December 2015

The Scars of Yesterday

Kelly Schiro
Iowa State University

Mikayla Larsen
Iowa State University

Follow this and additional works at: http://lib.dr.iastate.edu/ethos

Part of the Cognitive Behavioral Therapy Commons, Higher Education Commons, and the Journalism Studies Commons

Recommended Citation
Available at: http://lib.dr.iastate.edu/ethos/vol2016/iss2/13

This Article is brought to you for free and open access by the Student Publications at Iowa State University Digital Repository. It has been accepted for inclusion in Ethos by an authorized editor of Iowa State University Digital Repository. For more information, please contact digirep@iastate.edu.
Two years later, junior, Martha Nelson, still bears scars from a bad cutting incident during her freshman year. To this day she battles her mental disorders on her road to being cut-free with the help of therapy and medication.

“I had decided to triple my dose one evening and also went out and drank heavily in a short amount of time,” Martha says, “Those three things don’t go well together. It’s the medicine that you are specifically not supposed to take with alcohol, so I got very sick, very quickly.”

In the following days after the incident Martha had some very bad cutting episodes. She was nervous for the upcoming weekend because she was going to an ultimate frisbee tournament and being around people would be difficult because of the potential of being caught cutting. She wasn’t sure she could make it without more episodes.

“The scars are almost two years old and I look at them every day and wonder how that happened to me—how it got so traumatic and so terrible.”

Six to eight months is the longest time period Martha has been cut-free. Martha was officially diagnosed with general anxiety disorder (GAD), a moderate form of depression and post-traumatic stress disorder in her junior year of high school.

High school can be a jungle to get through with puberty, pimples and popular people. But for Martha, it was even more difficult with depression and panic attacks. Not knowing how to cope, she turned to self-injury.

Battling with depression and anxiety was debilitating for Martha. Some mornings she couldn’t go to school because of an oncoming panic attack.

“It would be a small thing that would set me off,” Martha says, “I would cry and cry, get myself all worked up.”

The whole panic attack would take Martha 40 minutes. After feeling the physical symptoms of heart palpitations, hyperventilation and choking, she would fall asleep due to exhaustion.
“I felt very spacey, like a zombie, just going through, not really feeling much, and once I got through that, then I felt better,” she says. She turned to cutting because she felt there was no other way to handle the stress and emotion. She had never been suicidal but cutting was a way to deal with her problems.

“The very first time was in high school, my junior year of high school,” Martha says. Since high school, Martha has continued to cut off and on. Freshman year of college brought on a new school, new friends and a new city. Martha often shut herself in her single dorm room to deal with all the stress of school and relationships with friends.

“I didn’t really know how to handle it,” Martha says, “That’s kind of how it started, anxiety attacks, panic attacks kind of kicked in and I didn’t really know what to do about it.” In addition to cutting she used smoking cigarettes to relieve the stress. If she didn’t have a sharp object around she would smoke a cigarette—or two or three. The same with cutting; it wouldn’t be one cut, it would be multiple at a time.

Freshman year was particularly difficult for Martha. She had a hard time juggling school, extended relationships with friends and boyfriends.

“I was really struggling to find a happy medium between all of that,” she says. Throughout the winter of freshman year, Martha found herself alone a lot. She shut people out, literally and figuratively.

“I had a dorm to myself so I didn’t let anyone in. I pretty much locked myself in my room and just cried and cried until I pretty much couldn’t see.”

For Martha, cutting was a way to deal with emotions. She says after cutting she almost immediately stops crying because she feels a release of relief and can move on from the episode.

She also feels shame for self-injury and took care of the wounds herself, even if they happen to be deep. She had friends here at Iowa State that would help her assess whether she needed to go to the hospital or not.

“I took care of it on my own because I felt it was my fault and my responsibility to take care of.”

It was hard for Martha to tell her family and she felt she had to cover up for Christmas Eve dinners around her extended family. In exchange of short-sleeved dresses, Martha opted for long-sleeves to avoid conversations.

“You should want something that looks pretty, you want something that looks flattering,” Martha says, “I wanted something that did that but hid my past.”

Hiding her past opened her eyes—she no longer wanted to hide anymore. Martha wanted to feel a sense of normality instead of finding different ways to hide. Wearing long-sleeves all the time wasn’t practical. It was hard at first, but she has since opened up to her family, both immediate and extended.

Her mom, dad and sister are very aware of Martha’s situation and are supportive of her. She says they are willing to give her any help or get any help that she might need. Her younger sister sometimes sits in on the therapy sessions.

When Martha was in high school her parents and sister noticed a change in her. She was less confident, more emotional and more unstable. They recognized the signs, but had a hard time accepting what was happening.

“Some of my extended family are starting to know now and that’s getting a little bit hard because it feels more real when more people
for Martha. She had a hard time juggling multiple at a time. If she didn’t have a sharp object around she would smoke cigarettes to relieve the stress. In addition to cutting she used smoking as a way to deal with stress and emotion. She had never been through, not really feeling much, and once I got through that, then I felt better, “ she says. “I felt very spacey, like a zombie, just going through the motions.”

It was hard for Martha to tell her family and friends about her problems. “At first I was a little offended when I had to go in and document that I needed longer testing times and an emotional support animal in her apartment on campus. The administrations in high school and college have been accommodating to her situation, Martha says. “I love my cat—he gives me something to be responsible for. To know he relies on me just as much as I rely on him—that’s a great balance for me.”

Seeing Bently everyday makes her feel like she has to be here and have a purpose. Bently makes her feel happy and not alone. He’s always there and always need something. “I mean he can’t feed himself so he just puts a smile on my face. I really, I couldn’t give him up after I started fostering him.”

Martha has come a long way in the past few years, but she hasn’t done it alone. Early on, Martha chose to use medication to help her feel better. It took her about a month of being on a new medication to feel better. It normally takes several trials to get the right balance. “I’ve gone through various amounts of trials to medications, different concoctions of what will work and what doesn’t really work—what I feel more comfortable with,” Martha says.

Some medications, while intending to help Martha, actually had bad side effects. One made her more upset because she felt like she couldn’t do anything. Another one gave her bad tremors, so holding anything was difficult. She worked with her therapist and psychiatrist to get the right combination.

“Hiding her past opened her eyes—she no longer wanted to hide anymore.”

She sees a therapist once a week and a psychiatrist every six to eight weeks for medication check-ups. With her psychiatrist she chose to focus on her medication and leave the therapy to her therapist. “With my therapist, I spend an hour with each session and we go through many different things. Typically it’s working on the things I might be able to improve on each day, each week, each time I feel anxious, each time I feel that I’m going into another bout of depression.”

Martha’s social life has been deeply affected by her depression. She still tries to isolate herself at times but is working on forcing herself to hang out with friends and relax whereas before she would just shy away from them. “I would have just shied away and declined an invitation to be with friends and be around other people,” Martha says. “Whereas now I initiate human interaction.”