

**ENGL1101**

**Student: Jennifer Davis**

**Teacher: Ms. Lara Knight**

### **“Cutting Disorders: A Silent Cry for Help”**

Teens and young adults resort to various outlets with hopes of coping with the pressures they face. Some stress-relieving activities involve eating comforting food or watching TV. For some, however, these activities do not provide adequate stress relief, so they attempt to escape their anxieties through a recently recognized self-mutilating disorder called “cutting.” While gaining more attention in recent years, cutting is still not a well-known practice, yet an estimated 700 out of every 100,000 individuals self-mutilate (Froeschle). Even celebrities like Angelina Jolie have admitted to cutting (Mann). The best way to discourage the practice of cutting is to learn more about the disorder and encourage those who cut to find less destructive ways of coping with stress. Sadly, most people have never heard of the disorder and so do not recognize the warning signs of the practice. I was ignorant of both the disorder and the warning signs until the reality of the dangers involved hit home: I discovered my cousin was cutting. With my cousin in mind, I have noticed that the University of Georgia does not offer any specific resources for cutters. Through my cousin’s struggles, I have developed an acute awareness of cutting, who it involves, and what can be done to help its victims. My cousin’s story relates to so many American teens today. Everyone needs to be aware of how to help those with cutting disorders in their homes, campuses, and careers.

Now that I reflect on the living situation my cousin Annie<sup>1</sup> faced several years ago, her battle with cutting no longer shocks me. While I thought at first that anyone who would harm himself or herself in such a way was mentally disturbed, I now realize people who cut do not know how to handle their emotions. My aunt Jill had recently finalized a nasty divorce and discovered that her ex-husband, Annie’s father, had verbally and physically abused Annie. During this traumatic period, Jill grew suspicious of Annie, who was becoming overly private about her body. While cleaning Annie’s room, Jill found the book *Cut* by Patricia McCormick; shocked, she began reading the first paragraph. Since minimal literature is available on cutting disorders, Jill’s discovery in her daughter’s room naturally took her by complete surprise. Although Jill had never heard of a behavior where people cut themselves to liberate their feelings, after reading *Cut*, she began to notice cuts on Annie’s arm. According to psychotherapist Steven Levenkron, “The first cut is a result of a larger insult or catastrophe, and the second takes less provocation. The third takes even less, and the next thing you know, you are cutting” (quoted in Mann). The obvious catastrophe in Annie’s life was the abuse and divorce; Jill felt that her divorce instigated Annie’s destructive behavior. Over time, Jill discovered many other underlying causes that contributed to Annie’s desire to harm herself.

Although children who come from families with virtually no problems can still develop this disorder, those from broken homes and those who suffer from other mental and social disorders are at higher risk. Children who have been physically, mentally, or sexually abused are at an especially high risk to become involved with cutting. This is not due to mental incapability, but to an inability to develop proper ways to express their

---

<sup>1</sup> I am using pseudonyms for all people mentioned in the paper.

emotions. According to Denise Mann, a journalist for WebMD, “Self-harm is a way of coping with feelings that the individual has difficulty controlling or expressing” (Mann). As a child, Annie was not allowed to express her own opinions, and when she did she was severely punished. When her mother was not at home, Annie received violent spankings from her father for challenging his authority over the most unimportant subjects. At this time, Annie felt trapped inside a world where she could not freely express herself, and thus found the need for an alternative, though dangerous, way to express her feelings.

Not only was Annie at high risk to develop this disorder due to violence and trauma in her life, but her learning disability and peer group also increased her risk. Parents and educators are just now becoming aware of how cutting disorders directly correlate to teens with other disabilities. These teens can suffer from depression, bipolar disorder or borderline personality disorder (Goetz). In the fourth grade, Annie was diagnosed with Attention Deficit Disorder (ADD). This severely impacted her ability to learn and concentrate. Annie’s father would not allow her to accept the fact she had a problem and insisted she was dumb, thus leading Annie to take the pain out on herself. In 2001, one of Annie’s best friends at school began cutting and soon introduced cutting to Annie. She wanted to free Annie from the burdens of her home life, so she lent her the book *Cut*. Upon reading the book, Jill discovered it glorified cutting. Jill was further alarmed when she discovered notes that Annie had intentionally left exposed describing her strong emotions about cutting; Annie wanted Jill to see the hurt that she could not express verbally. Nicci Gerrard comments on such situations in an article that appeared in *The Observer*: “[T]hey are trying to tell us something about their inner lives and can’t find the words [ . . . ] [t]hey’re saying ‘Look how I hurt. Look.’ And we should look” (Gerrard). Two years would pass before Jill would relocate in search of a better environment for Annie and choose to really “look.”

In an effort to improve Annie’s lifestyle, Jill moved Annie and her sister to a rural community. Jill felt Annie would avoid the destructive friendships from her old hometown and might find a friend she could relate to about her problems. Jill also found a psychologist for Annie to help her find other ways of dealing with repressed anger and emotions. According to psychotherapist Steven Levenkron, “[Treatment] hinges on helping patients create a language to discuss feelings and develop ways to cope that do not involve hurting themselves” (quoted in Goetz). Since the move, Annie has started developing a language to discuss her feelings and other ways to cope. Jill feels this is due to intense psychiatric sessions and Annie’s relationship with her boyfriend. Jill knows that Annie can talk to him about her problems, and this diverts Annie’s attention away from cutting.

Still, Annie struggles with her emotions. In a letter to her boyfriend, Annie describes her feelings during a time she when she was very angry with her mother:

Sometimes I wish I had a bunch of pills or something so I could forget all this shit, cause now I don’t even want to be here, cause ALL I want is you, and if I don’t have you I don’t even feel like being here, and I don’t think anybody would really care if I died except you, I think about that all the time and that’s what stops me from cutting or worse.

While the letter is alarmingly descriptive and almost suicidal, Annie has found a way to deal with her emotions besides cutting: writing. While it is a relief to see that she put a hold on cutting for the time being, her eagerness to resort to other resources to relieve her pain is frightening. Through writing, Annie has made other advances towards a questionable recovery. Recovery takes time. In fact, psychotherapists believe a “full recovery is followed by a much longer period of time in therapy to heal the underlying causes of the behavior” (Mann). After years of psychiatric counseling, Annie can now admit that she used to cut as a result of unresolved stress in her childhood. Until recently, Annie still resented her mother for not taking her out of the abusive situation with her father sooner. Annie repressed her individual opinions in anger when they differed from his. Now that Annie can finally verbalize her feelings to her mother and boyfriend, she has quit cutting. Unfortunately, she has resorted to other dangerous behaviors. Since Annie stopped cutting, she has become sexually active with her boyfriend and experimented with drugs. Jill has taken all of Annie’s privileges away. This worries Jill because she feels the need to watch Annie intensely to make sure she does not take up cutting as a way to fix her problems without her boyfriend or substances. Additionally, self-mutilators are more likely to have an eating disorder or abuse alcohol and drugs (Froeschle). Thankfully, Annie has become more verbal with her mother and writes to her boyfriend as a way to release her anger.

Since Annie plans to go to college in the next few years, I worry about how she will handle the stress that accompanies the freshman experience. While cutting was initially a result of Annie’s abusive and stressful childhood, I feel college will present her with a new set of challenges. Even though Annie may not attend the University of Georgia, many students like her do. Despite the variety of psychological services offered at UGA, the specialized program does not address cutting. Without the availability of specialized cutting programs, someone like Annie has nowhere to turn for help. The University of Georgia’s Counseling and Psychological Services (CAPS) claims they are “ever mindful of and responsive to the changing needs of the University Community” (CAPS). They do not, however, address cutting on their websites. Under the CAPS icon, “Problem with Concentrating and Focusing,” a caption reads, “At times psychological and social difficulties that may fit a diagnosis of depression, mood swings, anxiety, or eating disorders may interfere with daily effectiveness” (CAPS). Cutting disorders are not included on the list. Furthermore, in a phone call I made to CAPS, I asked about support groups for those with cutting disorders, and the operator seemed oblivious to even the existence of cutting. She could only suggest group therapy for depression, anxiety, and eating disorders. People with cutting disorders need fast access to these groups as well: teenagers like Annie need easy access to this information. Major universities should lead the way in furthering psychological awareness and education. The only way to erase the taboo of mental illness is to inform the public correctly about cutting disorders. By taking a stand to promote awareness of self-mutilation on campuses, in workplaces, and in homes, teenagers, like Annie, may find the freedom to express themselves in positive ways no matter where life takes them.

#### Works Cited

- “Counseling and Psychological Services.” *University Health Center/Counseling and Psychological Services*. 2004. 12 Oct. 2004 <<http://www.uhs.uga.edu/CAPS/>>.
- Froeschle, Janet. “Just Cut It Out:” Legal and Ethical Challenges in Counseling Students Who Self-Mutilate.” *Professional School Counseling*. 7.4 2004. 28 Sept. 2004 <[http://web11.epnet.com/citation.asp?tb=1&\\_ug=sid+2EDBB9AC%2DD33A%2D401%2](http://web11.epnet.com/citation.asp?tb=1&_ug=sid+2EDBB9AC%2DD33A%2D401%2)>.
- Gerrard, Nicci. “Why Are So Many Teenage Girls Cutting Themselves?” *The Observer*. 19 May 2002. 13 Feb. 2003 <<http://www.observer.co.uk/focus/story/0,6903,718183,00.html>>.
- Goetz, Kristina. “It’s Not Just A Habit But Rather A Serious Disorder.” *The Cincinnati Enquirer*. 28 July 2002. 13 Feb. 2003 <[http://www.enquirer.com/editions/2002/07/28/loc\\_cutting\\_through\\_the\\_pain.html](http://www.enquirer.com/editions/2002/07/28/loc_cutting_through_the_pain.html)>.
- Mann, Denise. “When Scab-Picking, Cutting Becomes Addictive.” *WebMDHealth*. 2004. 28 Sept. 2004 <<http://www.my.webmd.com/content/Article/86/9905.5htm?pagenumber=1>>.