



Cutting

A SILENT CRY FOR HELP

She is screaming for help, but no one can hear her. Long sleeves cover the evidence of her cries for help. She secretly wants, and yet dreads, the discovery of the small cuts lining her arms and ankles.

Sometimes called the “new anorexia,” cutting or other forms of self-injury are becoming more commonplace for young people ages 11 to 26. Half of them also suffer from eating disorders and more than 70 percent are female. Boys are more apt to seek other outlets, such as huffing, which is the intentional inhalation of chemical vapors to alter mental state.

Cutting releases endorphins, which block pain and provide a release for pent-up anxiety and anguish. Other self-injury behaviors include picking at the skin, hair pulling or burning the skin with a match or cigarette. Cutting can cause lifelong scarring, may be deep enough to require hospitalization and can get infected. While razor blades are the most popular tools, others include knives, toothpicks, pop can tabs or needles.

Julie Lemon, a Licensed Mental Health Counselor with Mercy Family Counseling, says, “Cutting has become a fad, like a lot of unhealthy behaviors kids engage in. About half of those who cut also have eating disorders.”

Cutters typically are in the upper middle class with above-average intelligence and increased levels of anxiety. A solid, supportive friend base is critical for young people.

“Often the young person who cuts does not feel comfortable talking to a parent,” says Lemon. “They keep it to themselves—but a huge part of stopping (self-injuries) is opening up.”

That’s where professional counseling can help. Mercy Family Counseling (398-6575) has offices in most MercyCare Clinics, which is a natural fit as

many psychological concerns are first raised at a physician visit. In the case of cutting, once parents discover the cuts, their first step usually is to call their family doctor. Because patients already are familiar with their doctor’s office, it is less intimidating and stressful to seek counseling at the same location. The counselor’s goal is to develop a rapport with the patient and establish a safe place for crucial conversations.

“There is so much competitiveness today. In such a success-oriented society, the pressure creates anxiety and this may lead to negative coping mechanisms,” explains Lemon. “Parents so often want their kids to be the best and their children feel overwhelmed.”

Cutters and other self-mutilators are not necessarily deeply depressed or suicidal, says Lemon. She adds, “They are cutting because they want to feel something and control the pain they feel inside. It doesn’t mean they feel hopeless. Usually they feel like they don’t measure up.”

The key is to get self-injurers to open up to a counselor who will help them discover healthy outlets, such as talking to a support person, journaling or drawing, exercising or taking a hot bath.

“When a person gets healthy, often they look back and wonder how they got to that point. A couple years later, they don’t know why they did it,” says Lemon.

If you notice cuts or self-inflicted injuries on your child, it is important to provide an opportunity for him or her to talk to get to the underlying issue. “Ask ‘what is going on’ and ‘how can I help?’ without being judgmental,” she advises.

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Mercy’s Crisis Line is staffed 24 hours day at (319) 398-6476. Please call if we can help.