

## THE SUFFERING BODY: MANIPULATION AND DISCOMFORT IN EATING DISORDERS

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### SUMMARY

*What is the meaning of piercing and tattoo in sixteen years old? What are the deep reasons, affective and relational, that explain the explosion of this "fashion" among teenagers? The recent spread of these practices among young people and very young people offered the opportunity to reflect on the value attributed to the body manipulation in teenager growth context. Inked bodies, pierced, and other similar manipulations, express a communicative intention, whose strength is proved by the violence of these practices. The sense of the message, however, risks remaining obscure to adults, who lack the tools to decode it. Self-injury begins as a general expression of a lack of integration between oneself and the alienation of one's own body, resulting in conflicting and split feelings. Many manifest a behavior of disrespect, disapproval, devaluation of the bodily ego, whose self-injurious gesture would represent a particularly dramatic expression. The variability that characterizes the manifestations of self-injury prevents one from applying to a universal definition, valid under any circumstances. Instead it reveals the conceptual flexibility of self-injury that appears itself as a peculiar product in the current historical time. In a society that increasingly accepts various forms of transformative intervention on the physicality of each, where piercing and tattoos, once considered barbaric practices, now these become ordinary practices, a distinction between ornaments and self-injuries becomes necessarily confused (Levenkron 1998). The ego leak is unnecessarily buffered, occluded, braked through any means (food, alcohol, substances, self-injury, shopping, kleptomania) because the bets are not really the shape of the body but the possibility to escape the dissolution of the Self. Self-injury and eating disorder have many common factors: impulsive, ritualistic, hidden behavior characterized by shame and guilt. These are experiences that use the body to resolve psychological conflicts and feelings of tension, anger, loneliness and emptiness. The two syndromes report a distorted image and a deep disdain of their body, lived as an enemy to fight, punish and anesthetize. The body that gets sick is very often of a teenager. The food and the obsession with the shape of the body have a primary value because they validate the identity structure, precarious, shaky, of personality in progress. The adhesion to the symptom is understandable only from this point of view, this self-destructive research, carried out to the bitter end, would not otherwise be explained if underneath there was not the fear of the disagreement of the ego. The body becomes the refuge, the theater where you can experience the emotions that you cannot tolerate in life. The problem that revolves around the emotional life is just that: we feel that we cannot control our emotions, and unable to support them from within, we try an external control. All teenagers experience pubertal transformations in a problematic way, as accepting them requires the cognitive integration of one's body into a positive image.*

**Key words:** cutters - the body of teenagers - the manipulation of the body in adolescence - cutters end eating disorders - eating disorders

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### INTRODUCTION

The body is the place where power is expressed; it is the attacked, seduced, deciphered, undermined, manipulated by plastic surgeons, acclaimed and deified by teenagers from all over the Western world. Since the seventies, more or less aggressive practices of body surgery such as tattoos and piercings have spread. Young people write on their skin, they consider cosmetic surgery as normal, they invest exaggerating the aesthetic change, from which they make their happiness depend. If with graffiti the male teenager paints his own brand of identity on the walls, with the body art there is a message impressed directly on his body, as if it were a living picture, up to resort to more violent practices to personalize the body; it is the case of the body branding, branding the skin with a burning iron writing, numbers, drawings, symbols; the scaring, which produces with deep cuts artistic scars, up to the most extreme forms of body art, to the grafts under titanium skin, to the piercing that crosses the glans horizontally, to the cut of the tongue to make it bifurcated. At the age when the aesthetic exaltation is stronger, according to Charmet: "Adolescents female mistreat their bodies with cuts,

scars, piercings, they vent their anger against the body they care so much, as well as they were children they used to pour out their sufferings on the most beloved doll, cutting her hair or making it into pieces". They are symbolic wounds similar to those that self-inflict cutters, young people driven by the irrepressible impulse to hurt themselves, who cut themselves, burn themselves, hurt themselves not to show the world, a signed world, but to secretly relieve their anguish by recording on the skin, scar after scar, the map of an opaque pain, which does not find words to express itself. But while cutting is the expression of a psychological discomfort that takes on a body size, as happens more and more often in the forms of juvenile discomfort, body art has almost always a positive meaning even in its most bloody forms: the pain inflicted by the scalpel, from the hot iron and the awl is in some way equivalent to the tribal rites of passage to adulthood. From tattoos to pearcing to its most innovative and bizarre forms, body art fascinates many youngsters not so much for its provocative, exhibitionistic impact, but it assumes a new collective language. The body becomes the refuge, the theater where you can experience the emotions that you can not tolerate in life. Tattoos and piercings are the most

common form of body modification, that is the desire for transformation, decoration, embellishment of one's body too often dismissed as an "adolescent whim" but which often hides something different from adapting to a simple fad (Borgia 2005). In some mental illnesses typical of adolescence, such as Eating Disorders, there is an isolation of the soul which corresponds to the estranging of the body. In this solitude the body is no longer lived as its own, what remains is the difference between the idealized body and the objectified body. The dimension of being one's own body and encountering other bodies in the world is compromised, the only possible form of knowledge is entrusted to the impoverishment of subjectivity in order to attempt a recovery on an abstract plane. Young people live in temporal suspension, the future is compromised and the past is demonized, what remains is a present made eternal for a moment indefinitely suspended. The psychopathological nucleus of Eating Disorders is the excessive evaluation of the shape of the body, weight and their control; this means judging its value mainly or exclusively on the basis of the form and weight and the ability to control them. In 1990 Gordon defined the problem as a "social epidemic", it seems that this discomfort affects today four million people in Italy and tens of millions of young people in the world fall ill each year. Eating Disorders afflict mainly the female sex compared to the male one in a ratio of 10:1 and in the age group of young people between 12 and 25 years the pathology affects 10% of the population; according to the Ministry of Health, out of a hundred adolescent girls, ten suffer from some eating disorders. In the last ten years, new expressions of food pathology have appeared, even if to a small extent, such as Bigorexia and Orthorexia other severe and difficult-to-treat childhood disorders. Nutrition and eating disorders have multifactorial etiopathogenesis and therefore must be considered psychological, evolutionary, biological and socio-cultural factors (Juli 2012), it is no coincidence that the disorders have been defined by Russel: "pathoplastic", ie they are adaptable and flexible mutations to changes historians.

## **BRIEF HISTORY OF THE BODY**

At the beginning of life the newborn must integrate his own bodily ego with his own psychic ego. At first, the body is foreign to him, as evidenced by the reaction he has at the sight of his own hands, of his own feet, which he agitates with a marvelous astonishment. The newborn treats the parts of his body as if they were external objects, only after a long time and with the help of his mother, the parts are reunited under the controllers of a psychic entity that receives all the feelings of pleasure and pain starting from these separate parts. This process is established through identification with the body, which is therefore not given, but constructed. What we call body image is the result of a subjective interpretation of the appearance, interpretation given by a series of cognitive, emotional, thoughts and feelings elements (Montecchi 1998). The mental image of the body is built in the course

of life already from the early days. The base is guaranteed by initial relations with the caregivers; the encounters of life, the group of peers, the first sentimental and sexual experiences, the culture in which one grows up contributes to give life to the mental image of the body and to satisfaction - dissatisfaction with one's own appearance. Since the Middle Ages the theme of the body has involved different visions, often contradictory, we talked about a glorified body, repressed, exalted and rejected. It is during this period that all manifest forms of enjoyment of the body disappear, the woman is demonized, controlled sexuality, manual work debased, homosexuality banished. The body is considered the prison and the poison of the soul. Over the years, many authors have highlighted connections between behaviors of saints and medieval women and the experience of the body in the psychopathology of modern mental anorexia. However the mystics with the negation to the corporeity seek the Absolute and the corporal practices have been an attempt to get rid of the lived body as an obstacle to the aesthetic experience, in the words of today's girls the body becomes the obsession, the prison, the center around which equality of identity is played; there is no spiritual search for a desire to dispose of the body, but every physical and mental energy is concentrated on the body, prison - obsession which sums up every possible meaning on itself. In Saints, as well as in anorexics, there are physical hyperactivity, insomnia, emotional instability, bodily misrepresentation; and exasperated perfectionism. In any case, the history of the body clarifies the history of ideas, mentality, institutions and the economy. The body changes in physical reality, in its fictions in its imaginary. Beginning with preadolescence, certainties relating to one's own body fail and the individual is urged to build new ones based on both anatomical and physical transformations and social expectations with respect to body identity. The transformation that puberty brings with its impetuosity calls into question the image of the body built progressively by the child. On the adolescent formation of the body image can also influence aspects of the individual personality, in which one of the most important is undoubtedly represented by the degree of self-esteem enjoyed and therefore by the self-confidence that derives from it. These personality traits, besides favoring the development of a positive evaluation of one's own body, are used as defense mechanisms against eventual events that threaten the body image. On the contrary, a poor opinion of the self increases the vulnerability of the subject regarding the consideration that he assigns to his body. The stage of adolescent development contains fears, fantasies, representations filtered by the personal relationship with one's own body, also managed with behaviors kept hidden by fear or shame of being punished or considered abnormal. The behavioral manifestations of adolescents who have experienced an emotional breakdown vary enormously, but a high percentage is represented by attacks on one's own body: suicide, attempted suicide, self-harm, drug-taking, perverse behavior. Clinical observation suggests that women's special attention to the functioning of their bodies may constitute a plausible

cause of the increased frequency of self-harm and eating disorders in the female population, compared to the male population. The symptoms are then read as an attempt to repossess the body to perceive it as its own, to know it and make it impenetrable (Cross 1993). It is experienced as a fragmented unmanageable stranger: object, not subject. This bodily alienation, created during childhood, is amplified in adolescence, when the young woman, tyrannizing on the functions of the organism, tries to repress emotions, impulses and sensorial stimuli induced by sudden physiological and hormonal changes. Through vomiting, bingeing, abstinence, physical exhaustion, self-injury, the adolescent may have the impression of exercising a form of control over himself. Initially, the body turns from an enemy to an ally, creating a solution that is apparently simple and effective: moving psychological discomforts into a physical disorder; but it soon escapes the control of the adolescent to inflict his personal persecution. The vomit creates a feeling of satiety, the self-wounded wound heals, hiding the blood, numbing the physical pain, causing the need to be damaged again. Adolescence represents a critical phase of the life cycle, especially as regards the formation of the self-image and the body pattern. The relationship with food in this age group is of fundamental importance not only for the growth and development of the body, but also as a symbolic value that contributes to defining personal identity and psychosocial autonomy (Juli 2017).

## THE SUFFERING BODY

In recent years psychiatry has witnessed the development of a disturbing clinical phenomenon, mostly juvenile: *Cutting*, an English term that derives from the verb to Cut (cut, wound). Young boys, sometimes children, hurt the skin of the arms or other parts of the body as if this gesture would help them endure unbearable despair. They mostly use razor blades, in 57 percent of cases, but also scissors, blades of the penknife, knives and other sharp objects. It is not a fashion, as we often hear it said, nor a way to attract attention. In fact, in most cases, Cutters, are very careful to hide the cuts with long-sleeved shirts even when the heat of the summer would lead to discoveries. We are not facing adolescent whims but a real mental pathology. According to a survey conducted by the Italian Society of Pediatrics (2017), 15% of adolescents aged between 14 and 18 in Italy have suffered self-harm to experience relief from emotional distress; a fact that worries, but what are the psychological reasons that lead a teenager to "cutting", the gesture of cutting himself voluntarily? According to Fabi in Cutting we are faced with something that leaves you terrified and that has nothing to do with a way to take your life; it is a way to remain anchored to reality, not to sink into a more serious mental pathology that could lead them to suicide (Fabi 2010). It is a form of self-harm that begins in late childhood or adolescence and only a low percentage, 15% of them, asks for help by contacting a psychotherapist. They are boys who express a deep malaise, anguish, other times anger and hatred for those

who do not notice them, for those who look at them but do not see them, for those who hear them but do not listen to them. We might think that cutting oneself is a sort of rebellion against the insensitivity that lives in interpersonal relationships. Rebellion that, however, fail to realize through the rejection of disappointing situations but that becomes a symptom of serious mental illness. By cutting themselves they try to survive the deep pain they feel and to stay anchored to what they have. They challenge life by trying to do everything on their own because they have the certainty that no one can understand them and no one can help them and then they help by implementing a kind of sick "self-therapy". From the clinical experience emerged three types of Cutters: some of them are deeply rabid guys who try to get rid of anger by venting it on their skin. They hurt themselves almost as if to challenge those who hurt them every day, because they do not love them. They scream their anger to the whole world through their scarred body. They propose those which, symbolically, can be the wounds inflicted on their inner reality by disappointing, violent and pathological interpersonal relationships in which the boy became ill. The causes of this phenomenon we find for about 60% in experiences of harassment and sexual abuse, in which the personal and intimate boundaries of the child are violated and his psychic identity is destroyed. 40% instead develops in so-called "normal" families, well integrated into the social fabric where, often, there are no obvious and obvious pathological situations of the parents but disappointing interpersonal relationships because they are based on anaffectivity. The child is taken care of on a material level, one thinks above all of the satisfaction of his needs but does not consider his needs, his needs to be loved, understood, "seen". Cutting speaks to us therefore of a lesion of the inner reality, reality that appears at birth and that needs valid relations among humans for being able to develop and become a solid psychic identity. One can think of the repetition of the unconscious psychic dynamics that the boy lived in his first years of life. Injured inwardly by the violence of cold relationships, today it is he who, by becoming active, inflicts wounds on himself, becomes violent because he is incapable of rejecting and rebelling, in a healthy way, to the ancience of others. He becomes ill by losing his ability to love, himself and others. The spread of self-injurious behavior in large segments of the youth population of the Western world is not directly related to an increase in depressive or suicidal issues, but rather to the absence of a symbolic reference system, in which the omnipotence of the body and the uncertainty of its borders tend to grow immeasurably. A wide variety of clinical studies reveals an increasingly widespread connection between those who self-harm and those with eating disorders, in a variable percentage of 35% in the women's range between 12 and 25 years. Although the dissatisfaction about the body exists specially among young people, in its extreme condition it is considered an essential component for the start of pathological behaviors. Indeed, the dissatisfaction about the body can be associated with a distorted view of the body image that

can be closely related to eating disorders. Currently we do not know exactly what is the role of body dissatisfaction in causing or promoting the onset of Eating Disorders and whether it is primary to the disorder or secondary to changes in cognitive functions determined by fasting (anorexia) or abusing (bulimia) (Juli 2017). However, several studies, including the one of Bruch H. (1978), highlight that there is a close correlation between the dissatisfaction about the body and the onset of eating disorders. Some research conducted by Garner (2002) and Stice (2007) shows a link between the low satisfaction for the body and many factors related to a bad psychic health such as depression, low self-esteem, anxiety, substance abuse and alcohol abuse (Juli 2017). The lack of satisfaction regarding the body image is represented by the personal sorrow for the shape of the body in general or for the size of some parts of the body. The psychological discrepancy between the perception that we have about our own body and the body considered as ideal can lead to a negative feeling about ourselves and to behaviors harmful to our health (Thompson 2004).

When we talk about self-harm we refer to a complex set of behaviors voluntarily implemented to injure or alter parts of the body, without conscious suicidal intent (Stone 2003). Culturally approved self-harm includes activities that reflect the traditions and beliefs of the particular culture and society that perpetuates them, and rituals that indirectly act in the promotion of health, spirituality and social order. An important example is the rites of adolescent initiation: transitional ceremonies that have the purpose of sanctioning the acquisition of social rules and therefore access to the adult stage. (Bettelheim 1973). Often it is a matter of bodily modifying activities employed to reach special states of ecstasy and sacredness, in a search for asceticism that passes through self-discipline and self-certification (Beneduce 1999). This group also includes cultural practices of our time, such as elaborate tattoos and piercings in various parts of the body: ears, tongue, navel, lips, representing examples of physical modification and manipulation now popular and often shared to sanction the belonging to a certain cultural context. Groups of self-injuring youths are no longer an exception, they express the need to separate themselves from the context of belonging, family and school, in an attempt to identify themselves, through the manipulative rite, in a micro collective environment. A particular type of deviant self-injurious behavior is spreading more and more in our society, often in association with an eating disorder, where the impulse to binge and vomit are often combined with other kinds of impulsive behaviors (such as abuse of substances or drugs) which is often used. This behavior is called "moderate superficial self-harm" and is distinguished by the lower severity of typical manifestations. Boys can use several methods at the same time, such as cutting themselves, scratching, but preferring one or some, especially those who prefer to cut their skin constantly assume the identity of cutter (cutting himself) and so often they think to hurt themselves from developing an addiction psychological behavior, very similar

to that of alcohol, food, drugs, kleptomania or multi-compulsive shopping. The distinction of superficial self-injurious behaviors in compulsive and impulsive suggests the reason why this kind of disorder can easily develop in personality characterized by poor impulse control, as is the case of bulimic patients. Compulsive self-harm refers to repetitive and ritualistic gestures, similar to the obsessive-compulsive ones, put in place to quell growing anxiety, to ease the state of tension. Impulsive superficial self-injury includes episodic or occasional gestures and usually symptomatic of other psychological disorders, but likely to become repetitive if they are automated in the stress-stimulating response mechanism. It is in this transition that the disorder acquires autonomy starting from an original state of emergency, the self-destructive compulsion gives rise to automatisms or behavioral rituals that are chronicized on the basis of an underlying obsessive mode of thought, then structured with external stimuli. Episodic superficial self-injury refers to self-destructive behavioral manifestations that occur from time to time, subjects are not considered cutters. There may be several determinants of occasional self-injury which is usually a symptom of a more complex pathological picture.

In many cases, behavior is sought as a form of intense sensorial self-stimulation that interrupts feelings of diffuse apathy, indifference, and estrangement from the surrounding environment, in this way the self-injurious practice allows the subjects largely young women to re-establish contact with the just body and get a sense of control over it, cutting, scratching and burning. The episode can therefore remain episodic, but it can also assume a condition of dependence, which involves developing one's own identity around self-harm, until one identifies with it; in general, this behavior takes on the characteristics of chronicity when this is repeated a dozen times. Those who are self-destructive, use their skin as a sheet on which to engrave the message for the world, which they are not able to express with words. The skin therefore becomes a primitive instrument of communication: inflicting wounds and scars, scratching, sinking the nails into the skin, the external subject anger without the use of words, but in a direct and effective (Caplan 2000). In general, after the first episode others follow at intervals of a week or a few months, the first slight injuries are sometimes premonitory of increasingly serious and frequent wounds. Many authors agree that the precipitating factor seems to be an experience, a threat of abandonment or an impasse in interpersonal relationships. Often these are seemingly minimal events followed by an unbearable tension, depression, anger, a sense of emptiness, inexpressible feelings expressed in a gesture. The common condition that leads to self-injury seems to be depersonalization, the person is passive, does not participate in their actions, foreign to itself and to the surrounding world. The physical pain induced by the cortico-adrenal and endorphinic hormonal production rapidly interrupts the condition of obnubilation causing a change in mood. The injured wound becomes the error for the subject perceives the body and verifies its being alive, a sort of physiological shock to awake from its sensory and

emotional anesthesia. Hyperstimulation is often accompanied and therefore favored by the consumption of alcohol, drugs, medicines, binges, vomiting or food withdrawal. The self-destructive choice is aimed at intervening directly on one's own body, to indirectly modify the external context, in this perspective self-destructive actions are interpreted as a distorted form of self-care. The boys say they do not feel pain while they hurt, even when the wound is deep, rather they feel relief and / or a temporary mood change because self-destructive behavior is not able to solve the real causes of emotional tension, so that the next conflict episode is again about hurting again. Superficial self-injury often accompanies other diseases such as borderline personality disorder, histrionic personality, post-traumatic stress, masochism, eating disorders.

## CONCLUSIONS

It seems that the typical characteristic of the adolescent to use his body or somatic behaviors to express their difficulties or to relate to others, is responsible for a series of disorders focused on the body, whose physiological needs (sleep, feeding) are used to manifest an inconvenience. Even more so in adolescence, than in adulthood, one is in the world through and through the body, and that is why the body can become ill to the extent that change does not occur or is not adequate. In change one renounces one body and one is preparing to attribute another one to it that is profoundly different, so much so that because of this transformation one is about to inhabit the different world with one's modified body. The contrast between the pre-adolescent way of being of the body, to which one does not want to renounce, and the way of being of the post-adolescent body, gives life to the adolescent crisis. At no other stage like this it can happen to love and/or hate your body, or use it with such dedication, or use it as a territory in which to trace the messages to be sent to the world on representations of self. The body is adorned, rigged, painted, covered with tattoos, modified in a thousand ways but with the planned goal of making it pleasant, beautiful and desirable. From these assumptions the widespread conviction of the centrality of the body in adolescence is born: the transformations of the body and the acquisition of sexual abilities, of mating and reproduction, accompanied and signaled by the disturbances of desire involve the adolescent's mind in a demanding process aimed at giving meaning to biological events and their psychic and emotional equivalents. The narcissistic insecurity of contemporary adolescents is impeding the process of mentalization of the sexual and reproductive body. Today's socio-cultural context encourages the illusion that complex and difficult problems of form and substance can be solved through the manipulation of physiognomies, in particular those of the body and its social aspects. Today's adolescents are influenced by a culture based on mass media messages, functional to the pursuit of commercial purposes, this glorifies the use of

the body and its features as an elective place of communication of its identity of its values, of its social status and also of one's own happiness and mental health. The emotional instability in the adolescent can make his body be considered an enemy; he is often considered the scapegoat, forcing him to eat too much, to drink everything, to sleep always or never, to humiliating weariness, to prolonged rest, as if he were convalescent for life. Because of the many emotional situations experienced, the body goes into crisis in its dialogue with the ego, the others and the world no longer allow the exchange of relationships that unfold in daily life, without problems (Le Breton 2003). In some pathologies, such as Eating Disorders, we see the isolation of the body, its closure towards the world, its opposition to itself. In these cases the body becomes an object, it loses its capacity and can not alternate between the dimension of the object body and the subject body, which in the normal experience intertwine and alternate. In the last twenty years, the literature on the issue has confirmed with numerous studies the frequent association between body dissatisfaction and Eating Disorders, to the point that the attitude towards one's physical appearance is a more indicative predictor in the development of Eating Disorders than the wrong perception of their own measures. However, the causes of eating disorders can not be traced back to body dissatisfaction, in fact, other cognitive and affective components of the body image seem to play an important role. Western society tends to consider the body as something that one possesses, as an image to be contemplated from the outside, as an object to be improved and / or modified (Borgia 2005). Therefore adolescents are dissatisfied with their physical appearance and are always looking for a perfect shape. Changes in the body and the emergence of sexuality create critical movements in the social and relational field. Physical transformations involve a real revolution in perception and self-knowledge. In the ten years that the child takes to know his body and to construct a mental image, he reaches a trend and a balance from which he draws a sense of identity and continuity. Adolescent transformation breaks this balance and places the adolescent at a crossroads: nostalgia for the childish body and the biological drive for change. The loss of the child's body causes the adolescent a life of mourning that must be overcome in order to find new balances. The new bodily sensations are therefore perceived with a sense of extraneousness and discomfort, and danger. The feelings they experience are to be self-conscious, awkward and disharmonious with themselves and with others. To restore harmony with one's body, one needs to enter into confidence, taking care of it. Since the body, besides being the mediator between the ego and the internal world, is also the relational mediator between the adolescent and the external world (family, social, scholastic); it is in this phase that attempts to adapt the physical aspect to external models, and / or proposed by the company. The whole body is therefore subjected to a severe attention and to a continuous critical evaluation

that can result in a negative judgment of ugliness, of deformity up to the possibility of structuring real phobias concerning some parts of one's body (dysmorphophobia). Those who decide to cut themselves out usually secretly and try to keep the secret of this behavior (Pomereau 1997). Any indicators of the existence of cutting, burning or branding behaviors can be:

- clothes not appropriate for the season, such as wearing only shirts or shirts with long sleeves in the middle of summer;
- blood stains on clothes;
- wounds, bruises or unexplained cuts;
- possession of sharp objects (razors, razor blades, scissors, knives, needles, pieces of glass);
- isolation, such as spending a lot of time in the bathroom;
- irritability;
- difficulty in coping with strong emotions;
- excessive rage or depressed mood;
- lack of social bonds;
- drawings, writings etc. which have as their theme the pain, the sadness, the wounding.

It is important not to react with disgust, to blame, to liquidate these behaviors of cutting, burning and branding as childish jokes or to reduce them to the simple request for attention is not very useful. They are gestures that contain a deep suffering and that grant to those who implement them a truce, the appearance of a comfort, a form of self-help that must first be respected: as it may seem absurd, this is the best way that the person has so far found to master his problems and keep on living. Probably not proud of it, indeed he feels ashamed and thinks that no one can understand what he feels (Fabi 2016).

If you want to help a friend or a child who cuts or gets hurt in another way, the starting point is not to judge and offer support. Offering support means avoiding ultimatums, punishments or threats: if it had been easy, the person would have already stopped. Offering support means helping you to recognize emotions and manage them differently than with cuts, encourage them to understand what they need to cut themselves and identify healthier ways to express their moods. All this is not easy and referring to an expert is most often the most sensible thing, the goal is to recreate an affective and sensitive internal reality and a certainty of oneself.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

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