

Self-injury, starving and the chaotic experience

Sue Jennings uses three client cases to offer reflection around the origins of self-harm and food challenges. She believes that encouraging a sharing of the underlying messiness can lead to a decreased need to self-harm

Young clients who have eating disorders present therapists with one of their strongest challenges. Many clinicians are pessimistic about recovery; and many psychotherapists choose not to work with clients if they feel there is little reward. They will be dealing with multiple themes and usually several causes, because eating challenges such as anorexia, bulimia or obesity often mask various life themes that have been present for many years. However, eating challenges can be considered alongside self-harming behaviour, as both are an assault on the integrity of the human body, and both can be addressed without pessimism, if the underlying need for containment of chaos is understood.

Children who do not experience physical containment as small infants have difficulty in knowing their own body boundaries. Think how many playground games are in circles and involve being contained. I believe that young people who cut or starve are trying to establish their body borders, taking control of their chaotic experience. Their world can be chaotic on account of physical neglect, unresolved trauma or a confused experience of themselves and their landscape. They are without 'a continuous sense of self'.¹ To show what I mean, I have chosen to discuss three cases – all reworked composites to maintain confidentiality.

The case of Janet

Janet, aged nine years, was referred for play and dramatherapy because of her self-harming behaviour.²

She systematically pulled out her eyelashes and eyebrows and had now started on her hair, resulting in two bald patches. Having begun with painting and then clay, she opted for the sandtray and telling stories, which I wrote down at her request. There were scary tales of buried bones coming back to life as creatures and destroying the village. Monsters ruled the land, while the women and children were defenceless and the men and the priests escaped. She frightened herself with one tale, and I offered her a therapeutic story, which she readily agreed to: a therapeutic story is one that the child needs to hear and can be used to establish safety or hope or resilience. I described how the brave child climbed into the cave and saw pictures of her village in the olden days in which everyone was celebrating, and the warriors were lined up to keep the dangers at bay. The following week she said could she talk about 'mental illness and whether you could inherit it'.

Reflections

It seemed to me that the bones that monstrosly came back to life were a metaphor for how she experienced her mother's bi-polar condition, which could erupt when she stopped taking her medication. There would be fights and restraints and even re-sectioning. Acknowledging these monsters in the stories freed her to then ask what she really needed to know. Would she inherit her mother's mental condition? She said she had asked people but that no one gave a straightforward reply – except to say that she looked just like her mother. The therapeutic story I offered had the effect of normalising her experience and of showing that it was possible for the characters in the story to be safe, while keeping within the idiom of her tale.

The first thing that I learned from this intervention is the need to be informed and ready to answer factual questions and not dress them up in interpretation or deflection. Transparency is essential in the

development of a therapeutic relationship and can help to re-establish trust.³ Answering factually is also about being client centred. In my creative work with individuals and groups, a recurring theme for so many children is that no one has explained a situation to them, whether it is death of a close family member, someone disappearing (maybe to prison?), why a brother has a boyfriend, or who this little girl is who has come to live with us (actually, she is your big sister's baby but we don't talk about it).

The second thing that I learned from Janet was the role of fear in clients who self-harm. If we dismiss children's fears and expect them to 'toughen up', we are embarking on a self-defeating strategy.

The case of Elizabeth

Elizabeth came to see me as she was dangerously underweight and classically wore baggy trousers, blouses with full sleeves and very thick make-up to cover up her bad facial blemishes. She was now 16 years old and desperate to leave home, where there were no borders around intimate and sexual behaviour. She remembered her father's amusement when she and her sister tried to insert crayons into their vaginas. She said it was easy to seduce older men, and went through transitory bouts of promiscuity that were rewarded with gifts, and under her control. She was preoccupied with 'purity' and created pictures such as pontiffs (her father was ordained) or a single rose with thorns. She 'came and went' in therapy and wanted to be rescued. She eventually decided on a career move that led to her addressing some issues.

Reflections

This was one of the most difficult situations I have tried to deal with. A father encouraging sexual games with his daughters; daughter seducing men as old as her father. Lost and confused and disguising herself as a pretty girl – yet she was skeletal with dreadful skin and teeth. Struggling to be 'pure' again – but the roses had thorns. Don't come near me. I can only talk about myself because that is who I am trying to understand. By hurting myself physically I am trying to get some relief from my emotional pain and mental anguish. Inside this body is an innocent child trying to get out.

Emotional pain can be intolerable because we don't know how to deal with it. Unless we are living with empathic adults who have time and patience, the pain can build up to a level where the child or young person feels they will burst. Interestingly, we use the metaphorical expression 'banging my head against a brick wall' when we cannot get through to someone. The young person is head-banging for real because they cannot get through to anyone. Whether there is actual sexual penetration or whether there is inappropriate sexualised behaviour, it is still a violation of physical and emotional borders.

Many children and young people who have been sexually abused go on to self-harm or binge – or starve themselves, like Elizabeth. They feel shame or blame or guilt at past or present sexual abuse, especially if it has occurred within the family. There are often feelings that somehow they were to blame for the abuse (which abusers usually reinforce in order to justify their actions). Self-harming (which can include promiscuity) may therefore be a way of self-punishment or atonement for 'allowing' the abuse to happen, and it reinforces the feelings of blame. When someone feels helpless and shameful, harming feels as if 'something is being done'; destructive though it may be, it does show the need for action.

Van Der Kolk, in his excellent book *The Body Keeps the Score: mind, brain and body in the transformation of trauma*,¹ discusses the long-term impact on girls who have been sexually abused, who will often face continuing difficulties with their sense of identity, isolation, lack of trust, eating disorders and self-harming. It is important to remember that self-harming may be just one of a collection of conditions that can also include depression, loneliness, self-loathing, despair, lack of friendships and lack of resilience. Much is being written about resilience and how it develops in children and teenagers even in the presence of trauma,⁴ because resilient children and teenagers are more able to manage the stresses in their lives, especially if they live in stable and supportive families where there is trust and nurture – including adults who will listen to fears and anxieties and help young people express and understand them. But sexual abuse, in particular, is the secret trauma that is often not disclosed. Indeed, some attempts to disclose abuse are met with counter-accusations and rebuttals by adults.

What allows resilience and optimism to develop is trust and security. If trust has not developed, a child may be more prone to abuse as they try to seek comfort and friendship. If a child has not learned to trust in their early attachment relationships, they are likely to have difficulties in their later friendships and social life. We can therefore understand self-cutting as a response to betrayal, such as abuse or the premature cutting of ties with family through death or rejection. In fact, it's noticeable that the actual rituals of transition that mark the timely moving from one developmental stage to another are occurring in society less and less: naming ceremonies, the breeching of boys, first menstruation, coming of age, family responsibility, weddings, namings again and finally death rituals are all major markers between birth and death. Much less attention is now paid to these social and cultural events and their importance in the growth of maturity and the taking on of additional responsibilities, yet they help us to fit into our cultural matrix, where we know who we are, and what is expected of us. Elizabeth was lacking in many of these aspects.

The case of Jack

Jack was referred for therapy because of extreme tension, headaches and insomnia. I encouraged him to draw a timeline of any significant events in recent months. It turned out there had been a huge rumpus in his family when his grandfather died and Jack's father was not named in the will. Jack's father therefore announced that he was disowning his family. He changed their surname and removed his name off the gravestone. Jack had started self-harming – little cuts with the tip of a razor blade. The cuts were small and easily covered up: it felt a big step that he was nevertheless able to disclose this to me. Meanwhile, he had just received excellent GCSE results. When asked who would celebrate his success, his eyes filled with tears and he said that, before the family split, he would have told his grandmother, as he was close to her. We used messy play with clay, as a means of exploring a messy world and an internal feeling of mess. In his final session he told me that he was going to live with his grandmother.

Reflections

When Jack first told me about the family row, it was without affect – a factual statement – and he said that his dad was right. Once we touched on the loss of Grandma and the large extended family, however, he began to show some feelings. It was now clear that Jack was suffering from trauma at the loss of his favourite family member and also the loss of his Jewishness. It is easy to get caught up in the moral rectitude of one's clients and lose sight of their underlying pain. He wanted to cry but said it would betray his dad. Then he cried and cried. There was some improvement in physical symptoms and the more he talked about his inner turmoil, the greater the relief he felt. He was able to make some connections between his inner and outer worlds. He no longer needed to cut.

The more I got to know Jack, the more I began to understand that he was a mouthpiece for his dad. He did not dare disagree with him. He then realised that his uncle had been very reasonable towards his dad

when he suggested that everything could be shared equally anyway. I was optimistic that Jack was beginning to take a stance for his own opinions – especially when was able to make a decision to live with Grandma and not lose that closeness.

How I work

There is, as we have seen in these brief case studies, nearly always an undercurrent of messiness when self-harm and eating disorders show up in our rooms. For this reason, I am a firm believer in messy play, and am using it increasingly in all my work with children and teenagers. I use either clay or a dough that can be used both for modelling and for sensory play. (It's simple to make: plain flour mixed to a thick consistency with water and a handful of salt. It will keep in a refrigerator in a plastic bag, and can also be coloured with food colouring and perfumed with an essential oil.) Messy play allows for the externalisation of messy feelings *inside*, as well as messy lives *outside*. As people are so preoccupied nowadays with wet wipes and keeping clean, maybe we need to rethink our intolerance of mess, because creative techniques, including messy play, give opportunities for expressing inner conflicts, anger and rage.

Alongside the messy play opportunities, my sessions are non-directive and include sharing of reflections if a child or teenager would like to – but I don't impose this. I also pay attention to positive memories, such as when a child or teenager can recall one friend who was really kind. This helps to rebalance the often unrecognised imbalance that the stress and messiness has brought about. I teach simple mindfulness techniques, too, in order to help clients maintain a state of calm rather than indulge in precipitous action. The importance of establishing trust is, of course, a prerequisite in therapy: creating the safe haven where disclosures can take place when the child is ready. And we need the capacity to be transparent and answer questions that may be factual rather than process-based. This is important in any therapy, but especially where there are self-harming and eating challenges, as I have hoped to show in these three contrasting case examples.

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