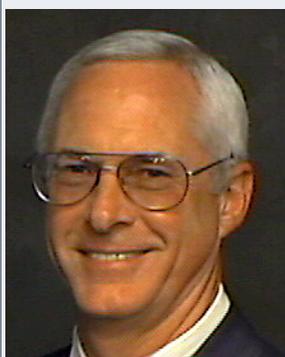


Stonebriar Psychiatric Services News & Views

FEBRUARY, 2006

VOLUME 2, NUMBER 2



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Ages Served

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“Why Didn’t He Ask?”

Recently, while watching an episode of “Grey’s Anatomy” on TV, I found myself asking aloud, “Why didn’t he ask her what was going on?” No, I wasn’t referring to this character’s involvement with one of the other cast or his asking questions to better understand a surgical procedure. The scene was when George, a surgical intern, was examining and interviewing a young teenage girl who possibly had a tumor. However, the camerawork also clearly showed her having multiple scars across her wrist. It also seemed to indicate that George noticed the scars, *but he never said a word*. Why not? My thought was that he, like many others in society, really didn’t want to know the answer. Why are so many of our teenagers and young adults intentionally doing damage to their bodies? How does it start, and how can I recognize when my child or loved one is involved with self harming or self mutilating behavior?

What Is Self Harming Behavior?

In discussing self harming behavior, we have to examine what might be called culturally acceptable and nonacceptable, or pathological, self injury. Certain body modifications, such as piercings and tattoos, can fall into either class, although I suspect that most parents might see many of these as unacceptable. Here I want to look primarily at behaviors that everyone would consider problematic, such as cutting or burning oneself, or hitting oneself with objects to the point of causing injury. Some studies have examined these in terms of how direct or intentional behavior is and over what period of time it occurs, its potential lethality, and whether or not it tends to be repeated over time. Although we can certainly argue that many behaviors are “self harming” over time, including smoking, excessive use of alcohol, habitually driving fast and taking risks, or even just not taking care of oneself physically, I am specifically referring to the kind of self harming that was illustrated on the TV program.

Who Does It and Why?

About 4% of individuals in psychiatric hospitals have cut themselves, females tending to predominate in a ratio of 3:1. The incidence of self-injury in psychiatric hospitals is estimated to be almost 50 times that of the general population, and unfortunately, some individuals learn to self-harm while in the hospital. However, I have also known of teenagers that learned to do this at slumber parties as an experimental group activity. In the general population, estimates of self harming have varied from 14 to 600 per 100,000 people annually. In the United States, this might translate to between 36,400 to 1,560,000 involved in self harm behaviors each year. Along with those in hospitals, the rates are higher in adolescents and young adults at approximately 2% incidence in people aged 15-35 to a high of 12% in a general college student population. Unfortunately, for some it seems to catch on and become a way of coping with life and emotions and goes on to become an ongoing and serious problem. These individuals often have been cutting over several years. This means that they frequently begin in their teens, but just as frequently it may not be noticed until later.

Warning Signs

Events that are likely to precipitate self harm include the perception or threat of an interpersonal loss accompanied by feelings of tension, anxiety, anger, or fear right before the self harming occurs. This may be accompanied by a sense of “dissociating” in which one emotionally feels detached from his or her environment. Cutting tends to be the most common form of self harming and is usually done with a razor, scissors, or almost any other sharp object. One of the questions that I will frequently ask is whether or not pain was felt at the time of the self injury. Frequently it is not, as often the cutting is used as a way of coming out of this state of emotional numbness and detachment and represents a way of trying to bring herself back into contact with her surroundings. For others, they may describe seeing the blood as a way of relaxing and easing their emotional tension as their anger or other uncomfortable feelings “flow away.” The most common place for people to cut or burn themselves, such as with cigarettes or matches, is generally their arms or legs, often in places that can be concealed by their clothes.

Rarely is it openly flaunted unless that individual is desperately seeking attention and wanting others to see how badly they are feeling. What this means is that parents and loved ones need to be particularly tuned in to appreciate this as a potential problem for our teenagers and young adults. In my experience, individuals that tend to self harm in the genital and, for females, the breast areas have tended to have histories of being abused, often sexually. This type of self harming frequently represents a form of self punishment for what the person feels was their fault or at times a reenacting of the trauma itself.

Individuals who self injure might tend to have some of the following characteristics:

- Seem to strongly dislike themselves or are highly self-critical
- Tend to be overly sensitive to perceived rejection
- Seem to be rather chronically brooding or angry, often at themselves, but tend to suppress the expression of their anger
- Frequently tend to be more impulsive than average
- Might be seen as “over emotional” or dramatic by others
- Generally are depressed, may be suicidal or in other ways self-destructive in their actions
- Tend to experience anxiety on a chronic basis
- Frequently seen as irritable by others
- Often do not see themselves as having the ability to cope with life or their emotions
- Often feel that events in their life are out of their control and do not see themselves as empowered to change that and often may view themselves as a “victim”
- Often tend to avoid conflict and problems

As A Parent, What Can I Do?

Although by definition, self harming behavior is not intended to be lethal but to serve primarily to either regulate emotions, communicate to others, or to gain some sense of control over one’s emotional pain, the fact remains that it is still extremely dangerous and needs to be taken seriously. In spite of being cautious or even tentative in the self-harming, accidents can still happen and cause serious physical damage. And although some have argued that self harm behavior may serve to keep individuals from actually trying to take their life by helping them to somehow cope with their emotions, I would argue that there are certainly better ways for them to do this.

As parents, we frequently hear, even in commercials on TV, that we should talk to our children about drugs, sex, and the importance of being able to “just say ‘no’.” But we also need to be willing to talk to them about what they are feeling and to not be judgmental when they tell us. A frequent cause of problems, ranging from anorexia and bulimia to self harming and general depression, arises out of what is known as “an invalidating environment.” This occurs when the youngster expresses thoughts, feelings, or preferences for certain things, but in one way or another is given the message that those feelings are wrong or should not be felt. That individual frequently grows up having difficulty recognizing and expressing his or her own feelings. Consequently she may “stuff” those feelings but then express them indirectly. This frequently contributes to the development of the above-mentioned disorders as well as others. We certainly may need to correct the behavior of our children and not overlook or excuse it, but we should also be careful when judging the expression of feelings and thoughts if we want communication lines to remain open. I would also add that this would apply to keeping communication lines open with spouses and other loved ones as well.

Part of keeping the communication lines open includes our teenagers knowing that, because their parents care about them, they will be observant of their behaviors. If you see what looked like multiple scratches or scars on your child’s arm or leg, by all means do not respond as did George, the surgical intern, by saying nothing. At least ask what happened, and don’t just buy the explanation that they were playing with their friend’s cat and it scratched them...at least not when they all seem to be going in a the same general direction in a certain area. Most cats are not that deliberate when they scratch. One might also want to bring up the topic if your youngster is frequently wearing long sleeve shirts when it’s 90° outside or refuses to wear shorts when in the past it was no problem. And just like with drugs and sex, I feel that as parents we owe it to our children to explain to them that at times they will be exposed to individuals that may want to cut themselves or to perhaps throw up at a party as “an experiment.” Explain that for some these experiments can turn into long-term problems and one should “just say ‘no’”.

Finally, I would stress that if your child or teenager is struggling with these kinds of issues, then you should make an appointment for them to meet with a professional who has experience in working with these problems. You certainly do not have to be “crazy” by anyone’s definition nor even have some type of a “personality disorder,” as



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even professionals used to think, to be self harming. However, it does indicate that the individual is having difficulty in coping with her life and problems and at this point needs help in doing so.

Beware of the new “fad”

Before concluding, I would like to address a somewhat new behavior that seems to have appeared on the teenage scene. Although it may make this newsletter a bit longer than usual, I feel that it is important because it is occurring in our communities in the North Dallas area. A recent article in *The Charlotte Observer* by Sandy Banks, and reprinted from the *Los Angeles Times*, was entitled “Scary, dangerous – and on the rise: ‘Choking game’ draws teens eager for thrill, but dozens have died.” Although I have not yet seen a great deal of emphasis on this topic in professional journals or newsletters, an internet search reveals numerous articles describing many deaths because of this choking game. A more sophisticated term for this might be self-asphyxiation.

It must be stressed that this is not the same as autoerotic asphyxia where an individual uses various choking techniques to enhance sexual gratification, either during intercourse or with masturbation. This choking game is frequently occurring at sleepovers, parties, in school locker rooms and bathrooms, wherever children or teenagers congregate. It frequently begins in a group activity, but, like other self harm behaviors, may be picked up by certain individuals and then continued in solitude. The essence of it is to reduce blood flow to the brain by compressing the carotid arteries in the neck, producing lightheadedness and dizziness with a momentary loss of consciousness. When the pressure is released, blood flows back to the brain, and some describe how there is a brief euphoric rush at that point. The pressure occasionally can be applied by one’s hands or by someone else, but at other times it may be by tying various things around one’s neck, which is where the greatest danger lies. When done alone, a “mistake” may occur and whatever is tied around the neck cannot be untied in time, resulting in longer-term asphyxiation with possible death or brain damage. It is felt that even the brief episodes of asphyxiation, when done repeatedly, may also cause physical damage. Julie Rosenbluth of the American Counsel for Drug Education stated in the Los Angeles Times article, “These are typically not kids who are using drugs, but they’re doing it for the same reason that kids use substances. It’s an opportunity to get high that doesn’t have the stigma (of drugs) attached to it.” The problem is that often there is no clue at all that this is going on until tragedy strikes. Medical examiners across the country are reportedly just beginning to realize that some teenage deaths previously ruled suicides may actually represent accidents due to the asphyxiation of the choking game.

This final paragraph is a plea...a plea to parents, schools, churches, and any other groups associated with children and teenagers. It is a plea to educate ourselves and our children about the potential dangers of drugs and sex, as well as about these other issues such as self harming and self asphyxiation. Although we cannot protect our children from all the dangers in the world, we can at least try to educate them about those that we might bring on ourselves.



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