

Cutting: Understanding And Overcoming Self-Mutilation
By Steven Levenkron

- Self-mutilation is a barrier that keeps us from seeing a person who is lost, in pain, and in desperate need of help.
- Despite the anxiety we all feel at hearing about or seeing self-mutilation, the damage is rarely life threatening.
- The skin is damaged. Rarely is there damage to veins, arteries, tendons, and ligaments.
- Self-mutilation is driven by psychopathology, whereas the tattooing or piercing is done to comply with the norms of a particular group.
- When a person gets a tattoo or piercing they feel and dislike the pain. When the self-mutilator cuts, she is seeking the pain.
- This is something like when a person goes on a diet, vs. an anorexic.
 - A person who is dieting feels deprived. The anorexic feels satisfaction.
- Criteria
 - Cutting or burning one's skin.
 - Sense of tension present immediately before the act.
 - Relaxation, gratification, pleasant feelings and numbness concomitant with the physical pain.
 - Sense of shame and fear of social stigma.
- It is NOT masochism, wherein the pain alone is the end in and of itself.
- Most self-mutilators describe the cutting as feeling like they are caring for themselves in some way. Talk about the rewards of the behavior.
 - Somehow **Pain** and **Comfort** have been associated for these people.
- People tend to seek out what is familiar, even if it is not in their best interest.
 - If that which is familiar is also harmful, that rarely stops the person. Otherwise we would never do what is harmful to us.
- For an abused child, pain becomes familiar, reliable, part of home. As the child grows into an adolescent, it is HER job to recreate the pain that guided her through her early life – the pain that means home, safety, comfort.
 - The superego is malformed. But its malformation is the logical result of her childhood.
- The self-mutilator is very sensitive to her emotional pain, but she is also despairing of the trustworthiness of others. She prefers to be the one in charge of the pain she experiences and the feeling of numbness it leaves her with.
- When we put one foot into a cold swimming pool, we may back away at first and look for an easier way to get in. But if a child were drowning, we would jump in and not even notice the temperature. Something allows us to ignore discomfort and danger when a higher priority arises.
 - What priority exists for the cutter, which allows her to bypass her body's own defenses and ignore or even embrace the pain?

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- She is treating the grievance or pain symptomatically. That is, she is treating one kind of pain with another – *that is her goal*.
- Confronting an injustice usually relieves the tension inside.
- But that doesn't happen with cutting. Cutting doesn't relieve the feelings or grievance. It only provides short-term relief.
- This leads to a build-up of bad feelings and to an addiction to the method itself for the short-term relief it provides.
- Nature vs. Nurture
- Genetic predisposition to depression and anxiety.
- Both depression and anxiety are present to some degree (mild to severe)
- The abandoned child will turn inward. Will invent safety mechanisms for dealing with difficult emotions.
- Two Characteristics
 1. A feeling of mental disintegration or inability to think.
 2. A rage that cannot be expressed or even consciously perceived, toward a powerful figure (usually a parent figure).
- The experience of one or both of these is unbearable, and must be drowned out.
- It usually begins with strong feelings of anger, anxiety or panic.
 - Throwing or breaking something may help settle the person down.
 - When the person is so overwhelmed that this remedy doesn't work, she may put a fist through a wall, bang her head against a wall and eventually cut.
 - Having stumbled on this remedy, she will likely use it again in the future.
- This person feels helpless to use any other means to manage the mental anguish she feels.
 - This goes far beyond frustration.
 - The mind has slipped away from its ordinary context or perspective, losing sight of the impracticality of pain and danger in order to commit an act that will bring an immediate (and temporary) solution to emotional pain.

Characteristics of the self-injurer

- Experiences herself as powerless.
 - Not shy or docile. Powerless.
- Feels alone wherever she is.
- Feels different from everyone else.
- Plagued by fear of punishment for being deficient, inadequate, a disappointment in a way that was either specifically defined for her or one that is unspoken but understood.
- Feels like she has no one to depend on or to trust with her emotions.
- High achiever in subjects at school that interest her and ignore others. Results in grades from A's to F's.
- Overly apologetic. This may cause the alienation she seeks to avoid by apologizing, resulting in even more apologetic behavior.

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- Still, generally likes by peers.

Parental Behaviors that Influence Self-Mutilation

- Parental aggression towards the “troubled child” will cause her to feel both **protective of** and **afraid of displeasing** her parents.
 - She has no one to blame. No one to retaliate against, except herself..

2 Characteristics of Healthy Parent’s Identity

1. Confidence / Authoritativeness: Gives the child a sense of being protected from dangers, including her own impulses.
2. Nurturance / Warmth: Creates a sense of value and self-esteem in the child.

Nondissociative Self-Mutilator

- Child feels inadequate she is receiving inadequate support from parent.
- Child feels she gets inadequate warmth, attentiveness.
- Child does not enjoy the security to express natural negative feelings. Child believes that such feelings would harm the parent and leave her parentless.

Dissociative Self-Mutilator

- Lack of warmth and nurturance or may be the object of her parents’ cruelty.
- Feels disconnected from parents, others and ultimately from herself.
- When she feels an “attack” of this sense of disconnection she feels mental disintegration developing and needs a powerful distraction *around which* to organize and stop the mental disintegration.
- Self-mutilators are emotionally inarticulate and emotionally imperceptive.
- Lack of emotional security leaves them in an emotional isolation, where life is lived at the defensive, survival level.
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The Family System

- Parenting style can be affected or impaired by a number of vulnerabilities:
 - Financial stress
 - Employment or unemployment
 - Chronic illness or disability
 - Emotional disorders, most commonly depression
 - Alcoholism
 - Drug abuse
 - Marital incompatibility
 - Divorce
 - Death of a spouse

Progression of self-mutilation

- Tactile stimuli – destruction of their own skin
- Visual stimuli – seeing the blood flow.

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- This combination may become the most commonly used behavior to ward off and induce relief from feelings.
- May get worse when the person uses these methods when the person anticipates the feelings.
- Eventually may become an impulse without being thought out.
- Some event, circumstance or relationship, or a combination of these three, has thwarted the development of the restorative mechanisms of trust and dependency.
 - If one cannot form trusting attachments, psychological or behavioral disorders (or both) will follow.
 - These disorders **fill the void** left by the lack of interpersonal relationships and serve as replacements for healthy attachments.
- Self-mutilators have a poorly developed ability to bond with others. Yet others attach to them readily, and often the self-mutilator is nurturing and a good listener. It is all one-sided, which is how they want it.

She has a history of mistrust. Mistrust is her security in that it is the only thing that seems unchanging. She will invite harming behavior from others, thus confirming her need to mistrust them.

Benefits of Cutting

- Self-medicating. Endorphins are released when the body is injured.

Goals:

- Numbness – triggers dissociation. This person is at the most pathological end of the continuum.
- Pain seeking. Sad, angry but more mentally integrated personality. At the other end of the spectrum.
- As cutting continues, the cutter becomes desensitized to the gore of what she is doing. Thus, her increased capacity makes her dependent on greater self-harm.
- As the bond between therapist and patient becomes stronger, the benefits of self-harm grow weaker.

No pain, no gain – our society approves of pushing hard for performance.

- The notion of “How much pain can I take?” indicates she has lost all realistic sense of goals or solutions to her problems.
- When the origin of the cutting is deeply hidden from the individual, it usually represents the “glue” that holds a fragile personality organization together.

What parents can do:

1. develop the ability to be patient with the child’s feelings
2. provide time for her to discuss problems or worries
3. be consistent in providing verbal reassurance and security

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4. practice communication between the couple about their child
5. avoid role reversal. Be calmly authoritative
6. offer positive models of self-worth, conflict resolution, and flexibility

Both therapist and parents need these traits:

- Confidence, empathy, knowledge of illness, understanding her despair, nurturing (continuous), optimism.