

# PAIN

By Scott Jett

## that CUTS like a KNIFE

For some, the words *cutting* and *carving* may conjure up disturbing mental images. For others, it's much more personal — the name and face of a daughter, a student or a youth group member come to mind.

The Centers for Disease Control and Prevention found cutting incidents in 2004 to be the fourth leading cause of nonfatal violence-related injury for 10- to 24-year-olds in the United States. According to the American Psychological

Association, self-reported self-mutilations increased 65 percent just from 2002 to 2004.

With movies like *Thirteen* and online resources such as MySpace, individuals are exposed to self-destructive behaviors — which also consist of burning, stabbing and bruising one's self — on a more regular basis. Though personalities, backgrounds and motives vary, the common threads among participants were strong internal emotions and difficulty dealing with stress.

Cutting is often the culmination of the destructive environments in which youth live. As family units dissolve, forms of abuse increase and support factors decrease. Reactions to this imbalance often manifest as psychological disorders, anger, promiscuous sex and self-mutilation.

The real impact of self-mutilation is typically not during the process but at the end of the experience, with focused attention and dissociation from emotional pains and hurts being the desired results. As internal wounds increase, so does the severity of self-mutilation. Though the contributing factors can eventually lead to suicide, stereotypically, that is not the intention.

What starts as a way to release stress or express hurts often results in struggles with self-esteem, shame, and other self-destructive behaviors, including substance abuse and eating disorders.

Those who hear the cry for help have a responsibility to get involved and connect the hurting with Christian friends and professionals who have the subject's well-being in mind. Though professional help should be sought, there are some basic ways those who heed the call can help.

The first step is to find out why someone practices self-mutilation. This knowledge allows the discovery of ways to help.

Some use mutilation as a way to express externally what is felt within. In these cases, the internal wound has to be dealt with more than the cutting behavior. The individual needs to learn how to resolve the problem or control some portion of it. If it is based upon stress, then healthy, practical ways of coping that fit the individual's personality type need to be explored.

Others practice self-mutilation as a form of penance, viewing themselves as evil and lacking worth. To counter this perspective, share God's thoughts toward us described in Psalm 139 and point out what you value in them. If tied to deeper issues and abuses, refer the individual to a professional.

A percentage of self-abusers simply mimic others' behaviors. This can often be the start of a deeper addiction and should be taken seriously.

In some cases participants should be encouraged to consider the importance of being a leader rather than a follower. Others may need to examine their choice of friends.

For some, self-harm is an attempt to avoid the finality of suicide or external violence. When this is the case, affirm their efforts to control the chaos they are feeling. Let them know they are not alone and you will walk with them through the situation. Then make yourself available and hold them accountable.

No matter what reason is given, it's important not to respond irrationally. Allow them the opportunity to explain the situation, their feelings, and why they thought it was a good choice. Encouraging them to process the behavior instead of being reprimanded can open the door for accountability and future dialogue about their conduct.

In every case the spiritual needs of participants must be addressed, but this should not be done at the expense of physical and emotional needs. The consequence of ignoring the activity can be devastating, but the reward of helping can be eternal.

SCOTT JETT is a licensed Christian counselor and director of Shapes Mentoring Program, a ministry of the Assemblies of God to children of incarcerated parents.

**tpe**extra

E-mail your comments and questions regarding this article to [sjett@ag.org](mailto:sjett@ag.org).

### Common signs that someone may be cutting

- Has frequent scabs or wounds that persist for long periods of time.
- Wears long-sleeve shirts or pants despite warm weather.
- Frequently possesses sharp objects (glass, scissors, paper clips, etc.).
- Keeps emotions pent-up.
- Has a low self-esteem.
- Struggles with drug or alcohol usage.
- Spends an exorbitant amount of time alone.
- Avoids eye contact.
- Has angry outbursts and minimal patience with others.



The Bible and the stethoscope are two essential tools on each HealthCare Ministries medical missions trip.

When we conduct a medical clinic anywhere in the world, we minister to the body and the soul. Behind every stethoscope is an expert health care provider who is also a believer. Led by the Spirit, the providers often reach beyond the stethoscope to offer help. They listen to the patients' spiritual needs and tell them about the One who gives hope — hope that heals.

We desperately need health care providers willing to give of their time to help the hurting around the world. If you'd like more information on being a part of a HealthCare Ministries team, please call us at 417.866.6311. Soon you'll be in another part of the world on a one- or two-week mission, helping people who otherwise may never receive the medical care they so desperately need.

But remember to bring your stethoscope AND your Bible.

HealthCare Ministries  
Assemblies of God World Missions  
521 W. Lynn St.  
Springfield, MO 65802  
[WWW.HOPETHATHEALS.ORG](http://WWW.HOPETHATHEALS.ORG)

