**Cutting: Understanding Their Pain**
**by Dana Lasek, Ph.D., HSPP**

There have been a number of teen suicides in our community over the last few months. CRG has been deeply touched both personally and professionally by these losses. This newsletter is our way of responding to these crises with information about teen suicide and self-injurious behaviors. My article will focus on the latter, specifically nonsuicidal self-injurious behavior and how we can help teens who engage in these behaviors.

I see a number of adolescent females for individual therapy at CRG. I am reminded on a daily basis of how difficult the period of adolescence can be for many teens. Many adolescents report that they don't feel good about themselves, do not feel understood by peers or family, often experience volatile relationships with others, and report feeling a great deal of emotional pain on a daily basis. These teens can acknowledge that these feelings are problematic but they don't know what to do to feel better and don't feel like they can talk to anyone about their feelings. They may reach out to others for help but often feel misunderstood or needy when they do so. Many times the emotional pain feels overwhelming and they may turn to destructive behaviors that are aimed at managing or regulating these emotions. These destructive behaviors can include cutting, scratching, burning, or hitting and are referred to collectively as nonsuicidal self-injurious behaviors (NSSIB).

The term NSSIB is defined as "the deliberate, direct destruction or alteration of body tissue without conscious suicidal intent but resulting in injury severe enough for tissue damage to occur" (Miller, Rathus, and Linehan, 2007). Studies show that 15-25% of high school students have engaged in NSSIB (Muehlenkamp & Gutierrez, 2007). Marsha Linehan, who developed a type of cognitive behavioral therapy known as Dialectical Behavior Therapy, states that these types of behaviors are impulsive and dysfunctional. She adds that they are aimed at dealing with overwhelming, extremely painful negative emotions. Many patients report some emotional relief following these behaviors (Linehan, 1993). These behaviors also elicit strong reactions from others often through much-needed emotional support, the initiation of treatment, or psychiatric hospitalization. While NSSIB assumes no suicidal intent, experts in the field often categorize NSSIB within the broader category of suicidal behavior for a number of reasons. Most importantly, 50% of a community sample of adolescents who admitted to engaging in NSSIB reported at least one suicide attempt (Muehlenkamp & Gutierrez, 2007). In addition, an individual may begin cutting with no intent to die, yet the act of cutting may become an attempted or even completed suicide.

Cutting is the most common of the nonsuicidal self-injurious behaviors and females engage in this behavior more often than males. The adolescent females I see in therapy who engage in cutting tell me that it provides temporary relief from emotional pain. They report that, after they cut, they experience a feeling of numbness that allows them to escape their emotional pain if only temporarily. While teens report momentary "benefits" to cutting, it is a very dangerous behavior that can lead to serious injury, infection, and even death. In addition, cutting can become addictive where the individual needs to engage in the behavior daily; even many times per day to cope. It often takes more cutting or deeper cuts to achieve the same level of relief. In our individual or group sessions, we focus on the dangers of cutting and ways to replace it with positive, healthy coping skills. I teach mindfulness, relaxation

techniques, healthy communication skills and distress tolerance. These skills are outlined in the work by Linehan.

Parents I speak with are very concerned about these NSSIB, and rightfully so. They often ask me if cutting is related to or a precursor to a suicide attempt. As mentioned earlier in this article, I explain that, while their child may not express suicidal intent, this can change with time and this behavior puts their child at higher risk for a suicide attempt. As a psychologist, I never take these behaviors lightly. I encourage parents to speak openly with their children about their emotional health and check in with them on a regular basis. I also speak to parents about validation. Validation is active listening, really hearing what your child is saying. Validation is not yelling or arguing; nor does it entail always being in agreement with your child. You as a parent may not understand cutting and may not agree with this behavior, yet your job is to listen, demonstrate empathy and talk about ways you can help your child. I tell parents to be aware of sudden changes in your child's behavior, such as weight, appetite, sleeping behaviors, increased isolation from family or friends, increase in emotional outbursts, or any changes related to school. If you notice these things, speak with your teen immediately. Don't be afraid to ask questions. Educate yourself about the signs and symptoms of depression and anxiety (see Elise Montoya's article in this issue). Call your pediatrician or a mental health provider if you have concerns.

Nonsuicidal self-injurious behaviors are unhealthy ways in which teens relieve intense emotional pain. These behaviors are often hidden from others as are the painful emotions themselves. We all need to be more in touch with our friends, children, students and clients. We all need to reach out to adolescents in pain and offer to listen or help in any way. Validating their feelings will go a long way in helping these teens feel heard and reinforcing that someone cares. This could mean the difference between life and death.