

Self Mutilation

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Introduction

Although self mutilation is not particularly limited to a certain age or gender, but whenever people think of self mutilation or self harm, they often get an image of a teenage girl cutting herself, but it is more commonly found in adults than many realize. Self mutilation is an act of deliberately inflicting one's own body with non-lethal bodily harm, injury and disfigurement. Self mutilating behaviors include cutting, burning, scratching, scalding, preventing wounds from healing, punching oneself, breaking bones, and or craving to do all or one of these actions. Such behaviors are socially unacceptable and are often concealed by the mutilators under clothing or by giving away by statements (Bauman, 2008) such as "the cat scratched me" or "I slipped on the ice" or "I had an accident". Self mutilation is not a disorder in itself, rather a result of multitude of disorders such as borderline personality disorder, Post Traumatic Stress Syndrome, cognitive-behavioral disorder, mental disorder, bipolar personality disorder, anxiety disorders, depression, eating disorders, bulimia nervosa, and schizophrenia. Self wounding behaviors are different from suicide, because the intent of such behaviors is only to inflict harm on to oneself or to keep nearest and dearest people concerned. This paper aims to discuss my reflections on the issue, treatment options, and related personal experiences of Self-Mutilating Behaviors.

Overall Reaction to the Subject Matter

Self Mutilation is a dangerous and unacceptable act that one should always refrain from, but at most of the times, the mutilator often is helpless or unaware of another possible way out of

their troubles or at times even unaware of the consequences of injuring oneself that could impose serious medical complications eventually leading to death. It is an unhealthy way to deal with intense emotions of rage, frustration, fear, shame or sadness. Because the mutilators often conceal their scars or any proof of self injuries under clothing or reasoning with fabricated explanations, it is often difficult for someone else including parents, siblings, close friends and colleagues to spot symptoms of such behaviors to prevent the mutilator beforehand from doing any harm onto oneself. And if one confesses about craving to inflict self wounds, he/she must be taken very seriously, and should be dealt with supportively in order to put an end to it.

Treatment Option

There are as many treatments as there are factors influencing one to injure oneself. However, there is not set standards for treatment of SMB. Targeting the underlying issue is the ultimate goal. If the mutilating act is due to post traumatic stress syndrome, then the issue bothering the patient must be analyzed and treated, and if the mutilator is injuring to release feelings of self-hatred then the treatment would be different. Therefore, such triggers of self-injury must be identified first to come up with relevant treatment and coping strategies followed by a comprehensive treatment plan, with use of medications in some cases. Some of the treatment options currently used to treat patients with SMB is Medications, Cognitive-Behavioral Therapy, Cognitive Analytic Therapy, Narrative Therapy, and Group Therapy.

Treating a patient with SMB

I think I could treat the patient with SMB, if I am able to understand real motive behind their act of self-injury. Conducting some sessions of motivational interview or group therapy

could help me discover the real intent of the mutilators behind their act of self-injury. Most of the times, self mutilating behavior is associated with some serious psychological disorder that cannot be treated effectively with short term interventions. For these patients, transforming their negative perceptions to a positive one could pose some challenges but when done successfully, I would be able to save a life. When the real intent behind mutilator's actions are acknowledged more in-depth questions and assessments should be followed to prepare a treatment and a follow-up plan to prevent such behavior to arouse again.

Concern

Treating patients with SMB is a challenging task. Probably the most difficult aspect of working with clients who engage in SMB is keeping one's reactions and sympathy from interfering with the treatment. I shall strive to use problem-focused approach in treating my patients that is it in conjunction with the ethical code of conduct. I only fear about not being able to prevent the SMB patient from injuring oneself again or failing to help see the goodness of the world filled with opportunities of tomorrow, due to my competency and ethical concerns.

Personal Experiences

Though I have never had any experience in meeting an SMB patient, but at times I have had personal craving to hurt myself to get away from my long struggle with Crohn's disease. I have never tried to practically act on such craving due to the social support from my family and friends. Crohn's disease is a very painful ailment which I have been suffering from a long time. I have experienced quite a few episodes of depression while dealing with my chronic condition and physical symptoms, which has made me think more passionately about hurting myself and at

times having thoughts about attempting suicide as well. However, the support group that I participated it made me realize that I am not alone in this suffering and that there are many others who are having worse conditions than what I am going through. Such realization backed by support from my family and friends brought me out of depression and anxiety and helped me cope with the stress of suffering such painful disease.

Personal Issues with SMB

I believe that every person goes through a point in life, which is beyond their capacity of tolerance mechanism and they are compelled to at least think about attempting to hurt themselves when things go beyond their control. I have also had such thoughts when I got my first surgery of Crohn's disease with ileostomy, but with the help of my family and friends I have been able to go through all the surgeries and scars. It is because of their moral and emotional support that I have learned to live with the disease and my struggle.

Conclusion

Self-mutilation behavior a very dangerous disorder that needs to addressed properly and accurately. This paper has revealed the various intents that could trigger an individual to self-mutilate themselves. Based on that analyze I could now explain why have I not been able to injure myself, while there are many others who would have done had they suffered the same disease. Getting the self-injuring thoughts are inherently part of a human nature being sensitive, but these thoughts when backed by other disorders such as bipolar personality, depression, cognitive-behavioral disorder etc and the lack of social support system that aids in further deterioration of self-esteem, triggers the self-mutilating behavior.

References

Bauman, S. (2008). Essential topics for the helping professional. Boston, MA: Allyn and Bacon.