

“The fallout of an abandoned generation often grieves and overwhelms parents and youth workers. Common sense is not enough to help us understand. We all need the kind of help that *Inside a Cutter’s Mind* provides. I heartily recommend it to all who want to keep in touch with what many of today’s youth are experiencing.”

—PAUL FLEISCHMANN, president,
National Network of Youth Ministries

“This book is a bright light focused on the shadowy, dark phenomenon of self-injury. Using a solid foundation of biblical principles coupled with observations by professional therapists and personal experiences of those who have been there, Jerusha Clark and Dr. Earl Henslin bring a sense of hope to those who struggle with self-harm and a wealth of practical insights to those who seek to offer hope and healing.”

—PHIL SWIHART, PhD, clinical psychologist;
director of counseling services, Focus on the Family

“If you are looking for help or trying to understand a cutter, you have found your resource. This book lives up to its title and makes sense of what goes on *Inside a Cutter’s Mind*. Not only will you better understand the behavior but you will also find comfort, encouragement, direction, and most of all hope in this horrific trauma. Even in the midst of the pain, Jerusha and Dr. Henslin help us see the caring touch of the Creator.”

—DAVE CARDER, coauthor of *Secrets of Your Family Tree*
and *Torn Asunder: Recovering from Extramarital Affairs*

“Literature on self-injury is incredibly relevant. *Inside a Cutter’s Mind* provides both those who suffer from the illness and those loved ones close to them the opportunity to feel less alone and more informed on a growing epidemic.”

—PLUMB, Curb recording artist

JERUSA CLARK WITH DR. EARL HENSLIN

INSIDE A CUTTER'S MIND

UNDERSTANDING AND HELPING THOSE WHO SELF-INJURE



Sample from *Inside a Cutter's Mind* / ISBN 1-60006-054-4

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TH1NK
P.O. Box 35001
Colorado Springs, Colorado 80935

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www.navpress.com

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ISBN-10: 1-60006-054-4

ISBN-13: 978-1-60006-054-0

Cover design by Charles Brock | The Designworks Group; www.thedesignworksgroup.com

Cover photo by Shutterstock

Creative Team: Nicci Hubert, Kathy Mosier, Arvid Wallen, Kathy Guist

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Clark, Jerusha.

Inside a cutter's mind : understanding and helping those who self-injure / Jerusha Clark with Dr. Earl Henslin.

p. cm.

Includes bibliographical references.

ISBN 1-60006-054-4

1. Self-mutilation. 2. Self-injurious behavior. 3. Psychotherapy.

I. Henslin, Earl R. II. Title.

RC569.5.S4515744 2007

616.85'82--dc22

2006031775

Printed in the United States of America

1 2 3 4 5 6 7 8 9 10 / 11 10 09 08 07

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*To Jeremy Alan,
my beloved husband
and best friend.
It'll always be
you and me, against
the world.*

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FOREWORD

To the average person it just doesn't make sense. Why would anyone deliberately hurt himself or herself? Isn't that crazy? Doesn't that go against human nature? Doesn't that go against the belief that we are self-protective organisms?

In this insightful and beautifully written book, *Inside a Cutter's Mind*, Jerusha Clark and Dr. Earl Henslin have done an excellent job explaining the self-harm phenomena in accessible language with vividly clear examples. More importantly, they have given sufferers and families a road map to healing. By adding the spiritual dimension to understanding and treating self-injurers, the authors, for the first time that I am aware of in books addressing this issue, provide practitioners and patients with a more comprehensive toolbox to overcome this potentially devastating problem.

I have treated many self-harmers over the years. This book rings true with my own clinical experience in many ways. Here's an example of how complex this problem can be: A twenty-three-year-old woman came to me for help with bulimia and depression. Through a combination of medication and psychotherapy, she showed significant improvement. After two years she ended treatment in a much healthier state than when she started. Eight years later, after a very stressful period at work, she started cutting on herself, at first lightly and then much

more intensely. Initially she appeared to be having blackouts when the cutting occurred. She would have times she didn't remember. Through treatment we discovered that she had been sexually molested by a neighbor when she was five years old. As this book points out, prior abuse is common in cutters. I worked with her using various forms of treatment including EMDR, also discussed in this book, to deal with her past traumas. These techniques were very helpful for her. Additionally, I prescribed Naltrexone for her on the premise that cutting raises levels of endorphins, morphinelike substances that bring pleasure to the brain and thereby contribute to the addictive, repetitive behavior of cutting. Naltrexone blocks the effects of endorphins, so rather than causing relief from emotional pain, the cutting causes acute pain, as it would for any of us. Over time, this patient was able to stop her self-destructive behavior.

This case highlights many of the important factors with self-injurious behavior. It is often associated with other challenges, such as eating and mood disorders. Environmental factors, such as past abuse, often play an important role. Treatment usually involves biological and psychological therapies, both of which are discussed at length over the course of this book.

Cutting is not understood by the general public and the vast majority of mental-health professionals. This book is an important resource for us all.

Daniel G. Amen, MD,
author of *Change Your Brain, Change Your Life*

ACKNOWLEDGMENTS

I would like to acknowledge the following people:

Those who have courageously gone before me in writing about self-injury, especially Marilee Strong, Dr. Tracy Alderman, Steven Levenkron, V. J. Turner, Dr. Wendy Lader, Karen Conterio, and Caroline Kettlewell. The research you have done and the stories you share powerfully influenced my own writing. I am deeply indebted to each of you.

Kathy Hansen for modeling determined hope and allowing me to be up, down, or inside out depending on how well the book was going. Thank you, my cherished friend, for your help with the kids and your support of God's work in my life.

Kathy Moratto, whose wisdom and wit enrich my life immeasurably. I'm grateful God chose to bless me with your close friendship.

Kimberlie Farrow for taking care of Jocelyn and Jasmine with love, patience, and joy.

Lorraine Pintus, who lives what she writes and loves zealously. Thank you for continuing to mentor me.

Nicci Hubert for wanting (as much as I did) this book to be all that it could. You shaped my words with beauty, grace, and truth.

Christine Hammill, who is brave and fierce and altogether wonderful.

Marty and the entire staff at McDonald's #10979 for sharing your smiles (and electrical outlets) with me.

Marissa Lee, who graciously allowed me to pick her brain and mine her experience.

Gina Hoyt for lovingly befriending crazy, question-asking, never-satisfied-with-small-talk me.

Marsha Williams, who speaks truth and wisdom into my life and marriage.

Uncle Tom and Aunt Penny for your ever-loving, ever-loyal friendship and support.

Louie and Louise Moesta, who were ever on the lookout for new articles and who cared enough to both instruct me on the "proper" use of commas in a series and make sure that I stayed healthy and balanced during the intensive writing process.

Cameron Germann for being a trusted confidant and faithful friend.

My prayer team, who went in for round two and waged war on my behalf.

Kathy Mosier for being the kind of editor one looks forward to working with.

Spencer and Rona Clark, who have always loved me like their own.

J. A. C. and LeAnn Redford for your courage to live and parent with gracious vulnerability and persevering love.

Yahweh, my loving and just God, my strength in weakness and my refuge in times of trouble. You released me from the cords of death and have set me on the Rock higher than I. I praise and thank You.

INTRODUCTION

I'VE GOT TO DO SOMETHING

It all started during my sophomore year in high school. When I came home from a late soccer practice, I noticed my third-quarter progress report on the kitchen counter. Obviously someone had gotten to the mail before I could.

Not that I was totally ashamed of my grades. I had three As, for crying out loud. Two Bs. And one B minus.

But as I stood looking at the tiny printed letters, I heard Dad's voice echoing in every corner of my mind: "Jordan, how close is a B minus to a C? Do you actually expect to get a scholarship with a C on your report card? You know your mom and I can't afford to pay for college. This is your sophomore year. Things matter now. I just want you to care about your future as much as I do."

It wouldn't matter to him that I'd pulled my grade in Algebra II from the straight C I had at first semester's end to the B minus that glared back at me now. And I knew he wouldn't get "angry." He would just give me that cold, disappointed lecture and then sigh so heavily I'd swear my mom could hear it in the next room, where she would sit listening with hands folded and brow knit.

Lost in my thoughts, I guess I didn't hear him come in

through the door that led to our garage. In a split second, I realized my dad hadn't been home yet. That meant Mom had opened the offensive report card, not him. But I didn't have time to hide the evidence of my failure.

Before I could open my mouth to explain that I would *definitely* have a B by the time second semester ended, he snatched the flimsy computerized form and peered at it intently.

He didn't say anything, didn't even look at me. He just walked out of the kitchen and slammed the door to his bedroom.

His silence undid me. I raced to my room but cautiously closed the door, careful not to let it shut too loudly. Even though Dad had just slammed his own door, there's no way I would risk sending him into a "disrespecting our home and the household rules will not be tolerated" tirade by hurling my door against its frame.

Everything inside me wanted to scream, to punch a wall, to throw something and hear it shatter, see it break. It was all too much. The shame I felt, the anger I could never express. It was like a volcano started to erupt in my mind. Raging thoughts assaulted me in every imaginable way: *You idiot! You'll never be good enough. Did you really think you could make him happy? You're nothing but a fat, worthless failure.*

My anger melted into an agonizing desire to cry. But no tears came. Instead, emptiness and numb resignation overtook me again. Not knowing what else to do, I walked over to my desk and started to clear away the tools I'd used for my science project. When I picked up the art knife, the craziest thought came into my head.

Don't ask me why, because to this day I haven't figured it out, but the only thing I wanted to do was cut myself. So I did.

And as soon as blood started to trickle from the small incision I'd made, I felt this incredible relief. Everything got quiet.

I felt alive again. My racing mind stilled as I watched the bright red liquid cleanse me, center me, make everything okay.

What did you feel when you read sixteen-year-old Jordan's story?

Shock? Fear? Concern? Pity? Disgust?

Did you feel sorrow, knowing that your friend or child, your spouse or student may have had a similar first experience with self-injury? Did you feel paralyzed, unable to understand why someone would resort to such extremes? Did you empathize with Jordan? Have you felt the same stinging anguish of self-contempt and suppressed rage?

If someone you love intentionally hurts himself or herself, you may have run the gamut of these emotions—frustration, anxiety, despair, helplessness, confusion, desperation, and even repulsion. Maybe you've felt all of them at once.

Maybe, more than anything else, you have wanted to run away, to withdraw from the unnerving, painful reality. Still, the idea that your loved one might take a blade or a cigarette lighter to his or her own skin haunts you like a waking nightmare. Saying the wrong thing terrifies you. But you have to, you want to, do something. Maybe you feel embarrassed, ashamed, or alone.

YOU ARE NOT ALONE

I first confronted the issue of self-injury while working with high school students in Southern California. On a retreat with ten fourteen- to eighteen-year-olds, two of my coleaders discovered that seven of them had experimented with self-inflicted violence. The news shocked and frightened me.

Shortly thereafter, I helped host an evening discussion about self-harm. The stories that emerged, the pain that poured out, and the confusion that surrounded self-wounding impulses and behaviors compelled me to do something about the problem that obviously affected many in my life.

As I talked with more people, I learned that self-injury did not afflict only the teenage girls I knew. Peers of mine confessed battling self-harm, and the tales of self-wounding men, young and old, confronted me as well.

There was no way I could do it alone. So I enlisted the help of Dr. Earl Henslin, a psychologist whose twenty-plus years of work with hurting people have equipped him to guide others in understanding self-inflicted violence.

Dr. Henslin helped me wade through the psychotherapeutic and medical journals that likely would have daunted me had I attempted to tackle them on my own. He allowed me to enter into his vast wealth of experience with self-harm and the individuals who battle it. And he agreed to share some of it with you in his own writing. While the stories he has chosen to tell (details of which have been altered to protect individuals) will be separated into sections entitled *In My Experience*, I would like to acknowledge that Dr. Henslin's work on behalf of this book extends far beyond these segments.

For instance, Dr. Henslin introduced me to Dr. Daniel Amen, a colleague of his and a pioneer and forerunner in the field of neuropsychiatry. Dr. Amen graciously allowed me to interview him and gave Dr. Henslin and me access to his database of SPECT scans, a form of brain imaging that helps professionals and laypeople alike better understand the role of physiology in the struggles many of us face.

I want you to know from the outset: Self-inflicted violence is all at once a psychological, physical, and spiritual battle. Consequently, this book will examine all three aspects. But we will do so with balance and patience, recognizing that discussing biochemistry, psychoemotional issues, and spirituality can be intimidating.

THE STORY THAT INFORMS US

After Dr. Henslin and I had finished writing the majority of this book, I came across a heartbreaking account. The grief I felt hearing Janice's

story compelled me to revise the introduction I had initially composed.

Janice is a young mother whose love, sensitivity, and desire to end an agonizing battle with self-injurious impulses recently prompted her to seek counsel from a therapist in her area.

Within the first few sessions, after she had begun to spill the contents of her wounded heart in this man's confidence, Janice listened as her therapist spoke these dreadful words: "I just want to let you know that I've never seen anyone fully recover from the urge to self-harm."

How can the Janices we know fight for recovery with counsel like this? Is there any hope for the Janices we love, want to help, and struggle to understand?

I decided to write *Inside a Cutter's Mind* because I believe that a vigorous and tangible hope can be found. I have witnessed the freedom of people brought back from the brink of self-destruction. In their lives, the power of redemption overcame the pull of devastation.

But I have not merely observed redemption at work. I have personally experienced the wholesale rescue of my mind, body, and soul from the ravages of self-annihilating compulsion. Redemption came to me in the person of Jesus Christ.

Undeniably and unashamedly, this book is informed and framed by my faith in a God whose business is the recycling grace that makes beauty of ashes and turns what might destroy us into what ultimately gives us strength and hope. And because self-inflicted violence threatens the whole person, our journey toward understanding will be spiritual, though not strictly so.

This book is simultaneously founded on the research of gifted, diligent scholars who devote their lives to understanding the physiological and psychological dimensions of the human condition.

Consequently, my hope is that whether or not you consider yourself a spiritual person, whether or not you believe that God has anything to do with overcoming self-injury, you would find within this book the help and hope you need to understand and love people who self-harm.

I wish you could have traveled with me through each new layer of

information and emotion that marked my journey toward comprehending self-inflicted violence. But since you could not, I hope that in my synthesizing the amazing, heart-wrenching, and hopeful things I have learned, you will be able to arrive at the same place of expanded understanding for and capacity to love self-harmers.

You have made an important and commendable decision to explore this difficult topic. When it comes to self-injury, we need to be equipped, encouraged, and educated.

We all approach this subject with our own concerns, fears, and perceptions. Some will be worried that they cannot be what their friend or loved one needs. Others will wonder if they have the time and energy to invest in coming alongside a self-wounder: *I have my own life, my own worries. Can I really do this?* Still others have tried to help, but feel hopeless: *What if the person I love never gets better?*

Clearly, if you picked up this book, you care deeply for the self-harmer(s) you know. But will the effort it takes to read about this challenging issue, not to mention putting the things you learn into practice, be worth it?

Yes.

I'd like to ask you, as far as you are able, to press into the concerns that weigh on you, the fears that threaten to paralyze you, and the biases that may hold you back. If you are willing to read without knowing for sure if you "have what it takes" or if the one you love will ever heal, I believe that you will find hope and help.

When you're ready, let's embrace the process together.

↑ THEN AND NOW

A SURVEY OF SELF-INJURY

Diana Spencer seemed to be living every little girl's dream. After working as a nanny, a waitress, and even a cleaning woman, Di (as friends called her) began dating an older man. And not just any man, but the heir to Britain's throne—the Prince of Wales.

Almost the moment Prince Charles began pursuing Diana, the press—and most of the world—was captivated by this charming, strikingly beautiful young woman.

At only twenty years of age, after a rather short courtship and engagement, Diana Spencer married Prince Charles in St. Paul's Cathedral. The wedding was broadcast in seventy-four countries and watched by 750 million people worldwide. Diana was the first nonroyal English woman to marry an heir to the throne in over three hundred years.

During the ceremony the archbishop of Canterbury remarked, here is “the stuff of which fairy tales are made.”¹ Around the globe, wistful women and girls sighed in agreement.

But this fairy tale was strictly an illusion. When Diana discovered that Prince Charles loved a former girlfriend more than he loved her, I can only imagine the grief and betrayal she felt.

Princess Di bore her first son less than a year into her ill-fated marriage. At twenty-one, I wonder if Diana felt trapped by endless royal duties, a cold and distant husband, and her new role as a mother.

Still, during her twelve-year marriage to Prince Charles, Diana worked tirelessly on behalf of charities around the world. She became “a symbol of selfless humanity, a standard-bearer for the rights of the truly downtrodden.”² Her physical beauty deepened and matured. Many viewed Princess Di as the very essence of style and grace.

Diana also intentionally cut her skin, repetitively forced herself to vomit, and once deliberately threw herself down a flight of stairs.

When Princess Di first confessed her experiences with cutting, bulimia, and other forms of self-injury, the world sat up and took notice. Other pieces of the puzzle fell into place when journalist Andrew Morton published his biography *Diana: Her True Story*. Controversy surrounded the book even before it hit the shelves. But though no one knew it until after her death, Princess Diana collaborated with Morton on the work.

In it, Di revealed that Charles treated her struggles as melodramatic attempts to get attention. He wanted her to quit “faking it.” Apparently, even Di’s hurling herself down the staircase wasn’t enough to faze the prince. He simply ignored Diana and went riding.

Princess Di’s story reminds us that self-injury can afflict people in any walk of life. In fact, as many as eight million men and women deliberately harm themselves.³ If we counted every loved one affected by another’s self-injury, the number would likely be double or triple that figure.

Still, most of us know very little about self-harm. Steven Levenkron, one of the first psychotherapists to treat self-injurers, aptly noted, “Aside from the current publicity, most of which is sensational, unhealthily explicit, and serves only to frighten and disgust people, we are still largely in the dark about the phenomenon of self-mutilation.”⁴

In order to truly understand and help those who self-wound, we will work to dismantle what the sensationalized media tells us about self-inflicted violence. We will also endeavor to debunk myths many of us have heard, believed, and even propagated. To do this, we’ll need to

learn both general and specific truths about self-harm.

So let's begin by looking at what modern-day self-injury looks like, the scope of this phenomenon, and historical and cultural factors that have played a role in the spread of self-inflicted violence.

WHAT IS SELF-INJURY?

The act of intentionally wounding oneself goes by many names. Self-injury, self-harm, self-inflicted violence, and self-mutilation are the most commonly employed terms. Vernacular descriptions such as cutting, burning, slashing, or scorching reveal specific methods people use to wound themselves. Medical professionals use other descriptors, including Deliberate Self-Harm Syndrome⁵ and Self-Injurious Behavior Syndrome (SIBS).⁶

Dr. Armando Favazza, a pioneer in the research and treatment of self-injury, describes the phenomenon as “a morbid form of self-help.”⁷ And therapists Karen Conterio and Dr. Wendy Lader, founders of the first inpatient treatment center for self-harmers, use vivid expressions such as the “wounding embrace.”⁸

We understand self-injury best when we synthesize all these terms. Self-harm is an act of violence inflicted by and against the self. Self-injurers use a wounding, morbid method to help, even nurture, themselves. And for some people, self-inflicted violence can become a serious medical condition, much like other emotional/physical syndromes.

I try to refrain from using the term *self-mutilation*, though you will notice that some of the academic and medical resources I quote from use this expression. Because most self-injurers recoil from this term and many self-wounders never *intend* to mutilate their bodies, I find *self-harm* and *self-injury* more appropriate phrases.

The majority of sufferers, like Jordan, whom we met in the introduction, or Princess Diana, cut or burn because they seek relief from seemingly uncontrollable pain or deadening numbness. Scars and physical damage are certainly results of self-injury, but mutilation is

usually not the primary aim. Only when referring to advanced cases of self-harm will I use terminology such as *syndrome* or *addiction*.

Likewise, as you care for and work with people who self-injure, I urge you to choose your words carefully. When in doubt, listen to the language the person who self-harms uses and mirror his or her vocabulary. This both honors individuals and their unique experiences and shows a desire to meet them on their turf.

THE SELF-INJURER'S WORLD

Self-inflicted violence has many forms, but these are the most common:

- Cutting
- Burning
- Interfering with the healing of wounds
- Hitting, bruising
- Biting (including injurious nail biting)
- Harmful scratching or picking of the skin
- Pulling or plucking hair to an excessive degree
- Intentionally breaking one's bones
- Purposefully avoiding medical care for serious injuries

People who self-harm may inflict only superficial damage on their skin. Their wounds may require simple cleansing and time to heal. Other injuries break the skin, causing minor to moderate bleeding. And others require extensive medical repair, including stitches, bone-setting, or surgery. Permanent damage—scars, bald spots, or improperly healed bones—can result from extreme forms of self-injury.

Sufferers often experiment with various types of self-harm before finding a “preferred method.” Cutting and burning are by far the most commonly encountered forms of self-injury, but hitting, biting, and scratching are also prevalent among self-harmers. Trichotillomania—the obsessive, repetitive pulling out of one's own hair for the relief of tension—is the only form of self-inflicted violence currently listed in

the Diagnostic and Statistical Manual of Mental Disorders, fourth edition. The intentional breaking of one's bones, the amputation of limbs, and enucleation (eye gouging) are less commonly used (and obviously more extreme) methods of self-injury.

Fortunately, identified occurrences of the most radical forms of self-wounding are rare. But just how common are the more prevalent types of self-wounding—cutting, burning, and bruising? How big a problem are we talking about?

WE'RE JUST BEGINNING TO FIGURE IT OUT

Thirty to forty years ago, therapists and doctors helped “demystify” anorexia nervosa and bulimia, as well as develop treatment options for other forms of eating disorders. We are in the midst of a similar process with self-injury. Counselors and psychiatrists, social workers and college professors, parents and pastors are working together to understand and create viable recovery options for those who deliberately harm themselves.

I feel honored to be part of this important but difficult movement toward understanding. By reading this book, you are joining others who want to know about and come alongside self-injurers.

Many of us—I'd venture to guess most of us—have been personally affected by self-harm, whether in our home, school, workplace, or church. But formulating precise statistics about self-injury presents a nearly insurmountable problem.

The shameful, secretive nature of self-inflicted violence; the elaborate excuses, justifications, and even denial of people who harm themselves; and the inability to determine whether some deaths are the unintended result of cutting or intentional suicides make it particularly difficult to confirm exactly what percentage of the population currently self-injures.

What we do know is that the numbers are rising. A 2004 British report documented a 65 percent increase over two years in the number of

hotline callers who struggled with self-harm.⁹ In the United States, references to and articles about self-injury in the popular media rose from none in 1984 to 210 in 2004.¹⁰ According to the *Los Angeles Daily News*, the L.A. Unified School District's suicide prevention hotline fielded six hundred calls about self-inflicted violence in a single eighteen-month period.¹¹ The most frightening aspect of that statistic is that it reflects only one hotline in one school district in one major city.

Cornell University has launched a focused research program on self-injurious behavior in adolescents and young adults, the National Institute of Mental Health maintains that self-inflicted violence ranks in the top ten mental conditions for women,¹² and a variety of private treatment centers serving both male and female self-harmers have sprung up around the country and abroad.

Dr. Michael Hollander directs one of these centers, the Two Brattle Center in Cambridge, Massachusetts. Hollander, a trained psychologist, relates, "Every clinician says it's increasing. . . . I've been practicing for 30 years, and I think it's gone up dramatically."¹³ Other professionals—including many psychotherapists, clergy, and social workers—agree with Hollander.

The escalating incidence of self-injury recently prompted educators and activists to join those involved in the mental-health-care community to declare March 1 "Self-Injury Awareness Day."

Academics and clinicians argue about the reasons behind this evident swell in self-wounding behavior. Some believe a greater awareness of the problem and the willingness of more people to discuss this previously taboo subject simply brought to light what has always been happening. Others maintain that people are actually engaging in more self-injurious acts than ever before. And some claim that pop culture's sensationalized reporting on the issue has created this outbreak of self-inflicted violence. Still others assert that clinicians and laypeople—particularly those who previously viewed self-injury exclusively as a symptom of other psychological disturbances—have become better able to identify self-harm as an issue unto itself.

Perhaps the answer can be found in a combination of these factors, as well as in discerning how historical and cultural factors have influenced and continue to shape the phenomenon of self-injury.

MODERN CULTURE AND SELF-HARM

Princess Diana may have been one of the first celebrities to confess her battle with self-inflicted violence, but there certainly have been more. A-list actors and actresses have come forward, recounting their tales of agonized self-wounding. Famous recording artists—from hard-core rockers to easygoing folk singers—have shared their stories through lyrics and interviews.

Journalist Jeffrey Kluger sees this trend as simultaneously encouraging and devastating. He writes,

Though it's true that such public disclosures encourage ordinary kids to come forward, it's also true that when glamorous people suffer from something, a bit of the glitter rubs off on the condition. . . . Then there is the Internet, where cutting chat rooms are just a keystroke away. Many offer support for kids who want to stop, but just as many wink at the problem and even subtly [in the worst cases unabashedly] encourage it.¹⁴

On blogspot.com, 1,547 posts matched a search for cutting and self-injury. Typing the words *cutting*, *self*, and *blood* into xanga.com's search engine yielded 15,878 links.

Scores of personal or group websites feature photos of and quotes from famous self-harmers. Chilling online journals often include graphic details about when, where, and why people hurt themselves. The most brazen (and perhaps the most brokenhearted?) bloggers include pictures of their wounds along with gory descriptions of techniques used to inflict them.

While researching self-injury for a screenplay, my dear friend Kelly observed,

A lot of cutters are part of bloggings where they chronicle their experiences. In the process, they develop an online community/family that actually winds up supporting and perpetuating their disorder, because if they stop cutting, they no longer belong. Most of them talk about “trying to get well,” but there is still the underlying notion that getting well means getting kicked out of your online clique.

Like many other blogging self-injurers, one with the screen name Seldom Understand doesn't think he needs “outside help.” He declares, “I don't need therapy; this [blogging] is my therapy.”

There can be little doubt: Modern culture influences the phenomenon of self-injury. But it's almost impossible to identify exactly how much or how negatively. Pop culture certainly did not create the problem. Long before music, television, film, and the Internet existed, self-inflicted violence played a significant role in the human experience. It's time to add some historical perspective to the modern-day one we've begun to formulate.

SELF-INJURY THROUGH THE AGES¹⁵

One of the first published references to self-injury occurred in the fifth century BC. Book VI of Herodotus' *History* describes a Spartan leader who deliberately and severely mutilated himself with a knife.¹⁶

Around 300 BC the “Father of Western Medicine,” Hippocrates, developed a theory that people could be “rebalanced” by bloodletting, blistering, vomiting, purgatives, or potions that would cleanse the body. Ancients tried to “purify” themselves in a number of these life-endangering ways. Descriptions of these behaviors recorded in early texts resemble the self-destructive behaviors that we might call cutting,

burning, or purging. Indeed, many modern self-injurers report a similarly strong urge to “cleanse” themselves from inner disease, perceived or actual (more on this later).

And surprisingly, biblical references to self-injurious behaviors outnumber those in any other historical source. Three times in the books of Leviticus and Deuteronomy alone, Jehovah commands the people of Israel not to cut their bodies ritually, as the pagan nations around them do (see Leviticus 19:28; 21:5; Deuteronomy 14:1-2).

One can learn of dramatic acts of self-inflicted violence by reading the epic duel on Mount Carmel. While Elijah and the Israelites watched, the frenzied priests of Baal “prayed louder and louder, cutting themselves with swords and knives—a ritual common to them—until they were covered with blood” (1 Kings 18:28, MSG). The worshipers of Baal believed their god could be pleased and provoked to action by their own blood sacrifice. In an effort to demonstrate whole-body commitment and surrender, Baal’s priests sliced themselves unmercifully. They cut because they wanted their god to notice and *do* something.

The New Testament gospel of Mark chronicles the tragic and isolated existence of a man who deliberately, repeatedly slashed himself with stones (see 5:1-20). And after the death and resurrection of Christ, men and women in search of piety practiced self-injury in what they viewed as an expression of faith. Cults of flagellants starved, purged, scarred, whipped, and scourged themselves. Some even impaled their breasts, amputated limbs, gouged their eyes from the protective sockets in their skulls, or castrated themselves.

Flagellants wrote and spoke about their longing to imitate the sufferings of Jesus, as well as to mitigate divine judgment, which they often thought close at hand. During the Great Plague, flagellation increased among people who wished to atone for the sins they believed had brought the Black Death upon the world.

But self-inflicted violence of this kind is not unique to Christianity. Certain adherents of nearly every world religion—including Islam, Hinduism, and Buddhism—have translated religious devotion into

self-destructive activities. Each behavior serves a specific purpose for the faith of both individual and community.

In Morocco, a group of mystical Islamic healers have long practiced self-injurious ceremonies. These dervishes work themselves into a ritual frenzy (a remarkable display of spinning dizziness, from which we derive the term *whirling dervish*) and lacerate their own heads. The injured and ill dip bits of bread and sugar cubes into the spilled blood, eat them, and reputedly receive healing in the process. For these people, blood is the most potent medicine.

Some Hindus use body modification to gain favor with their god Murugan. Ancient Aztecs and Maya displayed penitence by spilling their blood on sacred items. And Buddhists esteem self-denial, which sometimes becomes injurious, as a way to attain ecstatic degrees of holiness.

In a less dramatic fashion, children often use blood to bond with each other. Making small cuts on their fingers or using wounds that have been previously opened, they become blood brothers or sisters.

When people use the expression “getting rid of bad blood,” they touch upon a deeply felt, if seldom directly expressed, symbol. Pure blood represents a healing agent not just for the body (for example, the earliest doctors “letting blood” from ailing patients) but also for the psyche. When people feel at peace with one another, we might say there’s no “bad blood” between them.

In virtually every culture and every age, blood signifies the very essence of life. Blood spills out when new life is brought forth in childbirth and drains from an extinguished life in death. As Leviticus 17:11 proclaims, “The life of the body is in the blood” (NCV). And as we know, life involves more than a functioning body; God makes possible every aspect of life—its incomparably rich mysteries, the heights of joy, and the depths of sorrow—through the blood that sustains us.

It’s fascinating to me that from the beginning of time and across the entire world, people have inherently sensed the truth that “blood,

representing life . . . brings . . . atonement” (Leviticus 17:11). And in mystical and powerful ways, humans have always responded to the reality that blood shed in the right way can lead to peace, to *life*.

In his classic tale of good and evil *The Lion, the Witch and the Wardrobe*, C. S. Lewis describes this innately felt truth as “Deep Magic from the Dawn of Time.” Even the most depraved character in Lewis’s novel, the White Witch, Jadis, acknowledges and respects this law.

Coming to Edmund, her prisoner (who betrayed his brother and sisters out of vanity and greed), Jadis declares, “You know that every traitor belongs to me as my lawful prey and that for every treachery I have a right to a kill.” She continues, “Unless I have blood as the Law says, all Narnia will be overturned and perish in fire and water.”¹⁷

The rightful King, Aslan, strikes a bargain with the Witch, offering to exchange his innocent blood for Edmund’s. Jadis gleefully accepts, happy to take the life of the powerful, royal lion in exchange for a mere human. Later, she taunts Aslan while bringing the knife upon him: “Fool . . . you have lost your own life and you have not saved his. In that knowledge, despair and die.”¹⁸

But Lewis continues,

Though the Witch knew the Deep Magic, there is a Magic deeper still which she did not know. Her knowledge goes back only to the dawn of time. But if she could have looked a little further back, into the stillness and the darkness before Time dawned, she would have . . . known that when a willing victim who had committed no treachery was killed in a traitor’s stead . . . Death itself would start working backwards.¹⁹

Though it may be very difficult to grasp right now, self-injurers sometimes wound themselves because they innately, subconsciously know that in this world, as in Narnia, “The law says that almost everything must be made clean by blood, and sins cannot be forgiven without blood to show death” (Hebrews 9:22, NCV).

Across the ages, people of every age and station have inflicted violence on themselves in a desperate effort to make things right, to atone for their wrongs, to turn the tide of suffering backward.

In Narnia, only the noble and pure blood of the King could save Edmund. Likewise, in our nonfictional, spiritual world, *only* the once-for-all spilling of perfectly innocent blood, the blood of the Rightful Ruler of this world, can make a wrong world right and finally triumph over death. Many of us instinctively know this, but those who wound themselves have believed a twisted, toxic version of this beautiful, if bloody, truth.

Men and women of all kinds have bought into the lie that they can do something to turn back the tide of deadly pain. Harming the self to stave off the flow of emotional anguish, to feel something rather than stay numb forever, or to “pay” for mistakes is a bodily, mentally, and spiritually excruciating way to deal with life. And this is why healing from self-injury must be—all at once—physical, emotional, *and* spiritual.

In some ways, considering the historical evidence, self-inflicted violence is merely one of many “universal [if maladaptive] defense mechanisms to which people have always resorted in order to avoid a sense of dread—whether in terms of believing themselves literally damned or feeling emotionally tormented.”²⁰

Still, reading about the methods of and history behind self-harm may unnerve you. It did me. I found it particularly confusing that people would use pain to comfort themselves. It seemed paradoxical to me that wounding the self by drawing blood or breaking a bone could relieve deep emotional and spiritual distress. But this is exactly what self-harmers do and experience.

We’ve all watched movies or television shows in which a frantic, out-of-control person is “slapped” back to reality by a well-intentioned friend or colleague. The stinging pain of a slap ends the person’s

hysteria, and he or she often turns to thank the very person who inflicted the wound with the words, “I really needed that.”²¹

For many, self-harm acts as the “slap” that distracts them from the overwhelming circumstances and ferocious thoughts and emotions that threaten to spin them completely out of control. The self-injurer acts the roles of both the frantic protagonist and the well-meaning, if temporarily harmful, friend.

So is it possible for outsiders—people who have never intentionally wounded themselves—to not only understand but empathize with the impulses behind self-injury?

From all I have learned, the answer is yes. Absolutely. Undeniably.