Welcome to this, the 67th issue of The Cutting Edge. My deepest thanks to all of you who shared your experiences, beliefs, and wisdom about living with SIV while incarcerated. The paper on this topic is now complete, and I hope that it will promote understanding and healing. It will be available from the web sites of The National Center for Trauma-Informed Care (http://mentalhealth.samhsa.gov/ntic) and the Sidran Institute (www.Healingselfinjury.org). If you do not have Internet access, please feel free to write or call us at the Sidran Institute and we will send you a copy of the paper. I was so touched by the willingness of people to share their struggles and hopes. I feel honored to include one of the pieces I received in this issue. I hope that it touches your heart and inspires you when you read about Stephanie’s healing journey.

I am currently working on papers to encourage understanding of SIV in young people and would appreciate your thoughts and opinions on what it is—what it looks like, how it affects the survivor. SIV can feel out of control, is often kept secret, and often gets people “in trouble” with family and friends.

Why does SIV feel like an addiction to some people? Because it is a means of coping and that is the primary fulfillment of most addictions—they provide temporary comfort, changing feelings and experience. There are different ways to think about what addiction is. For some people the concept of addiction is limited to substances that are physically and psychologically mood-altering, such as methamphetamines, heroin, alcohol, nicotine, caffeine, or prescription drugs such as Oxycodone. (There are people who become physically addicted to narcotics but not psychologically dependent on them. These people use the narcotics as measures to alleviate severe physical pain. Are they addicts?) It has also become popular to consider many other behaviors—such as gambling, eating, shopping, and surfing the Internet—as addictions. This perspective has now been applied to SIV as well.

There are some mental health professionals who argue that SIV is a chemical addiction in its own right. It is this promotion of the idea that SIV is a simplistic chemical addiction that concerns me the most. In Secret Scars, the author gives the impression that people who scratch their forearms end up in a drug-induced haze as a result. The chemicals that are being portrayed as the perpetrators in this scenario are the endogenous opioids known as endorphins. These are chemicals found naturally in the brain at different times and are believed to act as natural narcotics. The current thinking is that SIV causes these chemicals to be released and that they therefore provide the self-injurer with a “high.”

The idea for this editorial came to me as I struggled to write a review of Secret Scars: Uncovering and Understanding the Addiction of Self-Injury (see p. 7). The perspective that Self-Inflicted Violence (SIV) is a simple, biologically based addiction has been gaining acceptance, and while I understand why this is so, I believe it is important to consider the repercussions of labeling people who live with SIV as addicts to their own self-destruction. SIV can certainly appear addictive. It is a behavior that brings relief when experiencing distress, can be habitual (its effect will continue to work over time), and can appear to increase in intensity over time (especially if it is not understood, the person does not have support to begin healing, and traumatic events continue to occur or are re-experienced by the survivor). SIV can feel out of control, is often kept secret, and often gets people “in trouble” with family and friends.

Self-Inflicted Violence—An Addiction/Not an Addiction: Does It Matter?
At first glance this seems to make some sense, as SIV tends to bring feelings of relief and that it doesn’t hold up under deeper scrutiny. First of all, the majority of wounds resulting from SIV, if any, are medically very minor, and there would be no reason for the opioids to be released in a quantity large enough to give someone a “high.” If the different injuries did this, many of us would feel “high” after getting paper cuts and bruises, but we don’t. What makes sense is that the endogenous opioids are already present in the body as part of a post-traumatic stress response, in response to trauma or the triggering of past trauma, before some-one self-injures. Intense emotions, flashbacks, or dissociation all bring on physiological reactions that include biochemical ones—those that are responsible for the fight, flight, or freeze responses that we see in survi-ors of trauma. Some of the chemicals released at times of stress include the opioids, and I believe it is they that provide the analgesia, the numbness, for the wounds of SIV, as many peo-ple who self-injure feel no pain at the time. The opioids are present before the SIV, not as a result of it. The SIV serves as an action that interrupts the stress response by signaling that the experience of crisis is over and the body can then regain balance, thus leading to calming and relief.

The suggestion that SIV is an opiate addiction led some psychiatrists to prescribe the opiate antagonist drug Naltrexone to people living with SIV. Antagonist means that the drug blocks the effects of the opiates. What happened? SIV and other coping strategies didn’t seem to help, and people taking the drug simply felt numb as a result, as if they were living zombies. They said that they didn’t feel much different than when over-whelmed with doses of antipsychotic drugs, which are also very numbing. Of course, no one wanted to continue living this way, and they stopped tak-ing the drug. It is rarely prescribed any more, although it was originally touted as a medication breakthrough for treatment of self-injury. It is an-other example of how the emphasis on eliminating SIV at any cost, without understanding the purpose it serves in the life of the person living with SIV.

Does it matter if SIV is seen as an addiction? What truly matters is what we believe about addiction as a whole. Some see addiction as a moral weak-ness, some as a biological illness, others as a coping strategy following trau-matic experiences. Of course, I believe that the first two perspectives are hurtful to people and that the latter is accurate and hopeful. I share the per-spective of John N. Briere, author of Child Abuse Trauma: Theory and Treatment of the Lasting Effects, who wrote:

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We hope you find this edition informative and valuable. We thank those of you who contributed content and time to its creation. We solicit your feedback on this issue and encourage you to continue to send us your work.

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To Bear My Soul

To bear my soul, is to try to tell a tale of hopeless love; to relive a life that seems a dream. Little food, rare parent-teacher conferences, Dingy hand-me-downs, drug deals, abandonment and death.

Life began the 24th of February in the year 1979. My cherished parents took me home, loved me, Cherished me. A story book, perfect family.

A third birthday, a pony came from Illinois, and a life-long dream was born.

July 21st, 1984, a gift, for me, arrived from my mother’s swollen belly. A sister, Jessica Lee. May 5th, 1986, another present, from my mother’s enlarged abdomen, a baby brother, Justin Reed, labeled for my grandfather.

On my eighth birthday, a black and white, sweaty POA, a gift I hated, but soon stole my heart. Caprice, Jessica, and Justin became my life when we were abandoned for drugs. A deadbolt lock appeared on our Parents bedroom door. Strangers came and went. Secrets created and lives demolished.

An uncle, Barry, plagued with muscular dystrophy, a confidant, a companion, a best friend, I found gone, forever, taken from me by pneumonia. A seed was planted from where a depression would grow with death attached.
Contributions

My name is Stephanie Sara Timothy. I’m 27 years old. I’ve been incarcerated since July 19, 1998. At 19 years old I killed my boyfriend in a suicide attempt. I was 13 years old when I found him dead in his wheelchair. He was one of the greatest men I have ever known. I felt an intense feeling of guilt for his death. I found comfort in my horse, Caprice, and dog, Chase. I began to cry a lot—soon to follow was fascination with death. I began with my wishing for death, wanting nothing more than not to wake up in the morning. By the age of 16 I was using drugs, engaging in casual sex, ditching classes, and sneaking out at night. Yet, I was also active in the sport of cutting. At this time I didn’t know of any act of self-harm with that name. I rode a “cutting” horse, attended cuttings with my grandfather. It was something I was good at and enjoyed immensely. Unfortunately it didn’t have the power to keep me in a positive mindset at home.

When I was 16 I took matters into my own hands and attempted suicide. I took every medication that was in the house. All this did was make me incredibly sick. When my mother found me in the living room throwing up, she didn’t notice the pills or see it as a suicide attempt. She had been up for days on meth. She didn’t notice. This only quelled my hunger for death temporarily. To bury my mental anguish I eventually gave up drugs for physical pain. It started with a steak knife, but soon graduated to a razor I found in my father’s tool cabinet. I took comfort in this. Back then the cuts weren’t deep, more or less just beyond scratches, nor were they frequent. At one point I had even gone a year without cutting.

On July 18, 1998, I once again found myself dancing with death. My last suicide attempt killed my boyfriend. Immediately after shooting him I shot myself in the head. The bullet ricocheted off my head, fracturing my skull. We were found by friends. Later I was charged with first-degree murder. During my time in county jail I was so drugged up that I didn’t feel like taking care of myself, let alone hurting myself. I took a plea bargain and walked into the Colorado Department of Corrections with a 48-year sentence. This was a tough pill to swallow so many antidepressants were prescribed. This clouded all thought processes, creating a zombie.

I don’t remember the first time I resorted to cutting again, but I do remember the pain was unbearable. The wounds weren’t too bad and they were well hidden. But after a visit with my family I had to be stripped out, and my secret became a burden for the staff at CWCF. Mental Health was notified.

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At times the need to bleed would subside for months on end, at other times it lasted weeks. July 2004 through November 2004 the cutting became more intense, then diminished for a short time. In March 2005 the urge to cut attacked me like a wolf does his prey. The cuts became deeper, more frequent. By June I was cutting at least once a day. Not once have I had to be taken to medical for stiches. Some could have used sutures, but my desire to keep them hidden overruled that. At times I would talk to my “therapist” about it, desperate to make the desire diminish. But DOC has done little help me in my recovery. Because I do not do enough damage they don’t care much. Mental Health keeps me on my meds. They’ll ask about the desire to cut, but when it comes down to it nothing is done. This is a common behavior in the facility, but most “cutters” use cutting in a different manner than I do. This makes it difficult because population “classifies” me with this group. These “cutters” cut deep, requiring immediate medical attention, I use my cutting as a way to typically hide my anguish, sadness, and guilt. If I use violence against myself I can typically hide all the negative feelings, appearing quite happy and content to those who don’t know me. This decreases the questions and prying, providing a completely false sense of security and comfort.

Many people are surprised that I indulge in such behaviors. Some say, “You’re too pretty to be doing that to yourself.” Honestly, this helps in no way. I feel so ugly inside and disfigurement makes the outside match the feelings within. For some reason people have a difficult time understanding this. I also use disfigurement as a punish-ment. I will do this to myself to remember the act that I messed up, creating a reminder not to do it again. At times I feel so incredibly stupid that I don’t deserve to be happy or pretty, so I’ll cut.

The most help I have received has been provided by those with no psychological training, the other people who are housed here with me. The ones I have allowed close enough to get to know the real me. The people who do nothing for themselves who are paroled. The ones who actually work on bettering themselves are stuck with denials and setbacks, leaving me, among others, with hopelessness as well as a “why should I?” attitude. It’s sad and depressing, but a trap that can be avoided. Personally, I’ve been stuck in this trap for far too long. Luckily I have found that somehow things could always be worse. I’m fortunate, I’m appreciated, loved, and I know this. I have found true love, my family, and hope for the future. This all I found myself, within myself, for my family, and those I love.

It is crazy how those who can make you want to stop hurting yourself can also make the desire so intense. Learning to live and deal with this has been one of the hardest things I’ve ever done. I don’t want to be looked at as the girl who can’t cope. That is not the way it is. I am the girl who has learned to cope in a manner which frightens others. What many fail to realize is that usually what scares a person is what they don’t understand.

One thing that has most recently made me feel the desire to harm myself is the departure of my best friend and roommate. When she left I made a verbal contract with her, more like a deal, that I won’t cut unless she uses. That has kept me from cutting.

What it all comes down to is yes, I am a felon, a murderer, a cutter. I have been diagnosed with Dependent Personality Disorder, Post Traumatic Stress Disorder, and Dysphoria. But I am a sister, an aunt, a daughter, a grand-daughter, friend, and lover. I am Stephanie Sara Timothy, a young woman who has survived herself.