



The Cutting Edge
Sidran Institute
200 East Joppa Road, Suite 207
Baltimore, MD 21286-3107

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the Cutting Edge

A Newsletter for People Living with Self-Inflicted Violence

Self-Inflicted Violence: Let the Scarred People Help

Welcome to this, the 69th issue of *The Cutting Edge*. It is with excitement, and a bit of sorrow, that I am letting you know of an upcoming change with this newsletter. I, with the staff here at the Sidran Institute, have decided that we will stop publishing the newsletter after the next issue, number 70, and focus on making a great deal of information available on www.healingselfinjury.org, our Website. This will include information from back issues of *The Cutting Edge* as well as a blog so that we can communicate with each other. My only concern with this change is for those of you who do not have access to the Internet. We are making plans to make sure that people have access to information in ways that will work for them. This newsletter has never excluded anyone, and that principle will remain in the future. Please let me know if this will be a concern for you.

It is my hope that the next issue of this newsletter will be a good ending and the beginning of a wonderful transition. I am greatly interested in your thoughts and reflections about *The Cutting Edge* and hope to hear from you before it all ends.

This issue's topic is the concept of "peer support," a relatively new concept in mental health practice. This topic made me reflect on the different ways people help each other and how important a sense of community might be for some of us. I hope that you find it useful.

—Ruta Mazelis, Editor

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for the ideas in 12-step groups but began their own peer support organization. Twelve-step groups are based on the sharing of "experience, strength, and hope," the basis of connection and healing. There are many examples of peer support that have greatly influenced our culture, such as the organizing of Viet Nam veterans, the coming together of battered women and rape survivors, and the impact of people acting on a shared vision in the civil rights movement.

The idea for this editorial came to me as I sat in a meeting focused on the incorporation of the topic of trauma in the education of mental health peer specialists. I am just beginning to learn about the concept of peer specialists and the formal institutionalization of peer support in mental health services. After a great deal of effort, the labor of many mental health consumers has come to fruition as the concept of peer support is gaining acceptance. The inclusion of people "who have been there" is a new concept in mental health care, and is an idea that is not readily accepted by all in the field.

Yet this concept of "peer support" is certainly not new. It is basic human nature that people who have shared experiences can often come together and help each other in remarkable ways. The idea of professionalizing this concept does seem new, although there are people who work as consumers in various ways as a direct reflection of the rising importance of the consumer movement. Historically, one of the most dramatic examples of peers helping peers is Alcoholics Anonymous, a group of people with shared struggles who come together for the purpose of helping themselves as well as others. Now there are many different 12-step programs in existence, as well as other types of peer organizations, such as Women for Sobriety, who did not care

So how does this relate to people living with Self-Inflicted Violence (SIV)? As I thought about these recent discussions of peer support I recognized that the essence of *The Cutting Edge* has connection with people with shared experiences at its core as well. When I first began publishing the newsletter, over 17 years ago, my primary purpose was to continue the sense of community some of us had experienced from meeting to talk about our lives with SIV. We had found each other in the midst of extreme isolation and greatly valued our connection. The early issues were intended for a small group of people, yet the circulation grew rapidly. While writing the first issue I could never have envisioned that I'd still be writing 17 years later and that this work would have such a diverse and expansive readership. It's not a surprise that we all wanted a place where we could feel safe

and be real about our lives. People living with SIV are used to being judged harshly. Some of us have been imprisoned, locked in seclusion rooms or tied down to beds in restraints, injected with drugs against our will, simply because people feared we would self-injure. It is no surprise that many of us quickly learned that it is often best to hide our wounds, not only the physical ones, but the emotional as well. Therefore, connection, if and when we can find it, can bring us inordinate relief and hope.

Here at the Sidran Institute we do a lot of work with the curriculum *Risk-Ing Connection*, which is a guide to helping people heal from trauma. The basis of this work is “RICH” relationships, the acronym standing for “respect,” “information,” “connection,” and “hope.” We see these as the basis of healing. These are also the gifts that come from being with each other as partners in healing, valuing each others’ innate dignity regardless of history or position. Where does one get respect, information, connection, and hope? Rarely from those who are presumed to be

the experts. Hope does not come from shame or judgment, restraints or drugs, contracts or demands to change.

Why don’t systems of care offer peer support to people who live with SIV? It is my experience that groups on this topic, when they exist at all, are managed by clinicians and are controlled so that there are limitations on what can be said. This is particularly true when the diagnosis of “borderline personality disorder” is the common label applied to those who self-injure. That particular label carries with it the disgust and fear of many clinicians, who see “borderlines” as manipulative, dramatic, and unchangeable. Therefore, the perception is that “borderlines” need to be managed. Little connection with others can happen in this environment, whether with clinicians or peers. These judgments, and the attitudes and shaming that come with them, are what need to change. Such change will only occur when people have the opportunity to understand the lives, including the histories, of people who live with SIV, when they

become aware of how self-injury functions as a coping mechanism, and when they gain insight into the basics of healing and trauma-informed care. Fortunately this work is being done in some places, but so much more needs to be done. The value of people coming together to share their experience, strength, and hope about healing from SIV is invaluable. I wonder what we can do to promote this sort of peer support in the mental health services people receive.

I learn a great deal from teaching about SIV to various audiences. I am often privileged to hear parts of people’s stories during the day, sometimes during our discussion, but most often during conversations that are had in private. It is no surprise to me that many people who work as psychologists, social workers, counselors, or physicians who also live with SIV believe that they are alone. Sometimes the only people they meet who also live with SIV are their clients or patients. They keep their own self-injury highly secret, for good reason. Can you imagine how they feel in groups of other professionals who

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We Want You to Know...

We are transitioning away from our newsletter format and moving toward a dynamic website after issue 70. The website will showcase many of the topics and reviews discussed in previous issues, as well as an ongoing array of poetry, art, narrative, and reviews. We will continue to welcome your contributions. The website address is: www.healingselfinjury.org. If you don’t have a personal computer, we hope you will be able to use one at the public library. If you need help finding out how to use the worldwide web, ask the librarian for assistance. If you are incarcerated or hospitalized with no access to the computer, let us know and we’ll make special arrangements.

How to contact us: cuttingedge@sidran.org, 410-825-8888, 888-825-8249, or U.S. mail.

Where to send contributions: Please consider contributing to *The Cutting Edge* or the healingselfinjury website in whatever way you can. Poetry, prose, art, and opinion statements are welcome. Include a written statement with your work giving us permission to publish it. Also, we request that you let us know how you wish to be identified. All communication is kept strictly confidential. Your work is needed, appreciated, and celebrated. Monetary donations or contributions of writing or artwork for *The Cutting Edge* should be sent to the Sidran Institute address in the Publisher’s Block.

I try to understand the language
Of the wound
But you may do better:
You who I nervously concede
May see me (I hope not)
Even when I am deep, deep within the void
Deeper even than the silent cave,
With its barren walls
And cold, clay floor
Where light has never been
And must never go

“I am red and raw with pain
“I seethe, livid
“I cannot be denied
“I bring the outside inside
“I fight for it, the body
“the life of which has been a bill of sale
“but no delivery:

“putrid, yellow, poisoned pus
“seeps out of me
“through the open skin
Bacteria comes in, and I fight with it
“she will not fight for us,
each vulnerable living cell
“every part of me flames
“too tender to be touched

“I am a gaping, terminal sore
“image of
“what waits, around the child-soul
“dreaming harmlessly
“contentedly unaware

“I am her
“even though she is not me
“the hatred
“is in my weeping mouth
“I am a frightful foal
“but render powerless a greater toll
“if revealed-

What is all this
This flurry
This fury
This blood, unbidden, everywhere
The skin screaming actual WORDS now

What has it done,
What can it possibly do
For me
Bringing shame, confusion, reprieve, relief
Tears are so, so far, far away
In a dimension and a universe
I cannot even know:
Away from the screaming skin, and yet
Some little voice whimpers
Look, how bad it is in here
Make it all go away!

Scarlet blood
(bright red meeting air persuades into being this
deep purple)
everywhere
And words I wish I could deny

I am crazy, sick, perverse, peculiar,
Sublime, divine, the mutant link,
I do not know
I feel as if
I may hurt you, your very flesh must
Hide the desperate (someone’s) deed

My flesh,
Yielding to reveal the hell

“why doesn’t she tell me, call me”
With what? With what voice?
The voice is not willing
But the flesh always is

What is me, what is it, what is you
Where can I remain
In what can I believe
How many years now must I hide this compliant
flesh
From the eyes of everyone, and every body
I think I’m sick
Sick
Sick
Sick

—Melodee



JUST CRY.....

THE BLOOD WAS JUST SHED
ONCE AGAIN, WHILE SITTING HERE ON MY BED,
I GET OUT THE SAME SMALL BLADE
AND LEAN UNDER THE LAMP SHADE.

TO CUT MY OWN SKIN
NOT TOO DEEP, BUT ENOUGH TO BLEED FROM WITHIN,
I DON'T WANT TO DIE
AND NO-MORE WANT TO CRY.

FRIENDS DON'T UNDERSTAND, WHY?
BUT I DO BELIEVE THAT'S ONLY A LIE,
I HEAR VOICES OUTSIDE AND INSIDE MY HEAD
HE TELLS ME I SHOULD BE DEAD.

AS MANY TIMES AND PLACES I'VE CUT
MY ARMS AND LEGS ARE FULL OF ONE GIANT RUT,
I USED TO BLAME IT ON THE CAT
BUT YOU ALL KNEW BETTER THAN THAT.

IT'S BEEN THREE DAYS SINCE THE LAST
BUT CUTTING MY SKIN IS BECAUSE OF THE PAST,
WHY CAN'T I JUST CRY, CRY, CRY???

TO THE CUTTER LIKE ME
ROBBIE TAYLOR

BLOOD SHED

THE BLOOD HAS BEEN SHED
THE BLOOD BRIGHT RED,
I'M A CUTTER YOU SEE
IT'S JUST BETWEEN YOU AND ME.

I CUT MY ARM LIKE A PIECE OF WOOD
NO ONE REALLY UNDERSTOOD,
WITH KNIFE IN HAND I DO CUT
WHEN I'M IN AN AWFUL RUT

EMTIONAL WOUNDS ARE HARD TO DEAL
WHILE PHYSICAL WOUNDS ARE EASIER TO HEAL,
DAY BY DAY, I HOPE AND PRAY
THAT I STOP THIS ADDICITON ONE DAY.

MAYBE TODAY OR THIS AFTERNOON
I DON'T KNOW WHEN BUT SOMEDAY SOON,
COULD BE NEXT YEAR
THAT I'LL STOP THE FEAR.

OF PULLING THE KNIFE OUT
INSTEAD OF CUTTING, I SHOULD JUST SHOUT,
AND DROP THE KNIFE OUT OF MY HAND
AS FAST AS I CAN.

OH GOD HOW I PRAY I STOP CUTTING TODAY,
AND NOT TOMORROW
I'M TIRED OF BEING IN SUCH SORROW.

TO THE CUTTERS LIKE US
ROBIN A. & ROBBIE TAYLOR

tantly, learning directly from others who live with SIV. So I think that the people who participate in my trainings and who come up to me to talk about their own lives with SIV have tremendous courage. Sometimes I am the only person they've ever told. While I feel deeply honored to be so trusted, I also feel so sad and frustrated that those whose careers are to provide service to others are themselves not being served by a system that demonizes those who live with SIV.

How I wish that mental health clinicians who have in the past or still do live with SIV could meet with each other in a safe place. By "safe" I mean a place where they would not have to fear exposure about their SIV, as certainly their jobs, and potentially their careers, might be at risk if their life with SIV became known. What amazing hope, connection, and strength

might discuss people living with SIV as "borderlines" or "those attention-seekers" or "irritating cutters"? I still remember my experiences when I was working as a counselor, over 20 years ago, and heard similar remarks. At the time I was evaluated as one of the most effective employees and received promotions and was asked to teach about my way of practice. If those who were promoting me only knew that I was living with SIV at the time, I'm sure they would have treated me very differently. You learn a great deal about people's attitudes when you spend hours in the office with them.

I don't talk about my personal journey with SIV when I teach mental health professionals. It would give some of them a reason to devalue what I have to say, even though I speak from years of experience that is grounded in theory, practice, research and, most impor-

they could offer each other. Perhaps they might choose to organize and promote greater understanding and acceptance for themselves as well as their clients.

While I'm not sure yet that peer support will be utilized as it should in a psychiatric system that is based in biology and control, I am witnessing progress. I'm not sure how support based on respect and personal power can occur in a system that is not traumatized, but change is afoot in some places and there is reason for hope. Most importantly, I know that my gratitude to all of my "peers," you, dear readers, is limitless. We have come a long long way, thanks to each other and our innate desire for growth and healing. I have faith that our mutual hope and strength serves us all. ☺

Contributions

I have been living with SIV for so long that it's hard to imagine living without it. Since the age of six, I've been cutting myself in order to manage the feelings of shame, sadness, and anger at being molested by my uncle and father. I am now twenty-six and occasionally memories haunt me. It is the memory of being a sad and abused little girl that sometimes makes me want to cut. I can't bear those feelings. I cut when I am sad, angry, hurt, empty, and alone. God, especially when I feel alone. It sort of makes me feel real. Like I really do exist. Most of the time I use other methods when I have painful feelings. I usually call a friend or my counselor when I want to cut. In those scary times when I can't reach anyone (like now), I write down my feelings. Just writing this letter helps calm me and reassures me that there is hope.

I don't personally know any other women who use SIV, but writing this makes me feel like I'm being heard, understood, and supported by everyone who is dealing with SIV. Before I started to write this I was on the verge of cutting myself and thoughts of suicide were on my mind. But then I thought about how far I've come and how strong I must have been as a child. It takes a lot of courage to admit and come to terms with why we hurt ourselves. I think that all of us who are dealing with SIV are very strong inside. I am so thankful that "The Cutting Edge" provides a forum to which we can be connected to each other.

—Crystal

More Contributions

Lucid Shame

Beneath trembling skin
Cold fear flows
Through my veins
Where my memories stream

Trickling tragic truth

One drop at a time

Until drained weak

And wounded

My shame seeps

Through my lucid skin

For him to see.

—Christine De Marco

My Math

One for the pain.

Two more for the shame.

Three for the guilt and stupidity.

Four more for the blame.

Five times over to face reality.

Great . . . here I go again.

—Vicky



I lost the battle again – only I prevented a suicide. There's no one to tell when I lose the battle. My therapist says she has a duty to tell authorities if I'm hurting my body. So, I keep the secret and feel guilty. I want to tell her. I don't know why—it won't make a difference. Maybe I just want to hear her say "I'm sorry you're in this much pain."

Anyway, I lost the battle—and wrote:

Inner pain.

broken skin.

scratches.

cuts.

blood.

The life force that holds us when no one else will

calms us—gives relief

Tears, screams, feelings!

Mind and heart, exploding!

Body Remembering!

Mind, trying to forget.

The fear is back

Time to go inside

Cut! Cut! Cut!

—Karen

I have wanted to write for some time, but haven't been able to. I have so much I'd like to say and I only hope I make sense when I'm done. First, I want to thank you for this newsletter. The first few I received I cried because I am not alone. I was understood. I have eagerly awaited each one. I have used *The Cutting Edge* to teach others and used it as my voice when I didn't have one.

I am Danielle and I'm 28 years old. I am in prison. I've been here for 6 years. I am fixing to enter my 7th year. I was in county jail a year awaiting trial. I received a life sentence, and in Arkansas life is life.

I started self-injuring when I was 4 years old. I started by hitting my arm on the edge of two walls (at the corner). I didn't start cutting until I was around ten or so. I hid well and no one knew I did "these kinds of things" until I was around 24. I'd been in prison for like three or four years before I "came out of the closet," so to speak. In fact I had hid it so well that no one believed me. I had someone whom I thought was a friend who was a cutter (and she hurt herself all the time) but when I finally opened up that I did the same type of things she constantly belittled me about it. I didn't do it right, I was only doing it because she did, I only wanted attention, I was selfish, and so on. One of the best things I brought with me when I ended that friendship was the acceptance of that part of me. That acceptance has cost me. When I accepted it, I quit hiding it. I can't count the times I've been in isolation with only a suicide blanket for days. The last time I went I spent six days with no toilet paper, no shower, one blanket, one mat, no spoon to eat with, and no cup to drink out of. I had no soap. It was during my monthly cycle. No toothbrush, no

Upside In

Inside Out

One cut makes the difference

Swimming in an inner pool of pain

Swimming in a world of pain

One burn makes the difference.

Upside down

Upside right

One bruise makes the difference

toothpaste. What did I do to deserve it? I got upset and was crying. Because of my past history with self-injury they felt it was wise to isolate me and take all precautions. I hadn't self-injured in six weeks when they did that to me. I have been working hard these past couple years and working through my past and accepting myself. For the first time in my life I'm comfortable with short sleeves. Being in prison it is difficult to get a good counselor or any understanding. I had an excellent counselor for 18 months. With her I made the most progress. I shared what your newsletter had to say to her and she would listen with an open mind. She used to go online and go to your web site. Your newsletter has changed some things around here for us. They have done away with no harm contracts and punishing us for using self-injury. Used to be we would get 30 days in segregation (total isolation – just with clothes and three showers a week). I use your newsletter to educate anyone who will listen. It is my voice.

For so long I believed what I was told, which is I would always self-injure. Also that I was no different, no better than the abusers. I'd never really thought about it, I just believed it. It was about a year and a half ago that I realized that I had control and I could change my self-injurious behavior. With this last newsletter you showed me how wrong I was to believe I am the same as my abuser.

Living in this environment where there is little privacy and almost everything is public knowledge has been difficult. So many try to tell me why I do what I do. Very few are willing to listen, to learn. Since coming out of the closet about my self-injury I have been driven to learn about self-injury and educate people about it. ☺

One cut

One burn

One bruise

Makes me

Feel alive

Feel a little less hurt

Feel a little more in control.

—Danielle