

Self-Injury and Addiction:

From the Clinicians at Doll & Associates

A student sits in a school counselor's office hunched over. The school counselor asks, "Did you put that wound on your arm?" This scenario is not unusual these days. Many school counselors, teachers and principals have had the chilling experience of looking at cuts, and other self-inflicted wounds during the school day. Schools are often *the point* of recognition to a family that their son or daughter may have some emotional problems. School officials have to be concerned about keeping the student safe and providing a safe education for peers who may be affected emotionally by a student who is routinely self-injuring. Parents wonder why their teen is doing this baffling behavior. Is she suicidal? Is he depressed? These are good questions.

Many who self-injure say that they inflict physical pain to relieve emotional pain that becomes too intense. The problem is that it serves as an unhealthy substitute for calling a friend, crying in a parent's arms, writing a melancholy poem, going for an invigorating run or pounding on a keyboard, etc. For a few kids who develop a more serious attachment to self-injury, it can interfere with their social development, causing them to avoid the conversations with peers where lessons are taught and learned.

Features of self-injury with early detection

- usually is not suicidal or meant to cause permanent injury, especially not death (even though thoughts of dying can trigger it)
- can be experimental in nature, a test of what it feels like to hurt oneself in defiance of pain, usually emotional pain
- an adolescent trophy of one's toughness—so is usually not hidden carefully
- redirection of intense feelings—a way of discharging painful emotions that converts them into physical pain
- cry for help—often accompanied by an unspoken wish to be discovered by someone who cares
- is a highly workable problem that responds to brief therapy and parental involvement when kids are securely attached to parents

Features of self-injury when it is a habit

- when it is more of an addiction, there is a buildup of tension and craving to repeat the behavior when upset or lonely
- prevents other ways of coping with emotional upset to grow and evolve, feeding on loneliness and cynicism

- it can become a ritual whose purpose is to signal that pain has a beginning and an end (if you cause it to become physical by inflicting that pain yourself)
- can occur with surprising regularity, much like a drinking or drug problem
- in children and adults who have a trauma history, it can be a type of emotional anesthetic
- can get worse over time just like alcohol or drugs—more injury is done to get the same desired effect
- is usually hidden due to fear of detection or interference with the habit by outsiders
- is accompanied by shame feelings once discovered
- may need more lengthy psychotherapy to change the cycle that has been engrained—possibly family therapy if the adolescent is angry with parents

Useful Steps for the Educator

- Once self-injury comes to your attention, visually inspect the wound to make sure it does not need immediate medical attention. You may apply a band-aid and antibiotic, depending on what your current school policy is about treating such wounds. If you do not have a policy, consider developing one. Try to specify which staff should treat a self-inflicted injury
- Discuss your policy with the student and explain that a parent or guardian will need to be contacted to assure that a responsible adult is aware of the problem
- Contact parent or guardian. Suggest that the student needs to be evaluated by a mental health professional if he or she is not already in treatment
- Ask the student how the wound was inflicted, when and where. If the wound was inflicted while at school by a safety pin, lighter or razor blade in the student's possession, confiscate the implement and ask the student not to bring such implements to school in the future. This is a supportive measure and should be stated in the manner, rather than in a disciplinary tone. This can bring up issues of suspension or expulsion, depending on what the implement is. Consider this as a mental health issue vs. a delinquency issue

It is useful to remember that if a student self-injures, he/she is usually not trying to kill himself/herself, but will need a psychotherapist or psychologist to determine the intent and severity of the problem. Look at the self-injury as a red flag that alerts us to more serious issues.