

Inflicting physical pain on yourself to hide emotional hurt

WE SIT in a small back-of-house cleaning room between containers marked "heavy duty soap" and "sanitiser and disinfectant – toilets only". In front of me sits a beautiful 32-year-old woman with full lips and exotic features.

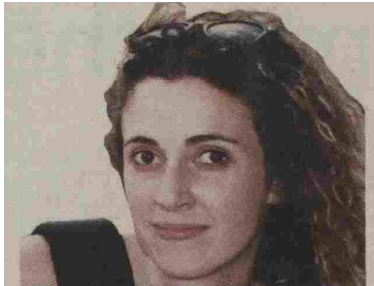
Everything about meeting Julia Nephithidi in a middle-class mall in suburban Johannesburg seems pretty standard.

But the story she tells isn't.

Julia was 24 when she first started cutting herself. She begins her story without hesitation.

"First you feel empty inside, like you want to scream and cry. But after taking that blade and cutting yourself you feel better. There's a real sense of relief."

Cutting forms part of a psychological cluster of behaviours refer-



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red to as non-suicidal self-injury.

Although there has been a general increase in self-injury, clinical knowledge and public awareness about it remain limited, says Dr Cithra Bheamadu, a post-doctoral researcher at the University of Johannesburg on self-injury among adolescents.

People use several phrases to describe behavioural patterns that involve intentional self-injury. The most common, according to Dr Bheamadu, are terms like "cutting".

But cutting is only one method where individuals intentionally inflict physical pain on themselves through cuts, scars, welts, wounds and bruises, without any suicidal intent. Other methods of self-injury include punching, bashing, pulling out hair, pinching, stabbing, interfering with wound healing, burning, biting, bruising, hitting or picking at the skin.

The behaviour stems from a response to extreme emotion – anger, depression or loneliness – and it is used as a coping mechanism to transfer deep emotional pain into a brief physical sensation.

Julia first cut herself after the death of her mother.

"The hurting was too much for me. Sometimes I felt like I was losing myself – I felt empty. That it was not even me. Then one day I took a needle and stabbed myself. After that I started using [razor] blades. I started with my thighs and I got used to cutting myself almost every day."

Julia's story is one of hope, strength and bravery. She lifts her blue knitted jersey to reveal fine lines on her arm.

"Sometimes I looked at my scars and I realised this was what I did to myself. I felt so embarrassed for people to see these scars."

She obtained professional help after being admitted to hospital for cutting herself too deep.

The journey to recovery was long and painful. Last year Julia appeared on *3Talk* with Noeleen where she spoke about self-injury.

"The only way to full recovery and healing is to be open about it, to stop the shame, to talk about it. That's why I don't mind my name being mentioned."

According to Dr Bheamadu, self-injury is shrouded in secrecy and research participants often say their behaviour makes them feel "abnormal", "crazy" or "like a freak".

Often the public associates self-injury with troubled, attention-seeking teenagers, goths and the emo culture. And although the behaviour exists within these sub-groups, it is a coping mechanism that can be used by individuals irrespective of sex, race, age and social status.

"It is vital that the public drop the labels and stigmas that are associated with the behaviour," says Dr Bheamadu.

Stigmatisation only leads to further alienation and disengage-

ment among individuals who self-injure. It prolongs recovery and heightens the silence.

People do not self-injure with the intention to end their lives, nor to seek attention.

"Self-injury and suicide are different in terms of intent and lethality. Individuals who self-injure don't have a sense of hopelessness felt by suicidal individuals, instead they have a sense of despair in not coping with an interpersonal problem," Bheamadu says.

Unfortunately, if patients cut themselves too deeply, or if wounds lead to infection through neglect, their lives could be at risk.

The fact that individuals go to great lengths to hide their wounds and scars inevitably proves that the behaviour is not motivated by a need for attention.

"If I look at the marks on my

thighs and arms I realise they are part of who I am now. It's my story and I won't allow anyone to judge me for it," Julia says with a courageous smile. She hopes that by speaking about it, she can get other people to seek help.

If you suspect that someone you love may be suffering from non-suicidal self-injury, or if you are a sufferer yourself, you can get help.

● Dr Cithra Bheamadu can be reached at cbheamadu@uj.ac.za and the South African Depression and Anxiety Group (SADAG) will be hosting an online discussion forum on Facebook about the topic on 24 August 2012. For more information, you can also call the SADAG helpline on 0800 12 13 14.

■ *Theunissen is a freelance writer and a counsellor at the South African Depression and Anxiety Group.*