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# THE CUTTING EDGE

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## A Newsletter for Women Living With Self-Inflicted Violence

Volume 9, Issue 1 (33)

Spring, 1998

A reader has requested an editorial on “triggers causing Self-Inflicted Violence.” I hope to address this topic in an upcoming issue and am requesting your experiences and opinions on what brings on the SIV in your life or the lives of the people you know who live with SIV. Please feel free to contact me via mail, at P.O. Box 20819, Cleveland, OH 44120 USA, or e-mail at [Rutamaz@aol.com](mailto:Rutamaz@aol.com).

Congratulations to Sophie Constantinou, as her film **between the lines: a documentary about cutting** has won the award for best documentary at the San Francisco International Film Festival. Anyone interested in this excellent film can contact her at 131 Albion St., #6, San Francisco, CA 94110. She can also be reached by phone, (415) 431-7203, or e-mail, [sophc@sirius.com](mailto:sophc@sirius.com).

### THE POLITICS OF SIV: THE POLITICS OF VOICE

My thoughts for the editorial of this issue of **THE CUTTING EDGE** arise from experiences I recently had while at a meeting in Washington, DC. The title of the meeting was “Awakening From Silence: Self-Inflicted Injury in the Lives of Women and Girls.” This gathering of several dozen persons was sponsored by the Center for Mental Health Services, and lasted two days. We spent the time together discussing what we had learned about the lives of women and girls who experience Self-Inflicted Violence (SIV). We proposed several resolutions, which we collectively hope will ease the plight of this often misunderstood group of people.

In attending the conference, it was my goal to represent the voices of the people who have spoken or written to me over the past ten years. I also had the opportunity to speak from my personal experience. The representative expert from the world of biopsychiatry was also there with his voice. The miracle is that his was not the dominant voice. This was not a psychiatric conference on “management of the borderline personality or the schizophrenic.” Those were depressing yet familiar contexts I had experienced before. This gathering was a choir of voices. The members of the choir varied in age, sex, color, experience, and profession. They came from many corners of this country. This was the most diverse gathering I had ever attended on the topic, and yet the common language was one of compassion and desire for mutual understanding, rather than the language of mental illness.

I returned home with a newfound optimism. The group discussions had resulted in a collective understanding that self-injury in women and girls can only be understood in the context of trauma. We agreed that approaching SIV from the perspective of “mental illness” was not helpful or necessary, and that

there was a great deal to be learned from those who live with SIV. We recognized that women and girls who live with SIV often experience maltreatment in various systems, such as mental health facilities, courts, schools, and prisons. We fantasized about the development of a centralized clearinghouse of information on the topic to educate the general public, as well as health professionals, about SIV. Regardless of any other outcomes resulting from this gathering, its positive effect on my own spirit validated my belief in the importance of being heard and taken seriously. Certainly being taken seriously, and sincerely listened to, would alter the lives of many women and girls currently struggling with SIV.

The trip to Washington brought to mind the power of politics. To address the politics of SIV is to address disempowered groups in society, particularly children and people who have been labeled "the mentally ill." Certainly we have witnessed the power of political action in the empowerment process. The women's movement of the past several decades brought about great societal change and political reform. Violence against women, inside and outside of the home, had been a taboo subject until women made it a political as well as a personal one.

Certainly there is an enormous amount of work to be done regarding violence in the lives of women, but the work has begun. We no longer deny the existence of rape and domestic violence, and sexual harassment is a common topic of discussion. Yet there is much room for improvement. We live in a country in which most people still deny the existence of marital rape, and in which the concept of "false memory syndrome" is touted by the press, the perpetrators, and citizens who prefer to deny the prevalence and impact of child abuse. We can still meet people who view children as private property rather than as human beings with basic human rights. We can find many people who believe it is acceptable to incarcerate, or forcibly "medicate," people who have committed no crime as long as they receive a diagnosis of mental illness. And there remains an incredible stigma about those who live with SIV.

The politics of SIV are the politics of child abuse. SIV is a coping mechanism that arises from the ashes of trauma survival. Most often the trauma which results in the use of SIV as a coping mechanism is child abuse. Yet the United States is still unprepared when it comes to protecting its children citizens. Violence towards children often goes undetected, and systems designed to intervene in families in which abuse is observed are understaffed and struggling to function. The courts are increasingly granting custody of children to alleged abusers, most often fathers, when custody is contested. Children's emotional struggles are increasingly being medicalized and pathologized. Research studies are taking place on the topic of "the biology of violence" rather than on the effects of poverty, stress, abuse, and neglect. Perhaps the most striking fact I came across recently is that more than 1 out of 10 children in the United States go hungry. While politicians wax eloquently about the importance of the young and their needs, such as nutrition, medical care, education, and emotional safety, little is actually being done on the political level to institute fundamental change.

The politics of SIV are also the politics of law and medicine. As long as physicians are empowered by the government to incarcerate individuals who have not committed a crime, then there will always be the danger of imprisonment for "being a threat to self or others," a category which SIV is arguably part of. The American people have made progress in acknowledging the civil rights of various subgroups of society, such as women, people of color, and the physically challenged. It is much less socially acceptable to demean minorities, or publicly espouse supremacist beliefs. A great deal of consciousness raising needs to be done regarding the stigma experienced by people labeled with diagnoses indicating "serious mental illness." The general public remains remarkably afraid of "such" persons. Current politics are espousing the "biology of mental illness" and therefore appealing for public compassion for the "victims of disease." Empathy is sought for victims of illness rather than survivors of horrors. Little is being acknowledged publicly about the incredible amount of emotional, physical, and spiritual devastation that accompanies the survival of trauma, especially childhood abuses. The insurance industry, impacted by the pharmaceutical industry's push for psychopharmacological answers to emotional difficulties, has indicated that nonbiological therapies will not be funded. The business of psychiatry, initially meant to be a study of the soul, has been reduced to an oversimplified reliance on the biology of the brain and the chemicals that alter it. We are moving farther and farther away from an understanding of the power of holistic healing for persons labeled with mental illness.

Gandhi stated: “The greatness of a nation and its moral progress can be judged by the way its animals are treated.” In the United States some animals have devoted attendants and very comfortable lives. Many are given little significance. Others are horrifically treated in the food and research industries. This parallels much of what happens with American people – some have very comfortable lives, others are ignored, and some are horribly mistreated. Certainly moral progress can also be judged by how a nation treats its disempowered members. This brings to mind the plight of children and those labeled as mentally ill. There is much room for progress in the empowerment of these groups of people. The politics of law and medicine remain dominated by the powerful interest groups whose interests are financial rather than ethical. Human rights are an intense political issue with little financial clout. Here in the U.S. we tend to focus on human rights issues as they impact people in countries other than our own. It is both threatening and liberating to consider the rights we withhold from some of our own citizens, a significant number of which are the survivors of abuses.

One of the participants in the conference spoke about the similarity he perceived between the current reaction to women who live with SIV as compared to that experienced by AIDS victims in the early 1980s. Although SIV is not a disease, the reaction to it is as severe as that received by AIDS victims who were perceived as untouchables by the public at large. There are similarities in people’s reactions to SIV as there were to persons with AIDS. People were disgusted by, and blaming of, AIDS victims. This is the attitude commonly taken towards persons who live with SIV. As people react to their own fear and misunderstanding about AIDS or SIV, they can easily blame the victim for his/her situation, and see them as “deserving” of “whatever they get” as a result. Regarding AIDS, this perspective did not change easily and needed a social political movement to begin to change not only public opinion but governmental policies as well. People living with SIV are on the threshold of that same struggle.

Hope for women living with SIV might be coming from popular culture, not the medical community nor biologically oriented allied mental health professionals. The general public is becoming exposed to the existence of SIV via several famous persons who have spoken out about their own SIV. The late Princess Diana of Wales, and actors Johnny Depp and Roseanne Barr, have found the courage to admit their own histories of SIV. The singer and songwriter, the late Harry Chapin, addressed the issue of SIV in the song “Burning Herself” (copyright 1972 by Story Songs, Ltd.). The impact of this should not be underestimated, as these leaders are treasured and respected by many of us. They cannot be simply ignored or labeled and locked away. They are in powerful positions to bring issues such as SIV to light, and their courage in doing so needs to be acknowledged.

While some public figures have addressed SIV as a personal issue, the media has limited its reporting of the subject. Perhaps it is preferable for the press, in the competition for ratings, to consider SIV as a teenage epidemic or biological malady. There is a heaviness, a seriousness, which comes with discussing the traumatic roots of SIV, particularly childhood abuse. This is apparently not considered to be a captivating nor dramatic enough approach to the topic. Several recently written pieces and television productions have dealt with the topic of SIV. This includes *The New York Times Magazine*, *The New Yorker*, and the television program *20/20*. Representatives from all of these contacted me about their work, and I provided all of them with information about SIV and this newsletter. I also provided them with other resources including a psychiatrist and an author of an excellent paper on SIV. The magazine or television writers never contacted these experts on the issue of SIV. I had made it clear that these people recognized the correlation between SIV and trauma, and I can only surmise that this was enough to disinterest the writers. In this way, the media has consciously chosen to disinclude the knowledge that SIV is a coping mechanism for persons who have experienced trauma. Their presentations controlled the information and didn't present all the perspectives on the issue to which they had access. This is a powerful manipulation that impacts public knowledge and opinion. It is important that we become increasingly aware of the power of the media to bias public opinions. The media, by nature of their “voice,” are powerful indeed.

The silenced have no voice, and therefore, no power. It is appropriate that the title of the gathering I attended in Washington was “Awakening from Silence.” The silent are the voiceless, the unknown, who do not represent themselves. It is time for our voices to begin to rise, to speak our truths so that we will not be spoken for. The disenfranchised are not typically heard from. The politics of power recognize the power of voice, of recognition. The phrase “the personal is political” was born in the women’s movement. It can

be resurrected to represent those of us who live with SIV. We are awakening personally, and hopefully we will awaken politically as well. We must either continue, or learn to, address the politics of the disempowered. It is up to adults to act on the behalf of the children who have no power. It is up to all of us to demand civil rights for all persons, especially those who have their rights placed at risk by virtue of a psychiatric label. Living with SIV can help us understand both of these issues. Once we begin to act politically, we will reap the benefits personally. A collective voice is a powerful one indeed.

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I will survive  
I've been told I was bad ever since I've been small  
As I crouched in a corner clutching my doll

I couldn't understand the things that he did.  
I cried all night long and sometimes I hid

Under my bed where I felt secure, I listened for footsteps he'd find me for sure  
No one to protect me from his sexual abuse.  
I couldn't fight back so what was the use.

I did what he told me. I hated it all. I wondered why me, why me did he call.

I remember again that he said I was bad,  
He had to be right, after all he was my Dad.

He hurt me over and over again.  
Being a child I had no way to win.  
I longed for my mother to send him away.  
She couldn't have loved me, she still let him stay.

What do you do when the parents you trust use you and hurt you to satisfy lust?

I'm no longer that child but I remember her well.  
I'll take time to find help,  
I have stories to tell

I still feel bad and I still take the blame  
For many long years I buried the shame

Now that I'm older I won't let him win.  
I won't punish myself all over again  
I will not continue my own self-abuse.  
I won't cut, I won't scratch or cause black and blues

I'll be a survivor, that's what I'll be.  
I'll put the blame where it belongs and won't abuse me

My life will be brighter. I'll no longer carry his sin.

I know I'll get better as memories dim

Me

Judy R.

*Hi! I'm Jodi. I too hurt myself. I try to break my hand by punching the wall or pounding it on the edge of the coffee table. I can remember when I was a little girl holding a fork over my wrist in a stabbing manner. I never did it, but it happens when I get angry, upset, or for no known reason at all . . . One time I went to an emergency room to talk to a psychiatrist and ended up spending four days in the hospital's psych ward. I don't really know why I hurt myself, but I'd rather feel physical pain because I know it's going to go away . . . sometimes I lie to the doctors as to how I hurt myself.*

*Reading "The Cutting Edge" helped me realize that I'm not alone. As a child I put up and "learned" from my father as to how to deal with anger. His way was by violence. So, I "learned" that if I get angry I must break something too. I know it's wrong and I'm trying alternative methods of venting my anger. My apartment counselor suggested writing in a journal and talking into a tape recorder to record my thoughts and feelings, and allowing her or my therapist to hear or read what I had to say. I hope someday that living with SIV will become a thing of the past, but for now it's a day to day thing.*

*Jodi*

#### The Inner Pain

With scars and burns I've caused  
the inner pain manifests itself  
but I cannot keep it in  
I don't mean to hurt myself.

But do not scold me  
I'm ashamed as you should know  
But I need the pain to come out  
in ways that will show.

So keep pins and lighters away from me  
and treat me with hugs instead  
'cause although the scars are on my skin  
the pain is inside my head.

Bless us all SIV survivors

beat the body  
beat the body  
beat the body  
she's blind  
a pinball through space  
stupid fool. doesn't know  
know what's real  
what's right  
what's true  
ignorant slut  
who are you?  
you do not belong here  
bring the body  
the mind will not follow.  
shattered into a million  
pieces, it can not be harmed.  
torture it.  
maim it.  
abuse it.  
try to penetrate its invulnerability  
you can't.  
no one can  
gone are the days of  
meaningless help.  
spread the legs  
press the button  
leave the body  
anxiety, fear, terror  
out-of-control  
does it ever stop  
i want to cut, burn, destroy,  
myself  
blood- blood- blood  
running down my legs  
black, thick, ugly  
burning my flesh as it drips  
hot, smoking, sulfur smell  
leaving me marked  
burn it out, burn it out, burn it  
carve off the face  
it doesn't belong  
not to this body  
ugly, ugly, ugly  
contaminated with his juice  
the stain won't ever come out  
not ever  
you're merely a trinket in  
waiting  
waiting to be played with  
hung from a noose  
waiting to be dead.

*The Struggle*

*The day broke gray and cloudy like the shadows in my mind. My soul wanders unattached, looking for things that bind. I stare and ponder in this dull gray morning light, trying to remember when living became such a fight.*

*Was it the first time I cut myself? Or the second? Or the third? Or did it start with the nightmares and the screams that went unheard? What are the things that bind me, the things that keep me here? What are the things that bind me? I'm afraid there's only fear!*

*By Stephanie and The Consensus*

A Bedtime Prayer

Now I lay me down to sleep  
After bleeding from cutting my arm so deep  
I pray I wake with no remorse  
Because I hate the humility and shame, of course  
Tonight I pray for my soul to heal  
I want to care, I want to feel  
And if I should not wake tomorrow  
At least I know I'll feel no sorrow  
But I pray instead for my mind to heal  
I'm not asking much, just to simply feel  
So Lord, please grant me a cleansed soul  
Because to me it would be the greatest miracle.

Tricia

*. . . Sometime this year I was diagnosed with co-conscious MPD (Multiple Personality Disorder). So far, nine alters have been found. I am a ritual abuse survivor with SIV. Thank you for letting me know that I am not alone. (Although I often feel like I am.)*

*I haven't cut myself for quite a while now. One of my alters, Jackie, left a cross with a long tail on my arm. It was some form of warning.*

*Almost one year ago, I fell in love with a wonderful man that is still in my life today. Miracles do happen! When I started to get involved with him, I was on the edge of a very difficult time. Historically the fall has been very hard for me.*

*As ritual abuse memories started to get more detailed, and my feelings escalated beyond my control, I often felt like killing myself. Some SIV and other coping skills were probably used. That time period is still very "blurry" to me.*

*What got me through it? Why did I hang onto life, although I saw little hope for ever feeling safe again? My boyfriend had a wife who took her life in an "accidental suicide" attempt. (Almost three years ago now.) Like me, she was a victim of ritual abuse, and had MPD (much more serious than mine) and SIV. She left behind her a remarkably wonderful, caring and loving man. He was her husband and is now my boyfriend. She also left behind three beautiful and intelligent children who have all affected me greatly.*

*How could I take my life after all that this family had suffered (and survived) through? I am learning to look beyond my self. I am beginning to see how I affect people around myself. My life is a gift, a treasure that I too often take for granted.*

*Last year, when I learnt about this woman's death, I saw a bit of myself in her and it scared me. I started to understand how easily I could end my life, and how impossible it would be to have it back.*

*I'm crying now. It's hard to write, but I want you to read this. I'm hoping that perhaps someone reading this will see the darkness, but will choose to keep going towards the light.*

*I haven't cut myself since that cross symbol was imbedded in my arm. I haven't cut myself since my boyfriend's son asked me "What's that?" And in a monotone voice I quickly replied, "just a scar," and then I walked away.*

*I'm not saying it's my last attempt at SIV forever. I don't know about the future. It's not that important right now. All I know is that I am alive, in spite of the odds. I am very grateful for this "second chance" at life. Some women who were abused have no more choices left. They are dead. I am alive and I swear I will try my best to continue to recover.*

*Alive, in spite of the pain,*

*Kim*

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## REVIEWS

**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. 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 will certainly benefit many people.

**"Cutting Too Close."** Written by Liz Stevens, Fort Worth Star Telegram. Published in The San Diego Union-Tribune, Thursday, October 9, 1997.

Although basically a long advertisement for the Rock Creek Center, this article introduces the concept of SIV with a basic sense of compassion rather than the high drama which has been typical of the press. Rather than simply going on about the wounds caused by self-injurers, the writer explores the reasons many persons turn to SIV, and connects them to trauma histories (including but not limited to childhood abuse) for many of these people. SIV is described primarily as an addiction, but examples in the text describe SIV as a re-enactment of past abuse and a means of striving for control, as well as a method for managing overwhelming emotions. The author presents an effective list of current misconceptions regarding SIV and discusses mistreatments received by self-injurers.

Perhaps the most interesting aspect of this article is the dichotomy within it. While the vast majority of the text is about the Rock Creek program and philosophy, a smaller segment presents Dr. Tracy Alderman's perspectives on SIV. Empowerment, as discussed by Karen Conterio of Rock Creek, is provided patients via inpatient hospitalization (in a facility with "award-winning architecture") and written contracts which demand that no self-injury occur. Dr. Alderman's perspective on empowerment discusses the need for decreasing shame and not attempting to control another person's behavior. She is quoted as saying that "telling an individual not to injure him- or herself is both aversive and condescending." I agree with her, but then again, I am not invested in the concept of hospitalization for SIV. I commend the author of this article for bringing more than one opinion into the discussion, even if not in a very balanced fashion.

**20/20**, ABC News. February 9, 1998.

My hopes for a reasonable portrayal of people who live with SIV in this program diminished at the very beginning as the topics for the hour were introduced. The topic of self-mutilation was described as "a shocking glimpse of a dark disorder" and "a dangerous new form of self-loathing." And this is exactly how SIV was addressed.

The reporter, Tom Jarriel, introduced the audience to several people who lived with SIV. The first, a sixteen-year-old student, was reported to use SIV to release her feelings of depression. The source of her depression, and the other struggles of her life were not explored any further. One of the first things stated was that she has loving parents, comes from a normal home, and that life has always been good. While this may be true, it would certainly be highly unusual for a person living with SIV to have such a personal history.

The show introduced the Rock Creek Center's inpatient treatment program and interviewed not only the staff but some of the patients as well (the ethical implications of this made me cringe). SIV was addressed as a means of expressing emotions or, according to other researchers interviewed, a biological chemical imbalance of the brain (depletion of the neurotransmitter serotonin). Healing was presented as learning to express feelings with tools such as journaling, as well as using antidepressants.

The writers of this segment dramatized SIV, and refused to address trauma as a precursor to it. It is very unfortunate that, despite being given this information, they ignored the painful yet crucial reality that SIV is a coping method used by many persons who are survivors of traumatic events, including childhood abuse. None of the participants in the program mentioned this fact. I can only hope the viewers of the show stopped long enough to question "where did this self-loathing these people are talking about come from," as well as "why is it that these folks didn't know how to manage their emotions in other ways." Instead the producers chose to show dramatic wounds, and describe SIV as "often serious and life-threatening." Ultimately this program may do considerably more harm than good for those who live with SIV. It re-enforced the shame and misunderstanding that are already prevalent. Shame on them.

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**THE CUTTING EDGE** is a forum for women living with Self-Inflicted Violence and our allies. I am interested in your opinions and experiences, and in publishing the work of women who have lived with or are currently living with SIV. Please consider contributing to **THE CUTTING EDGE** in whatever way you can. Poetry, prose, art and opinion statements are welcome. Artwork is limited to that which can be reproduced by photocopying. Please include a written statement with your work giving me permission to publish. Please let me know if and/or how you wish to be identified. All communication is kept strictly confidential, as is the mailing list. Your work is needed, appreciated, and celebrated. The address for **THE CUTTING EDGE** is P.O. Box 20819, Cleveland, Ohio 44120 USA.

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Ruta Mazelis, Publisher

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