Cutting at Camp

Understanding the "Bright Red Scream"

Blood inside our bodies is our life force, but outside our bodies is a sign of injury. Therefore, we can be shocked to see a person self-mutilate, despite being desensitized by gratuitous bloodletting in movies, books, and video games. At camp, such behavior is particularly provocative. Here are facts, insights, and helpful recommendations for responding to this sign of distress. (Sources: "Cutting" by Levinkron; "A Bright Red Scream" by Strong)

What

- Cutting is compulsive self-mutilation and a way of coping with internal distress.
- This self-mutilation is distinct from any kind of planned beautification of the body, such as tattooing or piercing, and distinct from religiously sanctioned bodily alterations (e.g., circumcision) or tribal rituals designed for health, bonding, or status.
- Cutting is often done in response to mounting distress after an upsetting event, but it is rarely an attempt to commit suicide.
- Sometimes, people who cut dissociate and are have amnesia for the event.

Who

- Both males and females cut, but cutting is much more common among females.
- People who self-mutilate may have a history of insecure interpersonal attachments. They may have not had reliable, loving caregivers who taught them to self-soothe and provided good examples of adaptive emotion regulation.
- People who self-mutilate tend to have symptoms of depression and/or anxiety. They are more likely than non-self-mutilators to abuse alcohol and other drugs.
- About 50-60% of people who self-mutilate have been physically or sexually abused.

Why

- People self-mutilate because they hurt inside and cutting brings *relief* and *attention*.
- It is also human nature to seek and find comfort in what's *familiar*, even if it's painful. For some people, their self-identity is inextricably linked with the experience of pain.

- **Cutting may be understood in a variety of ways:**
  1. Cutting is like a slap in the face. It stops emotional chaos.
  2. Cutting is physically painful. It stops feelings of numbness.
  3. Cutting is external pain. It takes internal pain and makes it visible.
  4. Cutting is self-directed. It puts the person in control of his or her own pain.
  5. Cutting is like punishment. It is misguided self-blame for mistreatment by others.
  6. Cutting is self-destructive. It destroys a possession that someone else may have abusively claimed as their own.
  7. Cutting is self-expression. It is a dramatic alternative to tears or words.

- **Paradoxically, cutting has short-term benefits that include:**
  1. Providing a sense of power and control, especially over pain
  2. Providing an acute form of pain as an alternative to chronic (emotional) pain
  3. Providing an identifiable, visible wound and a concrete target for healing
  4. Releasing endorphins and enkephalins, the body's natural pain-killers
  5. Releasing adrenaline, which is physiologically stimulating and pain-numbing
  6. Attracting attention, which may lead to help and supportive relationships

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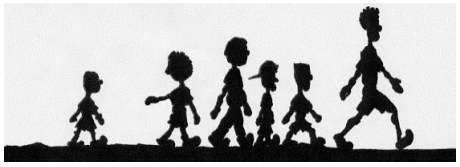

Christopher A. Thurber, PhD
Clinical Psychologist, Corporate & Camp Consultant

603.557.8100
chris@campspirit.com
www.campspirit.com

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Ways to Respond to Cutting at Camp

Note: Whatever the person's own explanation, self-mutilation is almost always a sign of significant emotional distress and unhealthy risk-taking. Caring for campers or staff who self-mutilate should be a collaborative effort among the person who cuts, that person's parents, the senior staff at camp, and a licensed mental health care professional.

Principles of Care

1. Talk about what you see. It feels supportive to a self-mutilator who has just cut to hear something like, "I see that you're having a hard time again. Let's check in with the camp nurse and then talk about how we can help."

2. Do not punish the person who self-mutilates. It is OK to set limits on what is permissible behavior at camp, but avoid shaming the person or expressing anger or frustration with their behavior.

3. Be helpful by displaying confidence, empathy, understanding, nurturing, and optimism about the person's ability to learn better ways of coping. Allow space and time for the person to discuss his or her feelings. Provide assurance that you will assist them in finding additional help.

4. After describing your rationale, contact the person's primary caregivers and inform them of the behavior. For campers who fear their parents' anger, consider saying, "I know this is upsetting for you, and your parents may also be upset. But I'm going to help them understand this is not something you did wrong or that you should be punished for. Instead, this tells me that something inside hurts and we'll work together to help you."

5. Ask for a mental health history, including whether self-mutilation existed before camp and what mental health care the person has received to date.

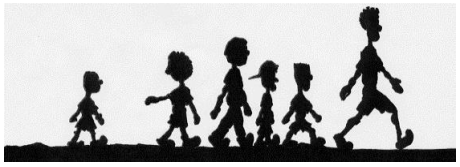
6. In all cases, help arrange for an immediate mental health consultation. Among the questions you will want to have answered: *"Will this person be safe at camp with him or herself?"* and *"How can we be most helpful?"*

7. Unless you yourself are a mental health professional, resist the temptation to try to treat this behavior. Instead, understand that the behavior serves a function. It can be understood as an expression of distress, a way of coping with emotional pain, or, in some cases, an addiction.

8. Model adaptive emotion-regulation and coping skills

9. If the person stays at camp, monitor behavior for improvement or decline.

10. As a camping professional, you are the expert on what kinds of behaviors are healthy for the camp community and what kinds are not. Some minimal cutting (e.g., scraping the forearm with a paper clip) can be tolerated if done privately. Other kinds of cutting (e.g., things done in public or things done with a lethal instrument) cannot be tolerated.



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Case Studies of Self-Mutilation at Camp

Case Study #1 Saralina, a first-year cabin leader in the Middler division, returns to her cabin after general swim to find one of her 12-year-old campers, Lexie, alone in her bunk. Lexie doesn't respond when Saralina greets her, but just stars into space. "Hey kiddo, what's up?" Saralina inquires, and then sees that Lexie has two long scratches up her left arm. They are slowly oozing blood.

- What should Saralina's first move be?
- What should she do next?

Case Study #2 On Robin's medical form, in response to the question, "Are there any other behaviors we should know about in order to better support your child?" Robin's mom has written "Cuts, but only superficially, and only for attention."

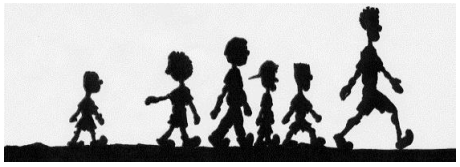
- How should the camp's health care director follow-up on this?
- What factors into the decision about whether to enroll Robin at camp?

Case Study #3 After a meeting in the middle of the division with the other counselors in her unit, Becky returns to her cabin to psych them up for the special evening program. To her surprise, all nine girls are sitting in a circle. One of them stashes something behind her back when she sees Becky. Four others pull down the sleeves of their sweatshirts. "What have you got there, Meg?" she asks one of the campers. Meg sheepishly produces a razor blade while another girl, Anne, says calmly, "We were just cutting to see what it was like."

- How can Becky know that her campers are safe?
- What can Becky do to prevent her campers' parents from finding out?

Case Study #4 During free time in the division, Scott is the roaming supervisor, there to make sure that everyone's having a good time. As he passes the embankment at the north end of the division, he detects the unmistakable sulfur smell of a recently lit match. Looking down the embankment toward the small creek that bisects camp, he sees three campers, one of whom is holding a lit match underneath his leg and wincing.

- What are Scott's biggest problems at this moment?
- How will Scott know whether it's safe for these kids to be at camp?



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