is dangerous to “make” the person stop on your own. You can help by learning about self-injury and showing that you care about the person behind the pain.

Signs and Symptoms of Self-Injury

- Unexplained frequent injuries, including cuts (from needles, razors, X-acto knives), burns, scratches, scab picking, some forms of hair pulling, bruising, punching, and other forms of bodily harm, usually on arms, chest, thighs, and places that clothing conceals.
- Excuses if scars are discovered (e.g. “the cat scratched me”)
- Wearing inappropriate clothing for the weather to hide injuries
- Increasing isolation
- Worry expressed by friends
- Anxiety
- Depression

The above symptoms are frequently seen with eating disorders, alcohol and drug abuse, post-traumatic stress disorder, and other mental health disorders.

WHAT YOU CAN DO RIGHT NOW

- **Never set ultimatums.** They don’t work. Removing tools for self-injuries, strip searches, and punishments just feed desperation and the cycle of self-hatred that make things worse. Remember, self-injury isn’t about you.
- **Don’t take it personally.** While you may find self-injury repulsive or frightening, it is not intended as a manipulative behavior. Recognize the emotional pain your loved one is feeling. Don’t give advice on how to stop.
- **Encourage expression of feelings.** Help the sufferer trust that it’s safe to let anger and sadness out.
- **Support the person without supporting the behaviors.** You can reach out and ask to understand, while still setting personal limits (e.g. “I’m not comfortable talking while you are cutting yourself because it hurts to watch you do that.”) Use loving, caring gestures to lift the mood of the person you care about, but not to delay or stop self-injury behaviors.
- **Offer to help find a therapist who specializes in self-injury.** Cognitive-behavior therapy may be used to help the individual learn about the triggers for self-harming behaviors and learn healthier coping mechanisms. Post-traumatic stress therapies may be effective for those with a history of abuse or incest. Relaxation techniques, and in some cases medication, may also prove helpful.

OFFERING EXTRA SUPPORT About Marriage and Family Therapists

Marriage and Family Therapists (MFTs) are relationship experts. They work with individuals, couples, families, children, adolescents, and the elderly, providing support and perspective as patients struggle with life’s challenges.

Licensed by the State of California, MFTs are psychotherapists who are uniquely trained and credentialed to assess, diagnose, and treat a wide range of issues so individuals achieve more adequate, satisfying and productive relationships and social adjustment.

The California Association of Marriage and Family Therapists (CAMFT) is an independent statewide non-profit organization made up of over 28,000 practicing Marriage and Family Therapists. CAMFT is dedicated to advancing marriage and family therapy as a healing art, science, and mental health profession. In fact, CAMFT sponsors TherapistFinder.com so Californians can gain access to qualified local experts who can help.



Seeking a Marriage and Family Therapist or other mental health professional to assist with life’s difficulties is a sign of courage and a step in the right direction. Always ask about a therapist’s special areas of expertise (e.g. grief counseling, children’s issues, relationship counseling) before you engage them to ensure it’s the right fit for you.

TherapistFinder is a California-wide interactive, online directory that is user-friendly and searchable by name, location, and area of expertise. It’s your introduction to one or more qualified psychotherapists who hold a California license.

