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Tending to the wound: Understanding the functions of cutting as a coping mechanism for adolescent females

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Tending to the Wound:
Understanding the Functions of Cutting as a Coping Mechanism for Adolescent Females
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A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

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for the degree of

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Dedication

This research project is dedicated to all adolescent girls like Artemis, who cope and survive through the challenges of life. This is also dedicated to my dad, Marshall Moore, for surviving as long as he could and to my mom, Carolyn Chandler, for providing me with the strength, courage, and healing to continue on.

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I would like to thank my research project committee chair, Dr. Eric Cowan, for his support, time, and assistance with my work. I would also like to thank my committee members, Dr. Anne Stewart, and Ms. Madeleine Dupre, as well as my internship supervisors, Mr. Lennie Echterling and Ms. Stephanie Schuchert, for taking the time to help me with my research project.

I would also like to thank Artemis, who willingly and wholeheartedly provided her time and a peek into the doorway of her private experience. Artemis, it was a pleasure getting to know you and your story. I want to thank you for sharing part of your life with me.

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ABSTRACT

This research project details cutting as a coping mechanism for adolescent females, specifically looking at the functions of cutting, e.g. affect regulation, anti-dissociation, and self-punishment. Self-injury manifested in cutting is essentially different from suicidal gesturing in that the self-injurer is attempting to avoid death. Despite the vast amount of research encouraging therapists to hear the pain behind the scream, many clinicians focus on the behavior itself, neglecting the layers of meaning beneath the cutting. Paralleling the literature review is the case study of Artemis, an adolescent female. Presented in detail are her experiences and utilization of cutting. Implications and recommendations for mental health professionals working with adolescent females who cut are presented.

Literature Review

Introduction

According to the American Psychological Association (2002), coping is defined as “The process of dealing with internal or external demands that are perceived to be threatening or overwhelming.” As human beings, we all experience challenges that threaten our beliefs, our dreams, our happiness, and in some cases our survival. We are also faced with decisions every day - go to work or stay home, make dinner or go out, laugh or cry, cope with life or give up. Each of us develops a way of coping with painful experiences and emotional turmoil, such as getting lost in a hobby, working overtime, listening to music, and in some cases abusing alcohol and drugs. However, just as we are all unique individuals, we all have a distinctive way of responding to the world. For many people, specifically adolescent girls, self-injurious behaviors, such as cutting is one way of coping with the challenges, sufferings, and struggles of life.

According to one study, 56.4% of adolescent girls reported engaging in self-injurious behaviors at some point in their life and 36.2% reported doing so in the past year (Hilt, Cha & Nolen-Hoeksema, 2008). There are a variety of forms of self-injury including cutting, burning, scratching, hair pulling, head-banging, and self-hitting; however, 95% of those who self-harm have been found to cut, making it the most common form of self-injury (Polk & Liss, 2009). Although some researchers have found little difference among gender, Connors (2000) reported that due to their tendency to internalize, females cut more frequently than males. The number of adolescent females engaging in cutting poses challenges to many people, specifically mental health professionals. It has become evident that many clinicians and researchers are aware of

the risk factors, onset, and population, but are lacking in their understanding of the functions of cutting (Klonsky, 2007).

Adolescence is a challenging time for most people. The transition to adolescence marks a developmental period that is often tumultuous with many physical, emotional, mental, and social changes. With such a change in their development, many girls face challenges and doubts about their beliefs concerning their sense of identity, their ideas about the world, their self-esteem, and their friendships. It is also around this developmental stage that some girls face mental health issues such as depression and anxiety (Jacobson & Gould, 2007). Compounded with mental health issues, females engaging in cutting often experience aversive affective and cognitive states, early invalidating environments, childhood maltreatment, and weak attachments (Nock, Prinstein, & Sterba, 2010; King & Merchant, 2008).

For some girls, cutting can serve as a tool for communicating past or present experiences. Although the predisposing factors for cutting can vary, several have been identified, including childhood physical and/or sexual abuse, chaotic and neglectful homes in childhood, childhood separation from caregivers, parental alcoholism, early surgical or medical trauma and childhood and adolescent residence in an institutional setting (Deiter-Sands & Pearlman, 2009). Among the previously mentioned factors, many have been found to have experienced trauma and/or abuse (King & Merchant, 2008). When girls have experienced such a traumatic past, many turn to cutting as a way to cope with their emotions and memories of the past (Gratz & Chapman, 2009). In addition to communicating distress, cutting can also help victims of abuse defend against the after-

effects of trauma such as regulating emotions, dissociation, and self-punishment (Farber, 2008).

Cutting is not bizarre or uncommon. In fact, viewed from the adolescent perspective, it is a fundamentally adaptive and life-preserving coping mechanism. Although females engaging in cutting are at a higher risk for suicide (Muehlenkamp, 2005), cutting is essentially different from suicidal gesturing. Often, these girls are trying to avoid suicide and through the use of cutting, make life more bearable. To understand this idea further, a scenario from Farber (1997) is presented below:

The episode may be triggered by a real or perceived loss, a disappointment or a separation...As the behavior becomes more entrenched in her personality, even the slightest mishap may trigger it. She begins to experience a tension growing within her, often accompanied by diffuse feelings of anger, fear, and guilt which increase in intensity while gradually and increasingly interfering with daily functioning. Over a period of time ranging from minutes to hours, a state of tension is reached that is intolerable. It is replaced by a dissociated state of consciousness described as feeling numb, unreal, wooden, trancelike. At first this feels better than the excruciating tension, but soon it feels like a terrifying isolation from people and the real world. The girl goes where she can be alone...she cuts herself...with the sight of the wound or startling redness of the blood comes a sense of aliveness, of connection to reality, and a great sense of relief and well-being. The sight of blood warms and blankets her in blissful satisfaction and comfort. She feels good, capable

and whole. Now she is ready to resume her usual daily activities at a level of functioning considerably greater than that which preceded the act. (p. 95)

As mentioned above, cutting can make life more manageable, bearable, and livable. Although the use of cutting as a way to cope can be harmful and dangerous, the overall desire and goal of survival should not be overlooked (Plante, 2007). According to Deiter-Sands and Pearlman (2009), cutting serves as a tool to manage overwhelming states and circumstances that allow the individual to survive, and therefore have the chance to change and grow. As it is clear that most girls who cut are not seeking to die, what has yet to be clearly determined is the unique motivations to choose cutting over another, possibly safer, coping mechanism.

Contrary to the idea that all living organisms are motivated to seek pleasure and avoid pain, many girls seek the benefits of painful behaviors, such as cutting (Bresin et al., 2010). A study by Nock, Prinstein, and Sterba (2010) recorded 104 episodes of the four purposes of engaging in self-injury: intrapersonal-negative reinforcement (e.g., to decrease/distract from negative thoughts/feelings), intrapersonal-positive (e.g., to generate feeling/sensation when experiencing numbness), interpersonal-negative (e.g., to escape from an undesirable social situation), and interpersonal-positive (e.g., to communicate with/seek help from others). Results indicated that intrapersonal-negative reinforcement was the most common purpose with 64.7 % of the total episodes. The results also showed that the second most common purpose was intrapersonal-positive (24.5%), followed by interpersonal-negative (14.7%) and interpersonal-positive (3.9%) reinforcement. These results, in addition to other findings, are helpful in beginning to

understand cutting as one way to meet a basic human need, such as relieving painful emotions (Gratz & Champan, 2009).

Researchers have found that affect regulation (also known as intrapersonal-negative reinforcement), is the most common reason for engaging in cutting (Klonsky, 2007; Nock & Prinstein, 2004; Connors, 2000). Gratz (2003) suggests that cutting is a strategy to relieve acute negative affect or affective arousal, such as feelings of stress, anger, frustrations, sadness, emotional upset, tension, anxiety, grief, emotional pain, and being overwhelmed. More specifically, Nock, Prinstein, and Sterba (2010) asked follow up questions in regards to the participants' affective or cognitive state whenever the intrapersonal negative reinforcement was endorsed. In this study, adolescents reported attempting to cut not only to relieve aversive affective states such as anxiety (34.8% of episodes), sadness (24.2%) and anger (19.7%), but also aversive cognitive states such as bad thoughts (28.8%) or bad memory (13.6%). Although the analysis of this study also indicated that sadness and anxiety most often occurred while thinking of cutting, what increased the odds of engaging in cutting were feelings of rejection, anger towards self, self-hatred, numbness/nothingness, and anger towards another. With this information, cutting can clearly be understood as a tool for emotional regulation to manage transitional and painful experiences (Nock & Prinstein, 2004).

In further support of this finding, Deiter-Sands and Pearlman (2009) found that when attunement, affection, and nurturance are lacking, the child's inner sense of connection to others is impaired. When faced with internal conflicts and emotions regarding others, cutting becomes a more manageable way of dealing with those feelings, rather than attempting to connect with others who in the past left their needs unmet.

While some girls deal with interpersonal conflict through the use of cutting, Linehan (1993) also theorizes that early invalidating experiences may teach poor coping strategies for dealing with emotional distress. In these cases, cutting may serve as a way of managing powerful affect. For example, in the Polk and Liss (2009) study one individual claimed, “I was always hurting inside. I didn’t know how to express myself. All other avenues I had tried, failed. My internal turmoil would release temporarily when I would self-injure. I could feel calmness for once” (p. 236). With the understanding that regulating affect may never have been taught or may have been unsafe in the past, clinicians and researchers can begin to view cutting as an attempt to acknowledge those emotions that were once frightening and forbidden.

In addition to the function of affect regulation, anti-dissociation (also known as intrapersonal-positive reinforcement) is another commonly reported reason for the use of cutting (Muehlenkamp, 2005). Unlike trying to create an emotion, the use of anti-dissociation is to generate an emotion or feeling/sensation when experiencing numbness or anhedonia (Nock & Prinstein, 2004). For girls who cut, dissociation can occur as a result of many things, including childhood abuse or trauma, the absence of loved ones, intense emotions, and disorganized attachment (Klonsky, 2007; Farber, 2008). Although there has been some discussion regarding the onset of dissociation while cutting, Polk and Liss (2009) found that cutting itself does not necessarily bring on dissociation, but rather debilitates it. When experiencing depersonalization or levels of dissociation, some girls report that cutting is useful in bringing the girl back to her body by experiencing physical sensation (Deiter-Sands & Pearlman, 2009). One of the participants in the Polk and Liss (2009) study wrote, “Sometimes I need a reminder that I am actually alive, that

there is blood pumping through my veins and I can feel things” (p. 236). As not experiencing feelings can be a frightening time for many girls, cutting can generate emotional sensations, which can make girls feel real or alive again (Klonsky, 2007). As mentioned previously, some girls describe feeling nothing at all and cutting is one way that disrupts those lack of feelings and allows the individual to regain a sense of self. According to Penn et al (2003), 60% of adolescent self-injurers endorsed their reasoning for cutting as “to feel something even if it is pain.”

Although some girls lack emotion and the feeling of being alive, others feel very specific emotions, such as anger towards oneself. According to Klonsky, Oltmanns and Turkheimer (2003), a distinguishing characteristic of girls who cut is self-directed anger and self-derogation. Furthermore, Nixon, Cloutier, and Aggarwal (2002) found that half of adolescents receiving psychiatric treatment endorsed the reason for cutting as “punishing (one) self for being bad and having bad thoughts.” Klonsky (2007) also found that in many studies, self-punishment was the second most prevalent reason (following affect regulation) for self-injury. Girls, who typically have had a history of abuse, have found comfort in the use of cutting and punishing oneself, as they would rather be the one to decide how and when one will be injured (Deiter-Sands & Palmer, 2009). Gratz and Chapman (2009) also explained that when a child is punished for every mistake, particularly enduring harsh punishments, that child may grow up to believe that a punishment is deserved for every wrong doing and will therefore turn to cutting as their punishment. Moreover, Farber (2008) proposes that attachment theory can help us understand how human beings continue to endure their pain and suffering through cutting, rather than choosing to let it go. For instance, when a child endures pain

and suffering at the hands of their caregiver, the child will maintain that attachment by continuing to hurt herself. Connors (2000) explains this mirroring of past experiences as a way for girls to not only manage the insecure attachment through the experience of cutting, but to also be the person in charge of it.

Although affect regulation, anti-dissociation, and self-punishment are explained in detail, there are many other functions of cutting including maintaining interpersonal boundaries, interpersonal influence, sensation seeking, anti-suicide, maintaining self-integrity and the perception of control (Klonsky, 2007; Connors, 2000). As mentioned previously, each individual responds to their environment and past in their own unique way. Associated with this idea is the necessity for clinicians to appreciate and value the purpose behind cutting, leaving behind their preconceptions. For instance, although multiple studies have suggested that manipulative influence is rarely a function for cutting, clinicians seem stuck on this notion (Nock, Prinstein, & Sterba, 2010; Klonsky, 2007). With a greater understanding of the functions of cutting, clinicians can begin to view cutting as a message and metaphor into the client's internal world. Although many people struggle with the idea that adding pain to pain equals no pain (Plante, 2007), cutting can become a familiar way of dealing with emotional distress that allows the individual to care for oneself, soothe oneself, and ultimately, tend to their wound (Klonsky, 2007).

CASE STUDY: ARTEMIS

In order to begin to understand the functions of cutting, it is important to be familiar with the subjective perspective of the individual. To attain this type of viewpoint, I believe it is important to talk directly with female adolescents who cut. My plan was to collect qualitative data through an in-depth interview from an adolescent female residing at an acute inpatient facility. This was made possible by gaining approval from the treatment facility's review board. The letter given to the board contained a consent form as well as the interview questions. In addition, the letter stated that the participant could choose to stop the interview at any point, as well as the recording. Below are the questions that I asked during the interview:

- Describe what it was like growing up for you.
- Describe the stressors and concerns prior to entering treatment.
- Describe the emotions you had prior to cutting.
- Describe the feelings you had after cutting.
- What were some of your triggers?
- How did cutting to cope help you?
 - How was cutting to cope unhelpful to you?
- Did cutting take away any feelings for you?
 - If yes, what were those feelings?
- Were you able to change this coping strategy?
 - If yes, what did you find helpful and what did you replace it with?
- When you don't cut, how do you experience yourself differently? What do you realize about yourself?

- How have you gotten to the place where you are now?
- How were therapists helpful during this time for you?
- What sorts of things did therapist do that were unhelpful?
- What do therapists need to understand about cutting that you believe they do not get at this time?
- What would you want them to focus on and not focus on?
- How will you continue to grow?

One female adolescent resident, Artemis (the name has been changed to a fictitious name for confidentiality purposes) agreed to be interviewed. In addition to receiving consent from Artemis' guardian as well as her therapist, Artemis stated that she would be willing to be both interviewed and recorded. The actual interview consisted of a one-time, 2 hour, semi-structured interview with Artemis during the fall of 2010. Even though the basis of the interview was semi-structured, I often asked additional open-ended questions in order to clarify and obtain a deeper understanding of Artemis' subjective world. This approach is consistent with Polk and Liss' (2009) study, which used open-ended questions, versus close-ended, and was able to show that adolescents are capable of communicating their reasons for self-injury.

To keep record of our interview, the conversation was recorded on an audio-recording device, and was later transcribed into print. After reviewing the transcript, certain themes became apparent. Presented below is a detailed look at the interview with Artemis.

Background Information

Artemis is a sixteen-year-old resident at an inpatient acute facility. She was placed in this facility after a recent psychiatric hospitalization due to suicidal ideation.

As a young girl, Artemis had a variety of placements, such as multiple foster care homes. Prior to being placed in foster care, Artemis lived with her biological mother, father, and siblings until she was approximately 2-3 years old. While living with her biological family, Artemis was exposed to domestic violence, substance abuse, neglect, and inadequate caretaking. Artemis describes her time with her biological family as, “a home where nobody cared what I did. I was, like, neglected, physically and mentally. Like everything possible I was neglected with.” When Artemis was 3 ½ years of age, she and her siblings were placed in the custody of the Department of Social Services. Shortly after, however, Artemis was returned home where she remained for another three years. During the years with her biological family, it was reported that Artemis and her family moved all over the state, leaving Artemis to miss out on multiple days of school, strong friendships, and a solid education. Due to her biological mother’s inability to maintain a job and residency, Artemis was again taken out of her home and within a two month period, placed in multiple foster homes. Artemis and her siblings finally settled in a foster home where they remained for one year, until they were once again placed back in their biological mother’s care. As there were multiple attempts to maintain the family system with no success, Artemis was returned to DSS custody with a new permanency goal of adoption. After one more foster program, Artemis was placed in a foster home where she remained for seven years.

Problems and Concerns for Artemis

Transition

Beginning at a young age, Artemis was faced with many obstacles. One of those obstacles was the transition from a household that had no rules to a foster family that had

many. As Artemis says, “It was a hard transition to go through. Really, like from nobody cared to everybody being on my back at one point.” At her new foster home, Artemis was expected to keep a point system to maintain the completion of chores and homework before five o’clock. Artemis found this very difficult, as she stated that she rarely got home before 4:45, due to volleyball practice. This eventually led to her receiving very little points, and ultimately, a drop in her grades and motivation. As her grades started to slip, so did her relationship with her foster family.

Support

Although Artemis states that her foster family was supportive in her sport activities (attending most of her games), and her behaviors (not letting her curse or hit people), she felt little support around the acceptance of her personality and sexual orientation. Much to her foster family’s dissatisfaction, Artemis identified herself as gay, having had a girlfriend for over two years. While her girlfriend was, at times, a support system for Artemis, she also struggled with her girlfriend’s substance abuse issues. Artemis described the desire of wanting to share her struggles with her foster mother, but knew that she didn’t accept her or her relationship. Artemis expressed how this felt for her stating, “So it was, I guess rejection in a way. And then, I felt helpless...”

Relationships

Artemis explained that at times, she experienced disappointment when it came to her relationships, particularly that of her girlfriend. She stated that she often found herself in relationships where she felt needed and where she felt like she was the only person who could help. When asked about her relationship with her biological family, Artemis said, “It was a push and pull between me and my biological mom. I felt like I

needed to love her, but I hated her because she tore apart my family.” Although, at times, Artemis was trustful of her foster family of seven years, she never felt truly accepted by them, stating, “In my seven years of being with them, they have not once said, ‘I believe in you and that I have faith in you.’ ”

Behaviors

Artemis told several anecdotes which revealed how she reacted to her poor relationship with her foster family and the lack of acceptance she felt. For instance, she struggled to gain attention from her foster family, particularly when she was crying out for help. Artemis described coming home on multiple occasions and would be either high or drunk and found that nobody would notice. Artemis would question, “How do you not notice your own daughter is not herself...And nobody just noticed, so I did it every time I came home or every time I felt like nobody cared.”

Artemis also struggled with her foster family’s expectations of who she should be, including what she should wear. She recounted a story of when she came downstairs one day to go to school and was wearing an outfit that was all lime green, with leggings, a tutu and flip-flops. Although Artemis had worn this outfit on multiple occasions, her foster mom refused to let her go to school and made her change. When Artemis came downstairs with another outfit on, her mother again refused to let her walk out the door. By the third refusal of her outfit, Artemis said, “I just changed back into my lime green outfit and went outside.” For Artemis, experiences such as this were reminders that she was not in control over many things in her life. For instance, Artemis explained, “I never had a say in what I thought and felt and did. They had control over my whole life, my

schedule, what I did with my friends... That's one thing they cannot control is my body. And knowing that I could control that, I did what I wanted to do."

Cutting as a Coping Mechanism

Specifics

Among many of her behaviors and ways to cope, such as abusing alcohol and drugs, running away, piercing her body, stealing, and cutting her hair, Artemis stated that cutting her body, usually superficial cuts on her wrists, was one way of, "making myself so empowered so that I actually have some control in my life." Artemis began cutting when she was in the 7th grade, around the age of twelve. She reports cutting herself once every couple weeks and sometimes once a week, over a period of three years. Artemis found that she would most often cut when she was alone, typically in her bathroom or in the shower.

Affect Regulation

Artemis recalls many feelings associated with cutting. She explains that most often she would find herself cutting when she felt rejection, anger, frustration, feelings of depression and disappointment. When she would experience these types of feelings, she would use cutting as an outlet, to get the feelings out. She describes the use of cutting as:

It was kind of like, I would come home every day and something would be wrong... I would do it in the shower or in the bathroom and I would like say something out loud or think in my head and cut and cut deep into the skin. And it would be like the process of just cutting away, it was just cutting, that's it. It was the pain on the outside rather than on the in. It made the inside so minor compared

to the pain on the outside. It was just that I would rather have physical pain than emotional pain and mental pain. It just relieved me to get my mind off that.

Artemis explained that when she was experiencing feelings of depression, cutting would allow her to feel happy again. That it would provide her with relief, even if for only a week. One thing that appeared to be disconcerting for Artemis, however, was the feeling of being invisible to others. She described her experience of relief as, "I would be depressed for a whole week and then I'd come back, put a smile on my face, laughing all day. And nobody would notice, nobody would be like, 'Dude, what's different with you?'" She explained that cutting was one way she was able to calm herself down, without relying on anyone else. Artemis continued on to say, "To be honest, that's probably what kept me alive right now, this cutting."

Anti-Dissociation

Although at times, Artemis would have feelings such as depression and rejection, she also expressed having no feelings at all. Artemis explained her experiences of feeling nothing as, "Sometimes you feel like you should have pain, but you have none and then you feel guilty because you have none and you should have some." When Artemis felt this way, she found comfort in cutting as it would often let her know who and where she was. It would remind her that she was still alive and that she could feel something. She stated, "If I can have physical pain, if I can feel emotional pain, then I am still alive." It was often helpful for Artemis to experience the feelings of being alive, particularly around the experience of her skin:

Nobody would see it in the shower and to like just rinse it off with water and it would burn like crazy. I could feel the burning, tingling sensation of it and like

just know that at least in two days it won't be infected. It would still be my skin, it would still be my color and the blood will no longer be there. And maybe they would look ugly for a few days, but eventually my skin would return.

Although Artemis explained that she was normally aware of her body and surroundings while cutting, there was one time where she felt as though she were looking down on her own body. She described this feeling as, "literally I felt like a dream. I saw the room in a completely different perspective. I saw myself in a completely different perspective and I felt like I was, I don't want to say high, I felt like I was kind of light."

Self-Punishment

As mentioned previously, Artemis would often experience feelings of disappointment that would often lead to cutting. She also described to me feelings of anger towards herself for having to have cut for emotional relief in the past. When describing how seeing her blood helped her calm down, she described the comfort of being the one to hurt herself, rather than others hurting her. She explained this further by saying, "I didn't need other people to hurt me because I've always disappointed myself, 'why stop now?' And I don't need other people to disappoint me. I don't need other people to hate me. It was my decision and it was my way of hurting myself instead of others hurting me." Having this control was really important for Artemis. She also described her cutting as a way to not only hurt herself, but to also be the one to do it first, so that nobody else could. For instance, she stated, "Like, no matter what you do to me, no matter how much you hurt me, you can't hurt me more than I can hurt myself. And saying that no matter what you do to me or say to me or abuse me, that is nothing compared to what I do to myself." Artemis expressed how she would much rather be the

one to hurt herself and to relieve her pain, then to rely on others, who in the past, “have just let us down anyways.”

How Scars Can Heal

When Artemis is describing her scars, it is evident that she is not only talking about her physical scars from cutting, but her emotional ones, as well. She appears confident, and at times, reflective when she discusses how she began to understand how all her scars would heal:

I’m not going to say that I regret cutting because that is part of me. That will always and forever be my way of staying alive right now. Every scar on my body will always remind me of that. Without cutting, I don’t think I would be this far. And without cutting, I don’t think I would have realized that everything in my past was not my fault...When I was cutting, it was still an open wound but now my scars have healed and there’s skin over it and it’s attached and there is a faint pink line but it’s still healed as a whole. So it makes me feel like cutting did make me whole.

When Artemis looks at her scars, she explains that she finds many memories for each one. For instance, she says, “There are scars for people calling me names and scars for not being able to see my girlfriend and scars for discouraging words, and rejection, and anger and frustration and depression. For every tear I shed, for every poem I wrote, there’s some scar on me.” There’s a change in Artemis’ tone when she discusses her scars, one that is soft and calm. She says that when she feels like hurting herself or feels depressed, she will often look at her scars and run her fingers over them, reminding herself of the progress she has made.

Learning to Cope Differently

With much courage and confidence, Artemis recounted the story of what led her to treatment and to a remarkable healing. After a drawn out argument between Artemis and her foster mom, the cops were called. Although there was pushing between both parties, Artemis received the majority of the blame. This incident led to Artemis' social worker being called, and ultimately, Artemis feeling great disappointment within herself. As Artemis says, "I just felt like I didn't want to live anymore, like everything in my life was going down the drain." Shortly after, Artemis consumed a whole bottle of medicine, resulting in an admission to the hospital. Artemis was in the hospital for ten days, four of which she was in a coma. Following her hospital admission, Artemis went to the psychiatric ward, followed by a few other facilities, and eventually leading to her current residential placement. With her strength, a great support system and an increase in confidence, Artemis made a full recovery and has since learned new ways to cope.

What was once a constant struggle for Artemis became something she never went without- a book in her hand. Artemis found that reading books allowed her to step outside her life and her emotions, and into someone else's. She found other ways to cope, as well, including writing poetry, playing sports, expressing her feelings verbally, and forming healthy relationships with adults and peers. Artemis explains this new way of coping as, "I'm still getting my anger or my frustration out. I'm just getting it out in a different way, a way that takes out the inside emotions, reverses them and puts them on paper without erasing my skin or without cutting my skin or taking my blood."

Views about How Therapist Can Help

Artemis has been around numerous counselors, starting around the age of nine. She recalls sitting in many counseling sessions, either silent or listening to others speak about what was wrong with her. When asked about what she would have wanted differently in her counseling sessions or what she wants therapist to know, Artemis replied:

It doesn't help for therapists to say that it's bad. It doesn't help for them to say to do other things instead. It doesn't help us. What helps us is knowing that therapists know there are other things we can do and there are other ways to go about it. Just for people to try to understand why we do what we do. Why we cut, instead of saying, 'Oh you're cutting for attention' or 'You're cutting because everybody else is doing it.'

Artemis continued saying:

Cutting is understandable to the child if you think about it. It's a way to get your frustration out and depression out. And there are better ways to do it and therapists just need to make that clear to us. They don't need to say, 'Do this instead.' They need to help us through our problems first and then worry about the cutting. Don't put the cutting ahead of anything else.

When discussing the difference between cutting and suicidal attempts, Artemis was confident in her feelings regarding the many misconceptions. Artemis explained, "That gets so old. We are doing this to make us stronger and committing suicide is not going to do that." Although Artemis has made great strides in her healing, there are still times when she has thought that cutting would be the easier way out, but then she would tell

herself, “Why the heck should I take the easy road out now? You know, I’ve taken the long road, the hardest road all the way up to here, why start now?”

CONCLUSIONS AND RECOMMENDATIONS

In looking at both the literature and the interview with Artemis, a strong case can be made for the importance of providing adequate counseling services to adolescent girls who cut. From the very beginning of the therapeutic relationship, a counselor needs to monitor their own demeanor, reactions, and most importantly, anxieties surrounding adolescent girls who cut. Though this seems basic, therapists and other mental health specialist often times overlook such crucial building blocks. According to Connors (2000), girls who cut are often longing to be understood, respected and helped, and yet often they fear mental health professionals will react in a controlling, shaming, or dismissive way. With that being said, a first step to be addressed is investigating one's own views of cutting. Deiter-Sands and Pearlman (2009) stated that "Each provider must work to understand and monitor reactions to this kind of work, protect his or her internal resources, and make him-or-herself available to clients without harmful judgment, panic, blaming, exhaustion, or other common reactions to self-injury" (p. 229). For counselors encountering adolescent females who cut, they may find it useful to continually monitor their own needs, whether they are in or out of the office, giving them the ability to stay in the present with their client.

As Walsh (2007) reported, communicating with adolescent females who self-injure is vital in developing a therapeutic relationship and positive outcome. By using open-ended, mindful questions, it will become apparent to the adolescent girl that as her therapist, you possess a genuine desire to better understand the functions of her behavior. Take for example the question, "Why do you cut?" Using 'why' may sound harsh or authoritative, and may cause the client to become defensive of their cutting. Instead,

asking the same question in a more thoughtful and curious way, such as “What does cutting do for you?” will allow for more direct and open communication. The counselor should keep in mind that asking more direct questions of their motivations for cutting, will allow the individual to be “heard”, a longing desire for many adolescent girls (Polk & Liss, 2009). It is also essential for the counselor to consider the fact that many adolescent girls may not have ability to articulate their reasons for cutting and may therefore feel anxious or alienated when answering open-ended questions. Farber (1997) explained that cutting can serve as a narration of client’s unspeakable pain and their inability to express emotion, resulting in having fewer words for their experience. Factoring in elements such as the developmental stage and emotional awareness of the client is pivotal in adjusting and adapting both questions and assessments, i.e. using more closed-ended questions. Activities such as having the client keep a daily log of when they cut and what they may have been experiencing at that time can serve to increase awareness (Klonsky, 2007). This way, the client can become more familiar with communicating the functions and emotions connected with cutting, as well as creating links between their cutting and internal experiences. Unlike Artemis, who was capable of describing her experience and her emotions associated with cutting such as, “It relieved me” or “It was painful on the outside, rather than on the in”, many adolescent girls often are not able to verbalize their insight or awareness regarding their cutting. If the counselor notices this, validating the client’s experience with feeling and emotion words associated with their experience can be effective.

Artemis’ responses emphasized the irritation she felt with counselors who were quick to assume her cutting indicated suicidal ideation or attempt. Like most counselors,

it appeared as though they wanted to assess the safety of Artemis, however it seemed as though the counselor may have been experiencing anxiety on her part as well. This leaves counselors facing the ultimate balance of assessing the client's safety and suicidal ideation without disrupting the client/therapist relationship and ultimately, their trust. Unfortunately, many clinicians attempt too quickly to try and have the client sign a "contract for safety." According to Walsh (2007), "asking individuals to give up self-injury when it is their best emotion regulation technique can be both unrealistic and invalidating. Clients may view efforts to contract for safety as an implicit form of condemnation" (p. 1061). For some therapist, however, signing a safety contract may be important and necessary for both the client and the therapist, especially depending on the severity of the cuts and the suicidal ideation of the client. On the other hand, some therapists realize that having a client sign a safety contact can, at times, be partly about the therapist's safety, in addition to the client's. Cowan (2005) describes this realization on the therapist part as:

She must have sensed that part of my wanting her to sign a contract was so that I could feel comfortable and in control, acknowledging only that harming herself would hurt me. My attempts to persuade, and later to coerce, her to give up cutting for more 'adaptive' methods of coping communicated to her that I did not understand her inner world where cutting was adaptive. (p. 136)

Mental health professionals working with adolescent females who cut also face the issue of focusing too much on the behavior, rather than the person and struggles behind the behavior. As Deiter-Sands and Pearlman (2009) explained, in the beginning the focus should not be on eliminating and replacing symptoms, especially as a measure

of treatment success. If counseling agencies and treatment plans are focused solely on cutting, the counselor runs the risk of missing therapeutic goals that meet the client's needs. Since adolescent girls who cut may be suffering from other mental health issues, they may resist discussing issues only surrounding cutting, as it may not be the most important. Making counseling services more client focused, rather than behavior focused can be done by determining specific goals together that incorporate the client's needs, without addressing cutting directly. This may help to allow the client to take control of their own behavior and eventually, decide when and how they want to change.

As Evans, Hawton, and Rodham (2005) explained, many adolescent females who cut rarely seek help or talk to their parents about their struggles. As it is unlikely that these girls will turn to their parents for help, many have been found to disclose their cutting in school (Muehlenkamp, Barent, & McDade, 2010). A workshop led by counselors or graduate students on understanding why girls cut might serve as an aid for school staff, as well as students. The format of the workshop could focus on specific issues, such as the prevalence of cutting, as well as the broad issues, such as the functions of cutting. Advertising for the workshop could be done in part by speaking to parents and staff at PTA meetings to explain the purpose of the workshops. Furthermore, the school counseling department could work together with a counselor who has experience in self-injury in order to help with the construction of information about self-injury, and as a result, provide adequate support and guidance needed for students engaging in self-injury.

According to Muehlenkamp, Barent, and McDade (2010), adolescent girls who cut were more likely to seek help from their peers, desiring non-judgmental and

acceptable responses for their behavior. Therefore, counselors and school staff should be mindful of these disclosures involving peers and suggest a support group for those peers who are uncomfortable or uneducated about their friend's behavior. Additionally, school counseling departments or adolescent counseling agencies could develop special programs that assist adolescent girls who cut with mentors from the community or within the school that have too struggled with cutting in the past.

Adolescent females engaging in self-injury, particularly cutting, is currently at a high rate. From counselors to school staff, to parents and friends, learning about the functions and concerns of cutting is an ever-present necessity. Therapist and school counselors need to be educated and trained so that they can be ready to support and guide clients and students struggling with many internal experiences that are often communicated through cutting. Important matters to consider for adolescent females who cut include early invalidating experiences, childhood abuse, weak attachments, lack of social support, academic stressors, depression, anxiety, and developmental changes. Despite all that they may be going through in life, studies show that few adolescent females seek support from parents and school staff. Community service boards as well as schools could do their part to help educate parents, teachers, and students of the many reasons for cutting, allowing those who cut the adequate support and understanding they deserve.

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