

soon broke out between the two, this time about her spending too much money on clothes and makeup. The emotional escalating began.

Seeing herself as "the one who wears the pants in the family," the stronger of the two, Janice began to pick on and insult Jack, her quiet, passive, expertly codependent husband. On some level, she was enjoying verbally beating up on him . . . although for a split second she did notice a look of hurt in his eyes. Feeling a momentary twinge of guilt, Janice then began emotionally beating up on herself, bombarded by thoughts of how she was a horrible, bad person to have been so cruel to the man she loves who has given her so much.

Jack raised his voice at Janice, the temples in his head throbbing with rage. Janice suddenly had a childhood flashback of when she was ten years old, alone in the big dark house, her father coming home and screaming at her when he was drunk. . . . Would he hit her, again? This was something her husband promised her he would never do.

She stormed into the spare bedroom and slammed the door. A picture came crashing off the wall, onto the floor. Janice's thoughts were racing around and around. By this time, she was crying and hyperventilating. She opened the drawer on the nearby nightstand, hoping to find a pen or something to hurt herself with, and her acrylic nail broke off. Janice had spent her last fifteen dollars to get her nails done that afternoon; this was what sparked the fight to begin with. She cried hysterically. Drowning in self-pity, all she could think about was how she only did it to look pretty for him; that she shouldn't have had her nails done at all; that she couldn't even hurt herself with those plastic nails because they don't hurt like the real ones; that she shouldn't have done it; that she does everything wrong. . . . The obsessional thoughts became louder and louder, something to the

CHAPTER EIGHT

If You or Someone You Know Self-Injures

As self-injury progresses, the sufferer is in increasing danger of getting caught up in—and sometimes trapped within—a vicious cycle. This involves emotionally escalating to the point of an emergency, wherein the self-injurer feels that she has lost control and that she is going to hurt herself no matter what; then having another incident such as cutting or burning, again and again. Each incident gets progressively worse in terms of severity, because of the increased tolerance of physical pain that has been built up. Coming down, or "crashing," can also progressively get worse.

It is important to become aware of and to understand how the escalation/de-escalation cycle works. (See explanation and figures 2 and 3 in chapter 2.) The goal is to avoid a state of emergency, as soon as possible, by intervening in positive ways. Recognize the danger signals—and take action immediately.

Caught in the Vicious Cycle

Janice's husband walked in the front door, coming home from work late again. She wondered why he was late—was he having an affair? She glared at him. A heated argument

effect of "Gotta cut, gotta cut, gotta cut; I can't take it anymore," until they finally drowned out everything else in the environment, including Jack.

Janice looked over at a lightbulb. In utter desperation, she smashed it and sliced her arms and face with the broken shards of glass.

She locked herself in that room for hours, then days, and would not come out to spend time with her teenage son or younger daughter, the family dog, or her husband, although they all tried to help. Janice sank into a deep depression. She only came out of the room to compulsively overeat (again) when no one else was home, in an attempt to comfort herself and to stuff her feelings. She was finally feeling better and calm . . . until she stepped on the scale and found that she had gained more weight. The escalation cycle begins again.

Janice could have interrupted this vicious cycle several times along the way. Ideally in the very beginning. For example, she could have walked away from the heated argument with her husband right away, or at least when she saw that things were getting out of control. Later on in the cycle, she could have gone to an Overeaters Anonymous meeting with her sister, who understood, instead of isolating herself from others.

There are a number of things that a self-injurer like Janice can do to slow herself down in an emergency. Ideally, Janice would have other caring people around whom she could call and count on. People like her sister can be of great help and lend emotional support, especially in times of crisis. Sometimes simply just "being there" for someone is enough. However, if the self-injurer finds herself alone in a time of crisis (such as if it's 5 A.M. and there's no one else in the house), there are a number of things that she can do to help herself.

Different things work better for different people. One self-injurer may find, for example, that prayer works wonderfully for her, while another may not be at all inclined toward prayer. Also, different methods may work better at different times for a particular person. Sometimes it depends on where one is and what resources are available at the moment.

If one method of positive diversion does not work for the self-injurer, it's important to explore other alternatives. Be creative; you may come up with some original ideas too!

Part I: For the Self-Injurer

Things You Can Do in an Emergency

The whole world does not have to know, or will not want to know, about your problem with self-injury. Some people will not understand, and this could be extremely detrimental and discouraging. Remember, you are going to get better; you are in recovery! Be careful whom you tell. Some people will not know how to deal with the information. It is not wise to put your employment, your place of business, or your reputation at school or in your neighborhood in jeopardy.

Use good judgment and be discreet about the positive diversion techniques, as to when and where these methods are used. Not everyone needs to know about your own personal recovery program. For example, you should not go to work with red marking pen writing all over your arms if you are an elementary school teacher (the kids might get scared and scream). Sitting in your high school class or going to a basketball game with your hand in an ice bucket would only bring on strange looks, nosy questions, and ridicule from uninformed or insensitive others. Using these techniques is

something good that you are doing for you. You should not put yourself in a position where you have to worry about having to explain it to other people.

Winona, a seven-year-old girl who was sexually abused and put into the foster care system, is a good example of this. Even after she had been removed from the home of her abusers, Winona continued to have flashbacks and episodes of terror. For a long time, she used to bite her nails down to the cuticles whenever she felt scared or anxious. She would often have thin streams of blood running down her fingers. Sometimes the blood would rub off on her clothes, toys, and schoolbooks and papers. Other children would stare. What had started out as a minor self-destructive behavior had eventually become such a severe and compulsive habit that medical treatment was required for infection. The self-injury eventually diminished, then ceased, with therapy. Later, to comfort herself, she would pile up pillows, blankets, and heavy winter jackets in a corner of her bedroom, between the bed and the wall, and sit there for a while until she calmed down. This was her own idea. Winona's foster mother told her that this was okay at home and only in front of her and the family, who understood, but not at school, on the playground, or when her friends came over to play. Even at her young age, she understood this well and complied. With therapy and a lot of love and attention from her new family, Winona got better. She also outgrew this coping behavior, which served her well for a while.

There are a number of different methods that have successfully worked for self-injurers to help them avoid having harmful incidents. A list of strategies follows. Some of the most popular, useful, and practical ones are listed first. Many of these listed items and others can be found in the clinical and research literature on self-injury. Above all, keep an open mind, and have a positive attitude!

Things You Can Do to De-escalate and Divert an Emergency

1. **Reach out.** Call an understanding friend or someone you can trust.
2. **Find a "Safe Place."** This place is somewhere that you choose, where you absolutely refuse to have a destructive incident. Some people might designate a comfortable chair in their house to sit in, attend a Twelve Step meeting, or go over to their grandmother's house.
3. **Breathe.** Take three slow, deep breaths.
4. **Count.** Slowly count to ten.
5. **Pray.** Pray to your Higher Power for strength.
6. **Turn it over.** Turn your addiction, your will, your life over to the care of your Higher Power.
7. **Meditate.** This can be learned by taking a meditation course or reading a book such as *The Relaxation Response* (1975) by Herbert Benson, M.D.
8. **Ice bucket.** Immersing your hand in a bucket of ice can help—the shock of the cold will provide enough of a "jolt" without causing physical scarring. Holding on to an ice-cold can of soda works too, and it's a lot more convenient.
9. **Cry.** Cry if you want to, if you can.
10. **Feel.** Acknowledge and feel your emotions, any emotions, instead of feeling numb.
11. **Write.** You can write in a journal, on paper, or on the computer. You may choose to write a letter or e-mail to a friend or write scattered words, poetry, or words to a song.
12. **Listen.** Listen to music or just to silence.
13. **Draw.** Draw your feelings, draw anything. Colors are good for emotional expression. Go get a box of crayons and start drawing. It will at least put you in

- a better mood. Remember how much fun you had in kindergarten?
14. **Use nonharmful alternatives.** Use non-toxic red marking pens (for example, instead of a razor blade) to write on your arms.
 15. **Love your pets.** Spend quality time with your cat, dog, or other pet. They will give you unconditional love, and they don't ask you stupid questions.
 16. **Eat something!** Eat something that you like and can get enthusiastic about, such as ice cream or a healthy treat like fresh strawberries. (But remember, stay away from caffeine when emotionally escalated!)
 17. **Add comfort.** Put on a soft, warm, comforting shirt or jacket. (Flannel or fleece are warm and snugly material.)
 18. **Help somebody else.** When was the last time you gave a homeless person a quarter? Bring food over to someone who is sick. Visit an elderly person who is alone, read to a blind child, volunteer at a hospital, AIDS hospice, or homeless shelter.
 19. **Clean the house.** Vacuum and dust. Clean out your closet and give your old clothes to a charitable organization.
 20. **Walk.** Take a walk outside, or around the block. The fresh air and sunshine will help.
 21. **Physical exercise.** Sports, working out, walking, running, bike riding, etc. will give you energy, and the endorphin release will do you good.
 22. **Go shopping.** Keep in mind that window-shopping can be just as good and less expensive than real shopping.
 23. **Exercise your brain.** Do crossword puzzles or solve complex mathematical problems.
 24. **Focus.** Do some kind of focused, absorbing visual

- type of work or craft—for example, needlepoint, knitting, embroidery, or a jigsaw puzzle.
25. **Read.** Read a good book. Go to a library or bookstore and browse.
 26. **Look at pictures.** Look at pictures in some of your favorite magazines.
 27. **Watch the news.** Turn on the TV news and see who has it worse than you.
 28. **Spend quality time with a child.** Read, play, draw, color—have fun! Children are generally happy and lighthearted and are enjoyable to be around.
 29. **Go to a movie, watch a video, or play a computerized TV game.** (But remember, nothing violent or with blood and guts, which can be an emotional trigger.)
 30. **Socialize.** Do some type of fun social activity with people you like.
 31. **Embrace religion.** Go to a church, temple, or synagogue.
 32. **Go out into nature.** Go to the mountains, the beach, or the woods. Look at a sunset, or look up at the stars in the sky at night.
 33. **Walk away.** Remove yourself immediately from a negative situation. Walk away from a heated argument. Leave the party if people start using illegal drugs.
 34. **Be productive.** Balance your checkbook, finish your homework, etc. The positive reinforcement of accomplishing something will help you feel better.
 35. **Make a list.** Make a list such as "Goals for My Future" or "Things to Look Forward To."
 36. **Do some writing exercises.** Do the writing exercises in chapter 9. Find others in self-help books at the bookstore; think of some ideas of your own.

37. **Drive or ride.** Take a long, peaceful drive, or ride around on the subways, buses, or trains.
38. **Go to an art gallery or museum.** Visual stimuli is very helpful to self-injurers.
39. **Improve your appearance.** Experiment with different looks. Get your hair cut or style it differently. Experiment with clothing and fashion.
40. **Relax.** Take a nap.
41. **Have an "attitude of gratitude."** Even if you don't feel grateful at the moment, start with the basics; for example, "I have a roof over my head; I have food on my table; I have two arms and two legs and can walk and can see." There are many people in the world who don't even have that.
42. **Sing.** Sing out loud. The endorphin release will do you good.
43. **Dance.** Find somewhere with live music or dance in your own living room.
44. **Role-play.** Role-play a situation—with a positive, desired outcome—with a friend.
45. **Cook.** Cook or bake something you like, for yourself or for someone else.
46. **Look at photographs.** Look at photo albums or pictures of happy times you've had (such as birthday parties or fun times with family or friends).
47. **Search the Web.** Search the Internet for a fun topic that captures your interest (for example, a place you might like to travel to sometime, such as the Great Pyramids in Egypt).
48. **Look at your accomplishments.** Look at evidence of your accomplishments (for example, a good grade on a math test or a sports trophy).
49. **Take a shower or bath.** This is a good way to relax and relieve tension.

50. **Say this prayer over and over:** "Thank you God for removing this obsession (for example, with cutting, alcohol, etc.). Believe it. It has worked for many people and can work for you, too."

Carrying a Short List

For practical purposes, some people have found it useful to make a short list of diversion techniques to carry around with them or to memorize. Sometimes, it is more frustrating to look through a long list when in a crisis mode. This is because when in the throes of an emotional crisis, problem-solving and decision-making abilities may become impaired. The short list can include five or ten thoughts or actions that have been most helpful to you in the past to successfully avoid having an incident.

Megan, a thirty-six-year-old teacher, graduate student, and mother, made this list of things that help at a time when she was having a very serious problem with relapsing early in her recovery. She referred to it during times of emergency.

Megan's List of Things That Help:

Ice bucket

Getting away from my husband for the moment

Call a friend who knows and understands

Pray

Think about the fact that they could take my children away from me if I do this

Patty, a thirteen-year-old girl who was repeatedly sexually abused by her father from the ages of five through

twelve, made this list at about a year into her recovery. She had not had an episode of self-injury for a year or any episodes of drinking or using drugs. She was succeeding in her residential group home program and was regularly attending and getting good grades in school for the first time in her life. Patty was also working on her relationship with her mother in multi-family group therapy.

Patty's List of Things That Help:

- Going to my Christian youth group at church
- Singing in the choir—I get a real high from it
- Giving up my "Gothic" look: the black nail polish, the black lipstick and dark makeup, no more homemade tattoos or dressing weird
- Spending time with my friends (but not the ones I got into trouble with)
- Showing my good grades and awards to my mother and my grandmother
- Looking at my modeling pictures
- Remembering what Tynisha (another group home resident) told me: "If you cut on yourself, they'll think you're a psychopathic bitch and throw you in a mental hospital. It happened to me when I was twelve."

Be Aware: Things That Agitate/Make It Worse

One of the hallmarks of self-injury especially, and other addictions as well, is that the person is more likely to have an episode or a relapse when agitated or angry. It is helpful to know what these things are for you.

Make a list of the things that upset you or are likely to act as triggers. Add to the list as you think of more things

over time. Michelle, a longtime self-injurer, put this list together:

Michelle's List of Things That Hurt/Make It Worse:

1. Being around certain people
2. Keep looking at scars
3. PMS
4. Keep talking about wanting to hurt myself
5. Loud noises: especially leaf blowers, shrill music, and fireworks
6. Having a cigarette
7. Bright, glaring, or unpleasant colors (especially red)
8. Hanging on to and harping on anger/resentments (for example, toward people who have hurt me in the past)
9. Sexual arousal
10. Sexual interactions with anybody when upset
11. Being laughed at, made fun of, or when someone rolls their eyes at me
12. Getting behind with my housecleaning and chores, to the point where the apartment is a mess
13. Getting scolded by my boss when I don't get my work done on time
14. Financial fear

The Main Things Self-Injurers Should Not Do

1. Do not hurt yourself in any way.

Make the commitment that you will not hurt yourself, first to yourself and then others. Consider making a promise to God or a Higher Power and/or to another important person in your life. This may be, for example, your mother, spouse, significant other, child, therapist, or sponsor.

2. *Do not isolate yourself from other people.* Researchers studying the field of addictions have found that a leading cause of relapse is *isolation*. This is important to remember, especially in times of vulnerability and crisis.
3. *Do not give up.* No matter how frustrated and discouraged you may get, when emotionally escalated, do not stop trying to help yourself. Keep thinking of the bigger picture. You will not always feel this bad. Tomorrow is a new day. Remember that you do not want to hurt important people in your life and that you do not want to lose your job or get kicked out of school.

Part 2: For Concerned Others

When to Get Help for the Self-Injurer

Ideally, help should be sought and obtained as soon as possible. Depending on the immediacy and seriousness of the situation, this can range from calling 911 in an emergency for a life-threatening physical injury, to making an appointment for therapy in the near future with a mental health professional, or arranging for transportation to a local Twelve Step support group meeting. If not addressed, the problem with self-injury can get worse over time, with potentially catastrophic outcomes and end results.

If you are a parent, friend, or other concerned person in the self-injurer's life, some guidelines as to when to seek help are

1. when the self-injurer is in imminent physical danger (for example, has a physical injury that requires medical attention)
2. when there is visible evidence of a self-inflicted wound or injury

3. when the self-injurer appears to meet or can identify with various items on list 3 in chapter 1: Self-Injury Checklist (pages 29-31)
4. when the self-injurer has obsessive thoughts about hurting herself.
5. when the self-injurious behavior becomes compulsive
6. when the problem with self-injury or concurrent emotional states (such as depression and anxiety) interfere with work or school, health, money, and/or interpersonal relationships
7. when the self-injurer asks for help, including hinting about or alluding to a need for help

What Other People Can Do to Help the Self-Injurer

There are many ways in which family and friends can help the struggling self-injurer. One can

- provide encouragement
- provide moral support
- help the self-injurer to find professional help

Obtaining professional help as necessary must be first and foremost, and remain primary. Trained medical, psychiatric, and/or psychological professionals are necessary to address this serious problem. Concerned others in the self-injurer's life cannot take their place.

However, parents, family members, and spouses or significant others can help tremendously by participating in the self-injurer's therapy. Although it may sometimes be emotionally difficult for them as well, they can attend and make a commitment to be consistent with family or couples counseling.

A friend or concerned other can accompany the self-injurer to a medical facility or counseling session to provide moral support. Offering a ride or even just going along with

the person in need and sitting in the waiting room can be helpful. These are ways to make a difference.

"Being there" in times of crisis or when the person who has a problem with self-injury wants to talk (either on the phone or in person) can help. Any self-injurer will tell you that there are times when she does not want to or is afraid to be alone.

It is also important for concerned others to understand the self-injurer's individual needs and preferences. Helpers should not impose their own ideas, which although kindly thought out and well intentioned, may be the entirely wrong thing to do. Remember when the self-injurer is in a state of intense escalation and pending emergency, she is extremely vulnerable. She may become defensive or may even lash out if she feels threatened or if she feels that someone is trying to take away her sense of control.

Whom You Can Approach for Help

There are many people who can be approached to provide help and assistance for the struggling self-injurer. As mentioned previously, medical, psychiatric, and/or psychological professionals should be consulted as necessary. The conclusion of this chapter lists resources of where to find help.

Religious clergy from churches, temples, or synagogues are good people to consult with. These people will likely be familiar with community resources and can also provide moral support, spiritual help, and guidance to the self-injurer and the concerned parent, friend, or family member. Prayer can be very powerful too. Sometimes a conversation with or a visit from someone such as a priest, rabbi, or minister can help influence the self-injurer to make the commitment to stop hurting herself and to get help.

Many teenagers have come across the problem of self-injury in friends, siblings, and peers. *Self you are someone in*

this age group, realize that the teenage self-injurer will most likely forbid you to tell her parents or guardians about this problem. She may even threaten to end the friendship if you do. In order to be a real friend, you must be accountable and act in her best interest. Tell an adult who is in charge.

The problem of self-injury is most prevalent among teenagers—and is becoming a rapidly growing and widespread problem. It is therefore important that those who work with children and teenagers, especially school personnel, become aware of what self-injury is and how they can best be of help to those whom they serve.

Within elementary, junior high, and high school settings, one can approach school nurses, school psychologists, and school counselors for help. However, the degree of help needed by self-injurers is generally beyond the scope of what these professionals can provide at school. But they can help to facilitate referral to other resources in the community. Because the child or teenager who has a problem with self-injury spends most of her time at school, it is good for her to have someone there who knows and understands, who can act as a liaison between the school and the outside therapist, and who can provide help and support, especially in times of crisis.

Teachers, principals, and school administrators should be aware of the dynamics of self-injury as well. An incident can happen right there in the classroom, and the teacher should know what to do. For example, a student can hurt herself with a readily available, everyday device such as a paper clip or pencil, or even with her own fingernails. She can do this either quietly or while making a scene. This may include crying out, screaming, knocking over desks and chairs, and hitting and kicking people who get in her way. School principals and assistant principals can lend the voice of authority by strongly encouraging the self-injuring child and her family to

get professional help. They can effectively intervene with the parent or guardian, the child, and the teacher.

Where to Go for Help

There are many places to go for help if self-injury and/or other addictions become a problem. Look for options that are most appropriate to your situation. At the time of this writing, there are not a whole lot of choices available that are self-injury specific. But don't despair. A list of resources that can be explored is included below.

In order to find these resources within your local area, you can start by calling directory assistance or by searching both the white and the yellow pages of the phone book. You can also search the Internet.

Check with your local community hospitals, treatment centers, mental health centers, and social service agencies. You may also want to check with local churches and other places of worship. The people on the other end of the line may have information that can be useful to you, and they can at least help give you a sense of direction.

Word of mouth is another good option. You can talk to others in similar situations or to people who may have information about available resources. For example, parents who are looking for a private therapist to work with their teenage son or daughter can talk to other parents and teachers and personnel at their child's school. Parents can ask about recommendations for therapists in the local community who specialize in and work well with adolescents.

Resource Guide

I. Medical Help

Hospital emergency rooms
Hospital or community urgent care centers

- II. Psychological/Psychiatric Help and Counseling
- Community mental health centers (many take low-income clients)
 - Department of Mental Health
 - Psychiatric inpatient hospitals and hospital units
 - Psychiatric/psychological outpatient treatment centers
 - Psychological trauma treatment centers
 - Inpatient recovery programs: for alcohol; addictions; eating disorders; self-injury
 - Residential treatment centers for children and adolescents
 - College and university student counseling centers
 - Within elementary, junior high, and high schools: school nurses; school psychologists, school counselors
 - Private therapists: psychiatrists, psychologists, psychiatric nurses, social workers, licensed counselors/therapists

III. Twelve Step Programs: Alcoholism and Addictions

Note: There are many types of groups available within some of the larger groups. For example, there are groups for women only and groups for men only; groups for gays and lesbians; groups for teenagers; groups that offer child care or handicap access; groups in languages other than English. Some groups have or include a specific focus—for example, there are Overeaters Anonymous meetings with focus on anorexia nervosa and bulimia. Look at the program directory listings, or ask around.

Alcoholics Anonymous
Narcotics Anonymous
Cocaine Anonymous
Drugs Anonymous
Marijuana Anonymous

Smokers Anonymous
Overeaters Anonymous
Debtors Anonymous
Gamblers Anonymous
Workaholics Anonymous
Sex Addicts Anonymous
Sexaholics Anonymous
Sex and Love Addicts Anonymous

IV. Twelve Step Programs: For Family and Friends of Alcoholics and Addicts

Al-Anon: A Twelve Step program for family and friends of alcoholics. Founded by Lois, the wife of Bill W, the cofounder of Alcoholics Anonymous.
Alateen: A Twelve Step program for teenagers who have family or friends that are alcoholics. It is run by teenagers and guided by members of Al-Anon.
Nar-Anon: A Twelve Step program, similar to Al-Anon, for people who are dealing with narcotic addiction in a family member or friend.
Adult Children of Alcoholics (ACA): A Twelve Step program for adults whose parents were or are alcoholics.
Families Anonymous: A Twelve Step program for parents and grandparents who are concerned about the use of mind-altering substances or related behavioral problems in their children (including their adult children).
Co-Dependents Anonymous (CoDa): A Twelve Step program for people who want to overcome their issues with unhealthy, interdependent, addictive relationships. Members have a desire for healthy, functional relationships with themselves as well as with others.

V. Other Twelve Step Programs

Emotions Anonymous (EA): A Twelve-Step program to help people recover from a variety of emotional difficulties, including severe chronic mental illness, depression, anxiety, and phobias. Many members have dual diagnosis of clinical emotional disturbance and alcohol or drug addiction.

Parents Anonymous: A Twelve Step program to help parents effectively deal with issues of child raising and appropriate discipline.

Incest Survivors Anonymous: A Twelve Step program that deals with all types of childhood sexual abuse, including ritualistic abuse. Members have a desire to come to see themselves as "survivors" instead of "victims."

Survivors of Incest Anonymous: A Twelve Step program for people who have been sexually abused by a family member or other trusted adult.

VI. Where to Search for Reading Materials

1. Local bookstores, especially the major chains. Look in the "Psychology" or "Self-Help" sections.
2. College and university libraries: textbooks and academic journal articles in the fields of psychology, medicine, nursing, and social work. Libraries at university medical schools have the biggest and best selections.
3. Twelve Step meetings: literature, books, and pamphlets on alcoholism and other addictions. Some are free and others are available at a nominal cost, usually on a table in the back of the room. Or, you can ask the meeting secretary or literature representative.

4. Mail-order book catalogs: from psychological, medical, or addictions and recovery organizations.
5. Internet bookstores.
6. Internet: search for relevant topics and Web sites.

