

PERSONAL HEALTH

# The Growing Wave of Teenage Self-Injury

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By [JANE E. BRODY](#)

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*“I feel relieved and less anxious after I cut. The emotional pain slowly slips away into the physical pain.”*



Andy Martin

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*“It’s a way to have control over my body because I can’t control anything else in my life.”*

*“It expresses emotional pain or feelings that I’m unable to put into words.”*

*“I usually feel like I have a black hole in the pit of my stomach. At least if I feel pain it’s better than nothing.”*

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These are some of the reasons young people have given for why they deliberately and repeatedly injure their own bodies, a disturbing and hard-to-treat phenomenon that experts say is increasing among adolescents, college students and young adults.

Experts urge parents, teachers, friends and doctors to be more alert to signs of this behavior and not accept without question often spurious explanations for injuries, like “I cut myself on the countertop,” “I fell down the stairs” or “My cat scratched me.”

The sooner the behavior is detected and treated, the experts maintain, the more quickly it is likely to end without leaving lasting physical scars.

There are no exact numbers for this largely hidden problem, but anonymous surveys among college students suggest that 17 percent of them have self-injured, and experts estimate that self-injury is practiced by 15 percent of the general adolescent population.

Experts say self-injury is often an emotional response, not a [suicidal](#) one, though suicide among self-injurers is a concern.

The Canadian Mental Health Association describes it this way: “Usually they are not trying to end all feeling; they are trying to feel better. They feel pain on the outside, not the inside.”

Janis Whitlock, a psychologist who has interviewed about 40 people with histories of self-injury and is participating in an eight-college study of it, says the Internet is spreading the word about self-injury, prompting many to try it who might not otherwise have known about it.

“There is a rising trend for teens to discuss cutting on the Internet and form cutting clubs at school,” the Canadian association has stated.

Celebrities, too, have contributed to its higher profile. Among those who have confessed to being self-injurers are the late [Princess Diana](#), [Johnny Depp](#), [Angelina Jolie](#), Nicole Richie, Richie Edwards, [Courtney Love](#) and the lead singer on the Garbage band album “Bleed Like Me.”

Common self-injuries include carving or cutting the skin, scratching, burning, ripping or pulling skin or hair, pinching, biting, swallowing sublethal doses of toxic substances, head banging, needle sticking and breaking bones. The usual targets are the arms, legs and torso, areas within easy reach and easily hidden by clothing.

Self-injury can become addictive. Experts theorize that it may be reinforced by the release in the brain of opioidlike endorphins that result in a natural high and emotional relief.

Dr. Whitlock, director of the Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults, said in an interview that self-injury mainly seemed to function to “self-regulate feelings and help people cope with overwhelming negative emotions they have no other way to dispel.”

Self-injury makes some people feel part of a group. Teenagers who self-injure often report that there is no adult they could talk to who accepts them for who they are.

“A 13-year-old can go on the Internet and instantly find community and get hitched to this behavior,” Dr. Whitlock said. “When they don’t want to self-injure anymore, it means they have to leave a community.”

Self-injury can be manipulative, an effort to make others care or feel guilty or to drive them away. More often, though, it is secretive. Self-injurers may try to hide wounds under long pants and long sleeves even in hot weather, and may avoid activities like swimming.

### **Who Is Vulnerable?**

Self-injury often starts in the emotional turmoil of the preteen and early teenage years and may persist well into adulthood.

Although female self-injurers are more likely to be seen by a professional, in-depth studies indicate that the behavior is practiced equally by young men and women. No racial or socioeconomic group has been found to be more vulnerable, although self-injury is slightly less common among Asians and Asian-Americans, Dr. Whitlock said.

Interviews with self-injurers have found background factors that may prompt and perpetuate the behavior. A history of childhood sexual, and especially emotional, abuse has been reported by half or more of self-injurers. Some seek relief from the resulting emotional pain. Others self-inflict pain to punish themselves for what they perceive as their role in inviting the abuse.

Low self-esteem is common among self-injurers. Childhood neglect, social isolation and unstable living conditions have also been cited as risk factors. In about 25 percent of self-injurers, there is a history of [eating disorders](#), as well as an overlap with risky drinking and unsafe sex.

The families of self-injurers commonly suppress unpleasant emotions. Children grow up not knowing how to express and deal with anger and sadness, instead turning emotional pain on

themselves. [Depression](#), for example, is often described as anger turned inward.

Although 60 percent of self-injurers have never had suicidal thoughts, self-injury can be a harbinger of [suicidal behavior](#). It can also accidentally result in suicide.

“Those who self-injure should be evaluated for suicidal potential,” Dr. Whitlock said. There is some evidence that self-injury is more common among those with family histories of suicide. And some self-injurers suffer from chronic yet treatable emotional problems like depression, [anxiety](#), [post-traumatic stress disorder](#) or [obsessive-compulsive disorder](#).

Self-injury can be set off by certain events like being rejected by someone important, feeling wronged or being blamed for something over which the person had no control.

## **Treatment**

Although there are no specific medications to treat self-injury, drugs that treat underlying emotional problems like depression and anxiety can help. Most effective in general is a form of cognitive behavioral therapy called dialectical behavior therapy. People learn skills that help them better tolerate stress, regulate their emotions and improve their relationships.

The therapy also helps them see themselves not as victims, but as powerful agents, Dr. Whitlock said.

In addition, self-injurers can learn more wholesome ways to relieve stress like practicing meditation or yoga, engaging in vigorous [physical activity](#) or reaching out to a friend.

Some self-injurers have noted that they can sometimes avoid the behavior, Dr. Whitlock said, simply by doing something else for several minutes when the urge arises.