

What a delight it is for me to collaborate with the wise and gentle people of the Sidran Institute. Besides the obvious relief that comes from not taking on all the tasks of publication myself, I have discovered joy at having a group of people to bounce ideas and thoughts around with. Also, this collaboration brings *The Cutting Edge* to a wider readership by our new presence on the Internet (www.sidran.org; www.healingselfinjury.org). Please feel free to send us your comments and hopes for what you would like to see on those web pages.

Although you can read the previous two issues of *The Cutting Edge* on the website, you can't access the thirteen years' worth of previous issues. Much of what has been published in those issues is moving and helpful, and I will be including writings and art as well as reviews from previous issues in this and upcoming issues so that our new readership can be touched by them as well.

It is a privilege to listen to the thoughts and beliefs of those who live with Self-Inflicted Violence (SIV). It is an honor to bear witness to the emotions and experiences. I am grateful to all of you who have shared yourselves with me and in this newsletter.

—Ruta Mazelis, Editor

SIV: It /S about the Pain

Self-Inflicted Violence (SIV) is an often misunderstood and sometimes despised thing. Unless you yourself are living with SIV, it is very difficult to understand how actions such as cutting, hitting, and burning yourself could be at all useful. To many people SIV appears highly irritating or frighteningly pathological.

People who are unfamiliar with the reasons that some of us turn to SIV often react in familiar ways. They question how people can somehow find comfort from an action that, from a superficial perspective, only seems to bring additional pain. "Why do people do this to themselves? It's absurd; they're nuts!" "How can she punch herself?" "He puts matches out on his arm – doesn't he have enough problems, what is wrong with him?"

Of course SIV is difficult to comprehend if you have not needed it. It is difficult to comprehend for some of us who have needed it. Yet it is crucial that we sit with our discomfort, whether at our own or another's actions, and consider this with compassionate reflection. How can we best learn about SIV? We can best learn from those of us who have lived with it, and from those of us who no longer need it.

Why do this to myself? The answer, most of the time, is because it helps me manage the pain I feel inside. "Pain, hurting yourself helps you with pain?" Yes. Yes it does, as contradictory as that might seem. SIV is a means of externalizing pain that is deep and brutal in its tenacity. Pain that sometimes feels psychically insurvivable. The rice of

the help? Some cuts or scratches, a bruise or a blister. If there is no other way of managing the intensity of the internal struggle, then the external repercussions are miniscule by comparison. The shortest poem ever published in *The Cutting Edge*, and one of the most potent, summed it up in a few words:

I hurt so much
I bleed.

Robin et al.

"Doesn't SIV hurt? Why hurt more when you are already hurting? That is, if you are already feeling emotional pain, why add physical pain? Isn't that absurd?" Well, no. Most people who cut or burn or punch themselves don't feel the physical pain of the act. If they do, the degree of physical pain is irrelevant compared to the emotional intensity. The vast majority of physical wounds caused by SIV are not medically serious. If you were to accidentally cut yourself to the same degree someone else intentionally cuts herself it would not be regarded as an emergency.

On occasion some psychiatrists throw around the idea that SIV is a physical addiction to brain chemicals, named endorphins, that are released when the physical injuries occur, and that these chemicals are addictively soothing. Yet a cut of the same degree, experienced by anyone else unintentionally, does not lead to any sort of "drug high" experience. So does the body respond differently when the wound is intentional? Why would it? This is an example of how narrowly biopsychiatric researchers look at human beings. Doing so is a disservice.

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Numb

The pain is so deep inside,
I'd like to disappear and hide.
Emotions I can't express,
Put my body to the test.
What object I choose to use,
Is better than the booze.
That I can drink, no more
Oh I've become a bore.
The sharp edge of the scissors
cuts so deep,
How I love watching the blood
seep.
Again and again I cut
To handle the uncontrollable
feelings I can't express
Scissors seem to work the
best.
The battle scars are proof
I won the war
A constant reminder I control
the score.
until I feel no pain
This is what I gain
A sense of calm and relief
This has been my belief
Crashing to bed,
At least I'm not dead.

Stephanie

Some of the greatest harm to those living with SIV comes when others shame or diminish them for what they experience and how they manage their experiences. Fortunately some mental health professionals are starting to recognize what people living with SIV have been saying all along: that SIV, at times, can serve to save life rather than hurt self. For many of us, SIV serves as an alternative to suicide. I am so grateful that it does.

I do not know how to survive this pain yet. I am drowning. If I could facilitate the drowning I just might, but for some inexplicable reason, probably having much to do with the strength of my life force, I cannot permanently surrender. But I also cannot survive the pain. At least not the one tearing at my spirit. So I tear at myself. By cutting at my physical flesh I am able to release the pressure, the enormity of the emotions that were causing my own implosion. I am able to survive the moments, able to go on into a future wherein I might learn to live with these emotions some other way. But for this moment, this day, I am relieved to have simply survived. While I may not yet know how to live, I do know how to survive.

Anonymous

So, what to do about the pain? There are a great number of options, and decisions hinge on distinguishing between whether you believe you want to heal from the source of your pain or if you want to “make it go away.” The first can be difficult and requires endurance and hope. The latter is more common.

There are many ways to make pain go away, at least temporarily. Some of these ways are sanctioned by society, some are provided by psychiatry, and some are seen as deviant or immoral. What are different ways of making pain go away? People attempt to control pain in many familiar ways such as the use of substances, whether they be drugs, alcohol, or food that minimize their feelings, at least temporarily. Psychiatrists prescribe drugs to alter feelings. Some people overwork, others gamble, some become obsessed with religiosity, some with ego, some with sex, others with other people, some become martyrs. The common feature of these methods is the attempt to control the feeling and experience that is causing such intense discomfort by doing something to make it lessen or go away. Yet there is an alternative: healing.

Said so simply, and the concept of healing might seem clear, yet it is a difficult and courageous act—one that has little to do with whether one self-injures or not. People who are healing, and there are many, are not focused on controlling behaviors and emotions. They focus on resolutions, connection, and compassionate understanding. With these, great things become possible. At some point in healing most of us find that we no longer turn to abuse of any kind to control internal experiences. The most common reason for stopping SIV is the most simple one: “I didn't need it any more.”

There are reasons for pain. Rather than striving only to eliminate it we can learn a great deal about ourselves and the choices we make by sitting with our pain for a while. Many of us who live with SIV have survived abuse of various kinds. All have experienced some form of trauma. It is not uncommon to discover the roots of the trauma by struggling to understand SIV. Most often SIV is a means of managing the aftereffects of trauma. Consider the person who self-injures to discover her own self, her own ability to feel a physical boundary, her own existence:

Continued on page 3

I see
 My body
 marred
 By the indentations
 made
 by my own teeth
 I bite down
 viciously
 longing for
 pain
 to tell me
 I am
 still
 alive.
 The Biter

To onlookers, SIV looks like a curse or an emblem of insanity. To those of us who have lived with it, it has served as a tool—of survival, of learning about boundaries, for finding a means of expression when we knew of no other. While this might seem extreme and incomprehensible, it is important to consider how SIV is strongly reacted to while other forms of self-injury, many ultimately more physically harmful, are more widely understood. Some are even accepted or encouraged. A contributor to this newsletter made this abundantly clear when she wrote about someone having a cosmetic “face peel.”

... For a woman to burn herself, even a little, is considered crazy, but if she pays a doctor a lot of money to burn her entire face, it's supposed to be sane. Because I'm on SSI (social

security disability) and “crazy,” the small violences that I commit on myself—both the ones that are an act of survival to avoid or stave off larger violence and the ones that are sheerly expressions of the depth of my fear, pain, rage—are evidence of my “disease.” Because my lover's mother is wealthy (and a doctor herself), the very large social violence she consented to have done to her own face, for no good reason at all, is considered normal. A lot of her women friends have this “procedure” done.

But as I thought about myself and her mom, I realized that the issues of women and choice and violence and sanity are so complicated. I believe her mom sees the “chemical peel” as her own act of survival—as a divorced woman in her mid-fifties who is desperately lonely, she feels her appearance has to be perfect in order to “compete” with younger women for love. Think of all the other things women do/have done to themselves under social pressure to look thin and young and perfect. All of them are actually violence, and most of them are so socially sanctioned that women who refuse to do them are the ones who are considered “suspect” (such as many feminists who won't diet, cover their grey, rip their body hair out, etc.).

So what is going on here? Which women are actually insane? Which acts of violence are the real problem? What are the unspoken

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Let Us Know...

If you are a person living with SIV, or a professional working with people who self-injure:

- What supports would be most helpful to you?
- What resources have been most/least useful?

We Want You to Know...

How to contact us: cuttingedge@sidran.org; 410-825-8888; or write us.

How to subscribe: Send check or money order to Sidran at the address in the Publisher's Block. Annual subscription price: Professional, \$30; Survivor, \$16. (Scholarships are available. Please e-mail or call for more information.)

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violence against the body are good and which are crazy? And just whose purposes are served by obscuring not only these answers but these questions? —Elliott

Recently I was feeling disbelief that I had actually survived and grown from a brutal betrayal by the person I had loved more than any other; I wondered how I had healed. Not all that long ago I would have thought it impossible. So I did some thinking, and some reading. I often turn to books for comfort, wisdom, or distraction. While re-reading Rachel Naomi Remen's book, *Kitchen Table Wisdom*, I found the words to describe this healing of profound pain. "Primary intention" is a medical term. It means that a wound needs to be left open, though tended to, to fill in on its own. It is too large, too deep, to risk sewing the sides together. It is a wound of such intensity that it seems impossible that it can be survived, much less healed. Oh how true that is for so many of us; not with physical wounds, but with wounds of our hearts and souls.

This process of letting a wound heal by primary intention is applicable to my recent journey through shock and grief and, most importantly, is applicable to those who demand to know how someone heals from needing SIV in their lives. You heal by primary intention. Wounds, even the deepest, can heal. Some are so deep you cannot control them, you can simply try to help the healing. Sometimes the best we can do is to keep from hurting each other, keep our fears and desires to control within, and not try to force others to our will. Is it hard to live with SIV? Sure. Is it hard to care about someone who needs SIV? Absolutely. Can we all heal? Oh yes. Pain is part of the human experience. Many of us have lived with what felt like insurvivable, vast and wide, pain. How did we begin to heal it? For most of us, by primary intention. The greatest of wounds can begin to heal with time, in an environment that understands that healing comes not from control, but from a patient waiting from within, with support. May you be comforted. ©

Book Review

Bodies Under Siege: Self-Mutilation in Culture and Society, by Armando R. Favazza, M.D. (Johns Hopkins University Press, 1987), 270 pp.

The vast majority of pages in this book deal with historical accounts of bodily mutilation and self-mutilation from the perspective of mythology, culture, and religious belief systems. The first section of the book is devoted to various descriptions including castration for religious purposes, variations of scalping one's enemies, flagellant cults, and other reports of the variety of ways that people, usually men, have designed for mutilating the body. The author speaks of a sense of purpose behind the actions and relates this to religious, cultural, and military beliefs. He dubs this cultural psychiatry.

The center section of the book is devoted to descriptions of mutilation and self-mutilation as seen from cultural and psychiatric perspectives according to specific sections of the body. These are the head and its parts, the limbs, the skin, and the genitals. He often mentions psychoanalytical interpretations of the behavior he is describing. Eventually, all the interpretations seem to lead to some form of unconscious sexual desire. The frightening part of it is reading about the oedipal

conflicts which are very often used to deny the reality of incest in its many forms.

Treatment strategies discussed by Dr. Favazza include the idea of hospitalization with constant surveillance by staff to prevent self-injury, as well as trying to stop the behavior by giving the patient such a negative interpretation of the behavior that their disgust will then stop it. The example given by the author is to say to the patient, "I am afraid that your skin cutting is a perverted form of masturbation." When the patient strongly denies the interpretation as being true, the strength of the response is then interpreted as proof of the validity of the original interpretation. It is at times like this, reading this book, I stopped to pray for the quick end of psychoanalysis. Then I moved on to reading some more, coming across statements like "surely it seems within the realm of possibility that one fine day an antimutilative medication, or perhaps a neurosurgical procedure will become available." This is truly frightening considering this author also quoted the following; "Burnham (1969) noted the powerful effects that self-mutilators had on hospital staff, and he recalled some chronic cutters and swallowers at a large hospital who became campus celebrities. One patient *provoked* [my emphasis] the staff into performing a prefrontal lobotomy...."

Dr. Favazza apparently put in quite a bit of time and energy exploring mutilation in its many forms from a historical perspective. There are pages of descriptions of eye enucleations as well as castrations. The diagnosis of Schizophrenia is made frequently. The Borderline Personality Diagnosis is also mentioned, especially as it differs from the author's newly created diagnosis of Repetitive Self-Mutilation. Multiple Personality Disorder is mentioned one time in this whole book, and then is noted to be a rare disorder (although the author often mentions hallucinations as a cause of self-mutilation). The category known as Dissociative Disorders is not mentioned. Depersonalization is mentioned, not as a specific Dissociative disorder, and without mention of its etiology. Post Traumatic Stress Disorder is never mentioned.

I think Dr. Favazza's time and energy would have been better spent on exploring the current knowledge base regarding childhood trauma and psychiatric symptomology. He has either avoided, missed, or disregarded a whole current component of his own profession. This would not usually surprise me, but he has placed himself in the position of expert on the issue of self-mutilation. Then again, it explains why I feel as negatively about his book as I do. ©

Aging out

1.

mommy I don't like this
please put me back in your mouth
and swallow me back up

2.

in the office they have slammed shut my chart
and will no longer discuss
my welts and burns and my
indiscernible and unfelt loss

3.

I am scorched in the Gahanna that is the body
Which offends me
Stranded
My children grow bereft and poor in spirit
Because of me

4.

am I afraid of death?
I can do eternity
standing on my head

5.

in certain circles they are saying
my mourning has reduced my outrage
at being persecuted
invisible
and unreal

6.

no longer crazy, just peculiar
I may yet come out of this alive!

7.

the evening crickets
herald night untainted by bitter expectation

8.

I have a purpose
A history
A willing tear
And a friend

Mael Anne Dinnell



Resource Review

Self-Injury: Psychotherapy with People Who Engage in Self-Inflicted Violence. Written by Robin E. Connors, Ph.D. Copyright 2000. Published by Jason Aronson Inc., Northvale, NJ. 418 pages.

From its front cover, it is easy to notice that this book is like no other written on the topic of self-injury. The artwork on the cover is beautiful, moving, and tender. These qualities carry throughout the text within. Yet the title of this book is misleading; it is about much more than psychotherapy – it is also about hope and healing. It is also not only about therapy for people who live with SIV, but about the basics of truly effective compassionate therapy in general. If you are someone who lives with SIV, whether you intend to pursue therapy or not, please read this book. If you are a mental health clinician or educator, even if you never intend to work with people who self-injure, please read this book.

Robin Connors divides her book into three major sections. The first, titled “Understanding Self-Injury as the Tip of the Iceberg,” tackles the defining of self-injury and the exploration of its roots. The context in which SIV occurs is described through the lens of trauma and its impact on the “self-boundary.” The second section, “Responding to People Who Self-Injure,” dives into the nature of therapeutic relationships and the issue of power that occurs within them. The author dares to write on topics such as “Presence as the Heart of Intervention” and “Attending to Our Language: A Powerful Indicator of Beliefs” within the several chapters in this section. Within this framework, SIV is explored with depth, compassion, and a true understanding of its meanings. The last section, “Managing Our Own Responses to Self-Injury,” is a gift to clinicians who are struggling with fears and concerns that arise when working with people who self-injure. She discusses self-care in clinical and personal realms, and provides ideas for dealing with issues rang-

ing from liability fears to having a “passionate engagement with life.”

Most people who know me, know that I am rarely at a loss for words. Yet, that is exactly where I find myself at this moment. I have described this book to you in some general ways, but cannot find the words to describe the soulful way it is written. Robin Connors is a precious combination of wise teacher, compassionate healer, practical advisor, and gifted writer. I have rejoiced in the arrival of her book. I only hope that my excitement will spur every reader of this newsletter to read it, feel it, have his or her libraries order it, and pass it around.

Impact of the Law on Women with Diagnoses of Borderline Personality Disorder Related to Childhood Sexual Abuse. Susan Stefan, J.D. Published in *Women’s Mental Health Services: A Public Health Perspective*. Edited by Bruce Lubotsky Levin, Dr.P.H., Andrea K. Blanch, Ph.D., and Ann Jennings, Ph.D. Copyright 1998. Published by Sage Publications, Inc., 2455 Teller Road, Thousand Oaks, CA 91320, (805) 499-0721. 496 pages.

This is the most important document anyone interested in the impact of the Borderline Personality Disorder label could read, whether they be the person receiving the label or the person doing the labeling. Hopefully, clinicians who use the BPD diagnosis, as well as those who have been given it, will make the effort to read this work and educate themselves about the brutality of that label. In her second paragraph, Susan Stefan writes: “The impact of the law on women diagnosed with borderline personality disorder is pervasive and almost wholly negative. These women are constructed as disabled by the law when it is to their disadvantage to be considered disabled. At the same time, the law erases their disability when it would provide them with some material benefit or protection.”

With this as the beginning, the author, a professor of law, moves on to identify the multiple ways the diagnosis of BPD impacts women’s lives. She describes in detail how the legal and medical systems utilize the diagnosis to discredit women, to disempower them, to commit them to institutions where they are likely to be forcibly restrained and medicated, to terminate their parental rights, and to prevent them from achieving in schools and the workplace, and in society in general. There is a great deal of crucial information to be learned from reading this chapter, which makes it very difficult to review, as I would prefer to quote it in entirety which is, of course, not possible. I strongly encourage everyone to read it.

The Scarred Soul: Understanding and Ending Self-Inflicted Violence. Copyright 1997 by Tracy Alderman, Ph.D. 216 pages. Published by New Harbinger Publications, Inc., Oakland, CA. \$13.95 paperback.

At last there is a book on the topic of SIV that I can easily recommend. Tracy Alderman has published a self-help guide on the topic of SIV and has designed it to be of benefit not only to those who live with SIV, but also to their families, friends and therapists.

Written in the popular self-help style, this book consists of three parts. The first, “Understanding Self-Inflicted Violence,” identifies the nature of, and reasons that people turn to, SIV. While exploring current psychological theories regarding SIV, Tracy Alderman skillfully reminds the reader that the root of most SIV can be found in trauma, particularly childhood abuse. While acknowledging that SIV is often used to manage very difficult emotions, she also addresses other reasons for SIV and does not shy away from mentioning topics such as multiple personalities and ritual abuse.

Resource Review

Continued from page 6

Part II, “Ending Self-Inflicted Violence,” focuses not only on aspects of changing patterns of SIV, but also on issues such as making the decision to stop SIV, and choosing to enter therapy. The author helpfully provides the reader with sample questions for interviewing therapists. The final section of the book, “For Others,” is written for therapists as well as family and friends of those who live with SIV. The emphasis here is on educating these people and moving them through their own reactions to SIV. It is very encouraging to read Dr. Alderman’s recommendations to therapists in particular, as she discusses common responses to people who live with SIV, and how to really be of help to them. Also, a variety of exercises can be found throughout the book for the reader to gain more insight into her own SIV or the SIV of someone in her life.

Perhaps the strongest aspect of this book is its continual affirmation of the strength of the person who lives with SIV. SIV is presented as a necessary coping mechanism that can be eliminated in time if so desired. The author emphasizes that SIV exists for a meaningful purpose in a person’s life, and that shame is not an effective or appropriate response to needing SIV. She states that stopping SIV should not be dependent on other people, be they therapists, family, or friends. It is absolutely refreshing to see people living with SIV treated with respect and dignity, as competent and capable persons who are managing their own struggles as they strive to heal

and empower themselves.

My criticisms of this book are in regard to what is missing, rather than what the author includes. I wish that Tracy Alderman had explored the varieties of trauma that lead to SIV in greater detail, and mentioned other traumas rather than childhood abuse. Concerning the area of abuse, I wish the author had dealt with the connection between SIV and the survival of ritual abuse more extensively. I also would have liked a greater emphasis on the harm that can come with disclosure of SIV to certain persons, particularly mental health professionals who have the power to probate. I agree with the author that “coming out” regarding SIV can be a very healing and empowering action, yet I do not believe that enough warning is given regarding the negative consequences of doing so. While emphasizing that hospitalization is not usually the treatment of choice for SIV, the author does not indicate that there is serious harm that often accompanies forced incarceration in psychiatric facilities. People who disclose SIV oftentimes, unfortunately, find themselves probated, and the consequences of hospitalization can be profound, particularly for abuse survivors who have been traumatized against their will in the past.

I hope that more and more people who are living with SIV have access to therapists such as Tracy Alderman. She has provided not only those who live with SIV, but also those who care about them, with a gift—this book. ©

PAIN

the cuts in my arm are
 little cracks of light
 in a world full of darkness and Pain.

Painful breaths
 chest sinks in
 like a wrecking ball
 happiness has its price;
 sadness is free
 for souls lost in suffering
 no light in the tunnel
 keep my head above water?

Trying to keep my soul out of hell
 painkillers are my only love
 too addicted to die
 my eyes bleed
 please, Lord,
 Stop the Pain!

Malachi

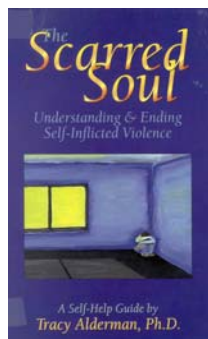
Helpful Newsletters

For Crying Out Loud: A newsletter for women survivors of child sexual abuse. Published by the Survivors Newsletter Collective, Inc. c/o Women’s Center, 46 Pleasant Street, Cambridge, MA 02139.

If I had to choose to read only one newsletter, this would be it. Published quarterly, each issue has a theme. The writing touches and inspires me.

ICSPP Newsletter: International Center for the Study of Psychiatry and Psychology. 1036 Park Avenue, Suite 1B, New York, NY 10028. www.icspp.org

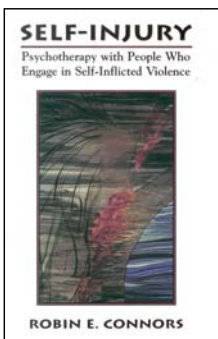
Challenges misinformation in mental health and exposes the dangers in current treatment while providing strategies for promoting healing.



Written in a self-help style, this book also offers helpful guidelines to clinicians that will improve their capacity to respond to people who self-injure.

CODE: ALSC, 216 pp., pbk.

PRICE: \$15.95. Available from Sidran.



Robin Connors is a precious combination of wise teacher, compassionate healer, practical advisor, and gifted writer.

CODE: COSE, 438 pp., hardcover.

PRICE: \$50. Available from Sidran.



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