

# Self-help for self-harm

**George Brooks** wants to encourage talk about self-harm, and puts forward Emotional Freedom Techniques as a useful tool for the client to take home as an effective, alternative coping mechanism

**I**n order for us to help young people who self-harm to help themselves, they need to be encouraged to talk about it. This means that parents', teachers' and friends' responses to their self-harm must be appropriate rather than alarmist. The first thing we need to do is to address some of the myths that exist around talking about self-harm and to recognise that, for many, this is not necessarily indicative of a serious mental health issue or even a desire to commit suicide<sup>1</sup>. In fact, it could be viewed as a very normal pragmatic response to what can be an overwhelming and high level of distress.

The pain caused by cutting or burning, for example, acts as a temporary distraction by taking the person into their body and away from their distressing thoughts and feelings. In this sense, it can serve a useful function as a coping mechanism. Attempts should not therefore be made to stop it. We should try, instead, to make it as safe as possible and then find a more useful alternative. The problem with this kind of coping mechanism is that it does not address the underlying cause, the reason for the distress, and

leads to shame and isolation, and so it needs to be repeated often. This behaviour can continue even into late adulthood, increasing the risk of serious harm or death.

It is probably fair to say that most of us engage in some form of risky activity. This might include behaviours such as smoking, sunbathing, eating too much or too little, having unprotected sex, binge drinking or even drug taking. This can ultimately cause some form of self-harm. However, the kind of self-harm I am talking about here is when someone makes deliberate and direct attempts to hurt themselves by cutting, burning, biting, pulling out hair and other methods that are sometimes collectively described as self-injury.

Data obtained for the Mental Health Foundation and Camelot Foundation (MHF/CF) in the 2006 national inquiry<sup>2</sup> suggests that one in 15 young people in the UK (aged 11 to 25) is self-harming deliberately. Other studies suggest that it may be as high as one in 10<sup>3</sup>. In an average secondary school, this indicates that there may be as many as 100 pupils who are self-harming or

have done so. I am therefore left to conclude that self-harm has been, and still is, a difficult subject for us all to acknowledge, never mind talk about publicly or at home. So the first thing we need to do is remove the stigma and talk about it clearly and honestly. Schools seem a great place to start.

## An effective alternative

What is needed is an effective, alternative coping mechanism that addresses the underlying issues and can be easily taught and self-administered. Up until a few years ago, I had no such tool at my disposal, but since I integrated Emotional Freedom Techniques (EFT) into my integrative therapeutic approach, I have been helping young people who self-harm to use this different coping mechanism.

EFT combines gentle fingertip tapping on key acupuncture points around the face and torso. This sends electrochemical signals directly to the brain. At the same time, the client is taught to focus on the situation, the problem or the behaviour that triggers the unwanted emotional

response. This combination of fingertip tapping and focused thought can actually shift the brain's response to the situation, which in turn can reduce and even remove the intensity of the associated emotion. (For more about EFT, visit the EFTuniverse website<sup>4</sup>.)

EFT is quickly gathering a large volume of anecdotal evidence from various sources: medical practitioners, psychological practitioners and educators<sup>4</sup>. There is also a growing body of scientific evidence that it can reduce the intensity of our emotional response to memories, events and situations<sup>5</sup>. What is more, I believe it can empower young people to take an active role in their own therapy, as it is simple and easy to teach and apply. Its application as a self-management tool is what makes EFT so useful here. And it is this that has become an important part of my therapeutic work with young people who self-harm.

### How to engage young people in EFT

People often ask me how I manage to engage young people with such an unusual activity. My answer is that it is important to try to have some fun with it where you can, and to frame it as an experiment that you can both take part in. To begin with, I suggest incorporating what Steve Wells has called 'simple energy techniques'<sup>6</sup> into their daily life. These techniques are not quite so difficult to assimilate as perhaps traditional EFT, and can

often provide some success that encourages clients to go on to use traditional EFT.

I generally begin by doing some tapping with my client on the karate point, which is found on the side of either hand approximately half way between the wrist and little finger. A good alternative is finger tapping (tapping seven to 10 times, on the side of each finger in turn, on the part that faces your other hand, where the nail starts to grow). These techniques can both be

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done while, for instance, watching television or in class, without drawing attention. Asking young people to do this kind of homework greatly improves the effectiveness of the work in the therapy sessions. Of perhaps equal importance, it encourages them to introduce a new

behaviour into their daily lives.

Motivation is crucial, and young people need some proof that this strange activity works. This is where the therapist can demonstrate traditional EFT – using the basic recipe developed by Gary Craig – on an event that has generated an emotional response. Any event of the client's choosing. This creates an opportunity for clients to experience the possible positive benefits of EFT safely. I have found that a great way to begin might be to work with the shame and isolation I mentioned earlier. Once young people have had some success with the techniques, they are often more willing to use them to explore and work on the underlying cause of their self-harm. This can often be extremely difficult work because it can trigger the distressing feelings that create the need to self-harm.

Fortunately, this is an opportunity for the psychotherapist to help the young person to use the techniques to help reduce these feelings, in a safe place, and to further demonstrate how they can work. Another important application of EFT in this respect is that clients do not even



have to vocalise their experiences or feelings with the therapist. As long as they are tuned in to their feelings of distress, the techniques will usually work.

I have found it helpful here to teach a behavioural strategy similar to that which is used by people with epilepsy in managing their fits safely. It involves helping clients to identify the early signs that they are beginning to experience overwhelming distress, and this means they have a chance to try EFT. Once they are completely overwhelmed, they may be unable to try this new strategy and therefore fall back on their familiar coping mechanism. By catching the feelings early, they can use EFT to reduce their intensity and remove the need to self-harm before it is too late. It is also important to stress that like learning any new behaviour, it might not work every time to begin with.

This combination of psychotherapeutic work in sessions and the careful application of the techniques in clients' lives provides a potential for change that goes beyond a young person's self-harming behaviour.

## The case of Angie

To illustrate, I would like to tell you the story of Angie (not her name), who came to me because she was not coping in school, and one of her teachers had noticed that she had some 'quite significant' cuts on her arms. She was extremely embarrassed and ashamed that I knew about this, so I decided to introduce EFT straight away

to see if it could help her with these feelings. At first she was resistant but went along with it, and much to her surprise gradually began to lose her embarrassment and even some of her shame.

Once we had done this, she seemed more willing to talk about her self-harm, and showed me her scars. I was able to assess that she had no suicidal thoughts and that this was probably a

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response to a very difficult situation. This had affected her relationship with her mum and had caused her to become very distressed. She did not want to discuss the details and this was not necessary using EFT, which she found encouraging. We focused on where the feeling was and what it looked like and what it was doing inside her. She said this made her feel safer. By the end of the session, she said she felt like a dark cloud had been lifted from her forehead and promised to try the techniques at home.

At our next meeting, she reported that she had been doing some tapping every day but it had not always worked and she had self-harmed again. We decided to explore her disappointment in herself, which was very much a part of her overall distress. At our third session, she said that

she was feeling different about things and had not self-harmed for over a week. I made contact with Angie just over a year later and she reported that she had not self-harmed at all. She said that whenever she felt like she wanted to, she tapped and the feeling went away.

What was perhaps more remarkable about this story was that she had decided to help her friend who also self-harmed, and they had tapped together. She reported that this had worked for her friend and that she was teaching it to other people they knew who self-harmed and who would never tell the school. Not only did she now have a self-management tool that was helping her with her own self-

harming behaviour, but she was empowered to go on to help others in school who might otherwise not have received help.

My intention in writing this article is do more than promote the use of EFT with self-harm. I want to highlight the importance of schools and parents being encouraged to talk about this taboo subject. I hope that it might encourage us to begin to address some of the myths and fears that prevent this from happening. Perhaps most importantly, I want to show how providing young people with the tools to help themselves can have unexpected benefits. Let us hope that one day every school will have at least one Angie who can take self-help for self-harm into areas where teachers and psychotherapists do not – and maybe cannot – reach. ●

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