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# THE CUTTING EDGE

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

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Welcome to this, the 35<sup>th</sup> issue of **THE CUTTING EDGE**. The editorial of this issue focuses on the basic reasons Self-Inflicted Violence (SIV) exists in the lives of many women. While the topic of self-injury is currently being focused on in the mainstream press, popular presentations are overly dramatized and incomplete in their discussion of the topic. While looking at the variety of roles SIV serves, it is crucial we remember that there is a common experience in the lives of the vast majority of women living with SIV. That commonality is trauma. It is this overlooked aspect of self-injury that the mainstream is ignoring while focusing on “the current teenage epidemic.” Let us use our energies and abilities to educate ourselves and each other about the impact trauma, particularly abuse, has on so many of our lives.

The next issue of the newsletter will focus on recovery from SIV. Please send your thoughts, opinions, artwork, poetry and prose on the topic to the newsletter at P.O. Box 20819, Cleveland, OH 44120 USA. The e-mail address remains [Rutamaz@aol.com](mailto:Rutamaz@aol.com). Thank you.

### SIV: ROOTS AND REASONS

This editorial of **THE CUTTING EDGE** explores the reasons Self-Inflicted Violence (SIV) exists in the lives of many women, and identifies some of the most common “triggers” experienced for self-injury. Many of your shared thoughts and experiences have clarified both the complexity as well as the simplicity of SIV. SIV, in the simplest perspective, is a method of managing extreme discomfort. The discomfort takes many forms and, therefore; the specific triggers for SIV are varied and sometimes convoluted. It may take some time for one person’s reasons for SIV to be made clear. The primary thought that SIV is a tool for managing intense difficulties, however, remains as the basis for its existence.

One of the most commonly given purposes for SIV is the relief it provides from intense and very uncomfortable emotions. The most public figure to discuss SIV, the late Princess Diana of Wales, said that she cut herself “because I was in so much pain.” Feelings of terror, rage, despair and grief may be experienced as psychically insurvivable and are, therefore, experienced as threatening to survival. Indeed, people who suicide often state that unbearable emotions precipitated their deaths. SIV provides a short-circuit to these emotional states – the self-injury brings about a shift in focus and the experience of diminished emotional intensity. A preferable feeling of numbness is oftentimes the result of SIV when it is used to cope with emotional pain. Indeed, it is not unusual to learn that many women living with SIV feel strongly that using SIV as means of coping with such profound internal turmoil has kept them from

committing suicide. This is a very different perspective from the one held by some mental health professionals that SIV is a form of “mini-suicide” or a “suicidal gesture.”

Managing anger, fury, or rage can be difficult for many women living with SIV. SIV disperses those feelings by directing them at oneself rather than an external person. Oftentimes people fear their own natural and very human potential for violence when they have feelings of great anger. For those who fear their own potential, SIV may be an ethically preferred means of dispersing the emotion. This is by no means an insinuation that women living with SIV are prone to violence. Rather, very few women living with SIV are violent. However, many of us are fearful of the emotions that precede violence in others and utilize the SIV to manage emotions that even hint at violence.

Self-hatred is also, unfortunately, not an uncommon experience for women living with SIV, and self-injury may serve as a means of expressing it. An unrealistic self-image and self-expectations may predispose someone to perfectionistic standards that they cannot possibly meet. When expectations are not met, self-hatred can be triggered. That self-hatred can then serve as a trigger for SIV. For example, anger at oneself for a mistake can feel resolved by a punch to the head. The tension of the mistake triggers the self-hatred and shame, the SIV resolves the difficult emotions, and the person can then go on. This self-hatred is also often triggered by feelings of profound shame and guilt, whether realistic or not. Shame is perhaps the most painful human emotion and can easily trigger SIV when it is experienced.

Increasing stress, the feeling of internalized pressure, is also diminishable with SIV. Because of trauma and its resultant need for safety, a survivor scrutinizes her environment diligently and frequently. On a daily basis this results in a high stress level, and is common among women living with SIV. As such, one is susceptible to triggers from the past accompanied by a consistent feeling of tension in the present. Alertness in the abuse survivor, once necessary for safety in the past, becomes overwhelming and stressful when carried into the present. SIV serves to diminish the stressful buildup.

Whereas SIV is used as a coping mechanism to manage excruciating emotional states, it can also serve to alter feelings of profound numbness or deadness. Clinically known as dissociation, many women living with SIV experience a sense of strong detachment from themselves. They may feel disconnected from their physical bodies, and turn to SIV to “reattach” to them. A woman who cuts herself to the point of drawing blood uses the reality of the blood to recognize her physical self, to know that the body she has cut is truly her own. This process can seem oppositional to the one occurring when SIV is used to ameliorate feelings. SIV seems to be an effective tool for managing dissociation in both directions – to facilitate it when emotions are overwhelming, as well as to diminish it when one feels too disconnected from oneself and the world.

SIV can also be one of the ways a woman attempts to communicate her internal pain to the outside world when she is unable to express herself verbally. As Janice McLane has written, SIV can serve as “a voice on the skin.” This is very different from the perspective traditionally held by the mental health community that SIV is a simple “attention-seeking” behavior. In reality, most women who live with self-injury are extremely secretive about it, and fearful and ashamed of its existence. This is far different from the perception of us as wild bleeding women who are desperate for attention whatever form it may take. Actually, the “attention” often given to those living with SIV is usually harmful and often brutal. Exposing one’s life as including SIV puts women at risk of being forcibly hospitalized, restrained, secluded, and/or medicated. This is not the form of attention people desire. Rather it is punishment for a behavior seen to be both superficial and horrific at the same time. Communicating via SIV may be the only avenue a woman has. Self-injury can let us, and those we choose to tell about it, know that we are suffering and are having a very difficult time expressing or externalizing that suffering.

Trauma itself can be communicated via SIV, particularly the trauma of abuse. Those consciously unaware of previous abuse in their lives may find it surfacing later on, when they are emotionally safer, in the form of re-enactments. For example, a woman who was beaten by her father for expressing anger towards him may find herself punching herself in the face when she feels anger towards a man in an authoritarian position. She may not be aware of the connection between the past and the SIV in the present. Many

women living with SIV fear for their sanity until they become aware of the connection between SIV in the present and trauma in the past.

Survivors of rape and other forms of sexual abuse, including sexual harassment, may self-injure the parts of their bodies that they hold “accountable” for the abuse, or that feel “dirty” as a result of it. It is common for women to turn on themselves, as, especially when sexual abuse occurs at a young age, their perpetrators tell them the abuse is their fault. If a girl is told that she was raped because she “looked sexy,” then it is understandable that she may later hold those parts of her body accountable for the abuse. Some women then either punish their bodies, especially their breasts and vagina, or re-enact the abuse in an attempt to better manage the complex emotions resulting from it.

Abuse survivors commonly experience flashbacks of their abuse experiences. These are often unwanted global or fragmented memories of the traumatic events, and are very uncomfortable to experience. SIV may be part of the flashback itself, or may be utilized to stop the flashback process if it gets overwhelming. SIV is also a means of depicting previous abuse without having to resort to using words to “tell.” Many survivors of abuse have been warned not to “say a word” about it, and have been threatened with harm to themselves or others if they dared to tell. This warning can invoke fear and silence even decades later. SIV may be the first form of expression a person has to begin disclosing the secrets of the past.

SIV can occur in the context of relationships, as it is in relationships that painful feelings can be experienced. Trauma itself impacts one’s connection with oneself, others, and the world at large. SIV is connected to intimacy, as it is a tool of connection and expression when other means are not possible as a result of traumatic wounds. Sexual intimacy is often problematic for abuse survivors, and SIV serves the function of managing some of the difficulties that arise with sexuality. Human beings crave many forms of intimacy, yet not all of us are able to know or express our needs. SIV has often been correlated with feelings of abandonment, some of which may be triggered by experiences of neglect in the past as well as the present. A woman who has been neglected in childhood, and who uses SIV as a coping tool, may further feel abandoned and neglected when others in her life demean her for needing the SIV.

Women living with SIV might have confusion regarding personal boundaries, whether psychological, emotional, or physical ones. Some of us experience ourselves as having rigid, protective walls, while others feel overly vulnerable and without barriers to the world and others in it. Many of us experience both at various times. SIV serves as a boundary check for some of us. If confused about one’s own physical boundaries, SIV can make one’s body objective and real because, for example, a cut can show you where your body starts and that it is substantive. People who struggle to experience boundaries may often be triggered into SIV when they feel invaded and unable to physically or psychically set limits with others.

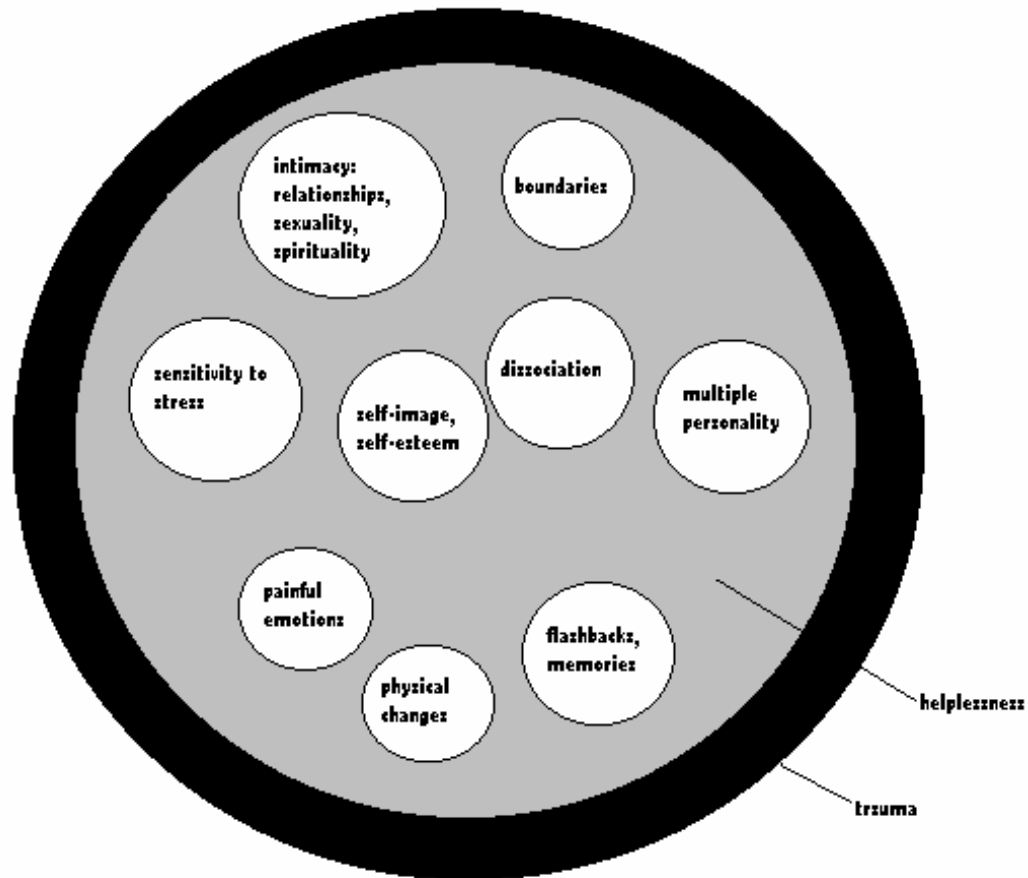
For those of us whose bodies host a group of personalities (diagnosed as Multiple Personality Disorder, now revised to Dissociative Identity Disorder), SIV can serve a multitude of purposes. Basically, every woman a woman who is not multiple, and who lives with SIV, has for her SIV may be applicable to the woman who is multiple. Different personalities may have different reasons for the SIV. Not all may be aware of each other, and some can experience great fear and confusion about SIV they are not cognizant of. SIV can be a powerful tool of communication amongst personalities, and can serve as a warning by some to others. Every personality in the system has a purpose and was created from a need for survival. Some are considered protective of the others and may communicate via SIV to them if they feel that the system as a whole is unsafe. This is not an uncommon occurrence when one personality begins to talk about the past abuses out of which the necessity for multiplicity arose. SIV, while appearing as anger or punitiveness, is in actuality a caring warning that there is danger in disclosure.

Ritual abuse survivors commonly turn to SIV for a vast variety of reasons. However, one particular aspect of SIV for survivors of sadistic cults is programmed self-injury, which can occur when the victim attempts to disclose the abuse or leave the group. Also, SIV for ritual abuse survivors may occur on anniversary dates of the events experienced earlier, and may include specific representations of ritual symbols.

Some people, but not most women living with SIV, see the problem as purely biological, a defect in the brain chemistry. Others determine it to be an addiction. Psychiatric researchers theorize that the stimulus

of SIV results in the production of certain brain chemicals known as endogenous opioids (specifically the endorphins) which produce a type of “high” resembling morphine. It is this narcotic feeling that the person is supposedly addicted to. Interestingly, not one researcher has yet explained why this “drug effect” only occurs with SIV and not accidental injury. If this were a true addiction we would all be at risk of developing it as a result of accidental injury. These theories overlook the one profoundly consistent factor that correlates to SIV – a history of trauma. It could never be (honestly) stated that SIV is simply an addiction because it targets a very specific population. While endorphin release may or may not be associated with SIV, it is also associated with activities such as eating chocolate, exercising, and meditation. And while brain chemistry changes certainly occur with life experiences, the narrowness of the pharmaceutical and psychiatric industries’ interests limits the knowledge of brain chemistry changes to what drugs can be created and prescribed to alter those changes. Drug companies that spend a great deal of money influencing physicians and paying for research usually disregard the biochemical effects of therapy and other methods of healing. The business of psychiatry is focused on stopping the symptom of SIV while ignoring the healing of the person living with it.

It is therefore crucial that we not end a discussion of the reasons SIV exists without exploring the source of the triggers for the SIV. Perhaps a way to conceptualize this is the following diagram:



The various triggers for SIV, such as deeply uncomfortable emotional states, dissociation (both inducing a dissociative state as well as diminishing it), flashbacks and memories, self-image and identity (the trigger of self-hate), boundaries (physical, psychological, emotional), the ability to manage stress, the experience of multiple personalities, and difficulties with intimacy (social relationships, friendships, sexuality), rest on a base of a history of trauma. Traumatic experiences have many consequences and aftereffects. These aftereffects are affected by the nature and duration of the trauma, the age and experience of the victim, support available at the time, and many other factors, including the individuality of the person surviving the trauma. One of the most consistent experiences inherent in trauma, in my opinion, is the experience of helplessness. Helplessness itself may be the most consistent factor in triggering SIV. A woman living with SIV is using SIV to manage many of the repercussions of trauma. SIV is a survival tool. Just as other tools can be used to help with a variety of circumstances, so too can SIV be a means of managing a range of problems. SIV is powerful – it brings immediate change to situations that have represented powerlessness for a very long time.

In discussing trauma, I imply a wide range of experiences that can have the repercussions mentioned. By far the most common form of trauma linked with SIV is childhood abuse, however; other forms of trauma have certainly been described in the origins of SIV. For example, women who experienced repetitive, invasive (and necessary) medical procedures in their childhoods have turned to SIV to manage some of the repercussions of those experiences. Women who have been raped and people who have been at war may also find a need for SIV. Self-injury is rampant amongst people who have been institutionalized in prisons and psychiatric hospitals as these facilities are traumatic by nature. People who have survived natural disasters, but have lost their loved ones, and others who experience profound grief and despair, may find a temporary soothing and means of expression in SIV as well.

In discussing the traumatic nature of childhood abuse, it is important to understand the range of experiences this involves. The most recent absolute focus on the link between sexual abuse (primarily incest) and SIV is important, yet it is as important to identify the impact of physical and emotional abuses, and neglect as well. These are more common experiences, and often don't receive much-needed acknowledgement. To separate out SIV from its context is to alienate the voice of SIV itself. SIV is a language born of helplessness and pain. Its existence speaks to a life of struggle and survival, of limitations. SIV arises from traumatic roots. It is imperative that we recognize that trauma, in whatever context it is identified, is the ultimate trigger of self-injury. With that understanding we are well on our way to a compassionate and realistic perspective on the lives of women living with SIV.

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Things that trigger me are:

- a new memory
- when we inside get angry and others inside tell us we are not allowed to get angry
- not so much anymore, but when I need to feel real, human
- when we need to transfer the pain to a place or area where we can handle it
- because sometimes inside no one can handle it, but the body can
- sometimes a part will not be heard or understood
- not to die, but to live

Madeleine and the crew

*The biggest trigger for SIV is/was thinking about my father and how he brought me up to suppress all feelings (those were for babies), to never feel good about myself, etc. I guess it's the anger that I have towards him for that and how he treated me when he and my mother were going through a divorce -- all of that anger, unspoken resentment. Those are things that I will turn back on myself and unleash from the inside out, by cutting.*

*The rest of the triggers that I have had for SIV had to do with an intense hatred of myself as an imperfect, unworthy human being. If I was not good enough at something or made a mistake, I would cut because it was deserved. Sometimes, I had felt so evil, so horrible, so unworthy of anything, of living, that I would cut as a punishment for being that way -- so rotten that I could not stand myself, let alone anyone else being able to stand me either. Many times, I needed to "feel;" other times I needed to bring myself back down to reality by cutting or burning. I had also developed an eating disorder by the time I was 22. Some of the cutting revolved around eating some "forbidden" morsel of food -- it was a punishment for not being good enough at starving. The cutting later became so bad that there was no need for a trigger. It became an addiction, a need for hurting myself, a need for punishment that only I could deal out to myself, a need to quell the constant inner struggles, to bring them out into the open, a need to feel the hatred, the inner pain, everything that had been suppressed, unvoiced, unheard by anyone but me.*

*One quick note -- I was never sexually abused. The cutting came about from the divorce that my parents went through when I was 15. There was quite a bit of mental abuse by my father -- he lived with us for 2.5 years after my parents had announced that they were getting divorced. He was horrible in that time period. I am oldest of 6 kids, so I had blamed myself for everything, not knowing any better.*

*I know that all of this must sound trivial to someone who has been sexually abused, but I guess, in my mind, the things that I went through were bad enough to make me cut. Sorry if a lot of this doesn't make sense -- this is a hard thing to talk about (in fact, I haven't really talked about the cutting until now), and even harder to try to put into written words so that it all makes sense to someone else. I have written this about 15 times now, and I guess this is going to be as good as it gets --I can't really explain much better.*

Shelly

My main triggers for SIV are as follows:

Situations where I get the impression I am not taken seriously.

Situations where I feel left alone, "abandoned."

When I get so angry that I am about to lose my temper and might hurt another person, then I'd rather prefer to act it out on myself.

When I feel bored.

When I feel suicidal, I harm myself in a "parasuicidal" manner to prevent the worst.

When I am filled up with a mixture of negative emotions like depression, anxiety, anger and so on, and can't cope with the emotional pain any longer; then I need physical pain.

When I feel like a loser, I have to show myself that at least I am capable of standing physical pain.

When I feel my identity "dissolving," the SIV gives me a kind of identity to cling to.

Ann-Uta Beißwenger

My Cutting

Again it hurts and I can't fear  
another day to appear

Last time I cut they took me away  
for hospitalization of thirty days

For me it's a relief that no one understands  
the anger that builds in my hands

Why can't life be easier all around  
until my soul can be found

I will cut this time to save my life  
the experts say it's all in strife.

Tina Bertram

*As a child at the age of five, I was introduced to the world of satanism through a step-uncle and his friends. I was programmed to be involved with this satanic cult later in my life, at age sixteen. I was also programmed to self-destruct if for some reason I did not follow their "orders" as planned. The earliest I can remember wanting to kill myself was at age six. I repressed all memories of everything through my childhood and my parents had no idea about the above, but fortunately my family moved from Bakersfield, CA (where this happened) to Utah, and from then on I never had any more contact with this cult, although my step-uncle was still involved with my family for a number of years afterwards.*

*I'd always been a strange child: quiet, shy, and extremely depressed, but when I hit fourteen something in me started expressing all the blackness and filth. By age sixteen I started becoming obsessed with all things satanic in nature, and I was determined to dedicate myself to satan. I still hadn't had any memories yet, and nobody, including myself, could understand why I was the way I was. In my sixteenth year I cut on myself for the first time, my upper right arm (I'm left-handed). From that point on it became a way to cope with the overwhelming feelings I had at times. In retrospect, I see why I first chose my upper right arm to cut on because I'd always have these body memories in that same area, of being tightly grabbed by one of the men who had snuck up behind me and yanked me around before molesting me. Unconsciously, I was striking back, but there are always varied reasons for my cutting, in my experience.*

*Sometimes I cut to let out the feelings that have no voice otherwise. Cutting has worked magic in that way because no one can see how much pain and horror there is inside, and I have a hard time expressing these ideas to others, because it's almost as if there are no adequate words I can use to convey how much I hurt. So cutting is not only a visual symbol, a physical wound which represents internal wounds, but also during cutting this emotional pain turns into physical pain and this has acted as a powerful release.*

Amy B.

Sickened

Wounded the day before  
an arrow impaled into my heart  
so i take a razor today  
to sever it apart

strange is it not  
to see the blood flowing freely without a clot  
pouring out of this temple  
into a dirty sheet stripped for rags  
soon afterwards lighting a cigarette  
i take in several drags

no i am not proud of my scars  
i am ashamed and sickened at their sight  
although i try with all my might  
they will always be there  
reminding me of my frailties – i am weak  
i am human . . . and this too i fear.

Charlene McNamara

*The first time I recall intentionally hurting myself, I was 12 years old and I cut. I'm not sure why I turned to cutting to try to help myself, but it seemed to greatly ease a tremendous sense of internal stress and fear. I remember feeling scared of what I had done and yet relieved to discover something that seemed to help me.*

*I kept the SIV hidden the vast majority of the time. The first time anyone witnessed my self-injury was in a therapist's office. I was in my early 20's, and working with a therapist about the experience of grief after a friend's death. She was encouraging me to express anger as well as sorrow. It seemed to make sense to be angry about my friend's death after a courageous struggle with cancer, yet I found myself unable to feel or express any anger. The therapist tried to help me facilitate anger by asking me to punch lightly at a pillow she held in front of her. I felt unable to do this, but didn't understand why. She tried to assist me and gently took my hand and helped me make a punching motion. I felt so frightened, immediately, and reacted by punching myself in the face instead. This surprised us both, but we didn't discuss it very much. At least she didn't seem frightened of me, which would have felt even more shameful than being "caught" at SIV. My fear of anger led me to punch myself rather than assert myself in any fashion with others. Learning to have boundaries and how to protect them has been a long process, and I have turned to SIV when I have felt overwhelmed. It has felt mind-saving in those moments, and I'm grateful for it regardless of how strange it must seem to others.*

*Because this therapist didn't "freak" and wasn't punitive that day, I was later able to bring other forms of SIV out of hiding. I was fortunate because she didn't overreact then either. Whatever form the self-injury took, it had its reasons, and the most anyone helped was to accept that as real and not freak out about it.*

D.K.

I get blood dripping  
out my angst  
my wrong support  
shoves it all in  
by oppressing me.

S. Norris

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## LITERATURE REVIEW

**The Politics of Hysteria.** Joan Acocella. *The New Yorker*. April 6, 1998, pg. 64-79.

If nothing else, this article is imaginative. I'd never thought I'd read that Multiple Personality Disorder (MPD) could be construed as an anti-feminist conspiracy. Nor did I really imagine that this author could get such a piece published anywhere outside of "False Memory Syndrome Foundation" (FMSF) propaganda literature. This article reflects the current trend to discredit abuse survivors and those therapists who work with them. Perhaps people are finding the truth too painful, and solutions not so easy. They can certainly find consolation here.

The subtitle of this article reads "Over the past twenty years, multiple-personality disorder has been used to explain the behavior of thousands of American women. How was it allowed to happen?" While I could easily answer that the abuse of children, particularly girls, has run rampant for years and generations, Ms. Acocella concludes that MPD is a fictional disorder (considered to be a "side effect" of the women's movement). She suggests it is concocted by women who, while choosing to forfeit the responsibilities of being adult, revel in "the pleasure of knowing that she has a famous illness," while MPD therapy provides them with something they could not get from society – "an interesting job."

I doubt that this review needs to say much more about this work. This basically sarcastic and very demeaning article goes on for pages and utilizes biased reporting to highlight the author's beliefs. For example, the author's focus on the "science" of mental illness depicts MPD as being unscientific whereas other mental illnesses are shown as valid. She discusses the advisory board of the FMSF as including some of "the biggest names in American psychology," but neglects to mention that a former member was asked to resign after publishing in support of pedophilia. On the contrary, while mentioning Judith Herman, she defines her as a feminist therapist-writer, but not as a physician/educator. In insinuating that recovered memories are untrue, she mentions the George Franklin case by pointing out that it was overturned, implying that the memories were false. In reality, the conviction was overturned on a technicality. The same pattern holds true throughout her article, and she is particularly crude in her discussion of ritual abuse and cult survival, when she states that "one is almost nostalgic for the old-style abuse stories, with Uncle Joe out by the woodshed." In that light, her mention of *The Cutting Edge* is mild indeed, as she mimics a contributor's piece for saying that, while still cutting, she is experiencing a time of growth. Clearly Ms. Acocella perceives this woman as a manipulated victim or a liar.

All these thoughts begin with discussion of a lawsuit against one physician by a patient for "creating MPD." Certainly the diagnosis might have been incorrect, and the physician inappropriate, but Ms. Acocella proceeds to tear all MPD ("recovered memory") therapy to shreds. She neglects to mention studies that discuss the physical proof of MPD, or those that conclude that a great number of women have vastly improved the quality of their lives by doing healing therapeutic work. But then again, she mentions that sexual abuse may not cause any extensive harm. This is beyond sarcasm.

I suppose Ms. Acocella perceives herself as a brilliant, feminist, modern thinker. She comes off sounding like an ages-old lie: "kids make up their abuse, women want to remain dependent, and therapists have the power to control minds." Not brilliant, modern, nor feminist. I consider this work tragic. I can't wait to throw it out.

**MOUNT MISERY.** Copyright 1997 by Samuel Shem. 448 pages. Published by Ballantine Books, a division of Random House, Inc., New York. \$24.00 hardcover, \$6.99 paperback.

A dear friend once told me that a good book of fiction can teach more than a stack of textbooks. This book had me toasting her wisdom. Samuel Shem, author of the best-selling *The House of God*, has done us all a great favor by writing this new novel. Through the protagonist, Dr. Roy Basch, the reader gets a humorous and yet serious look into the reality of psychiatric residency and treatment. The psychiatrist who recommended this book to me found it all too realistic in many of its plots and story lines. It contains a look into the belief systems held by analysts, psychopharmacologists, and researchers, and is an expose of the blatant business side of making money from mental illness. Sexual misconduct is exposed, as is institutional negligence. As I read through this book and thought about writing a review, I found myself marking quotes and highlighting passages to the degree that it is best to leave the book to you, the reader. I fear I would attempt to reprint too much of it here.

This book will be educational for all who are naïve about psychiatry, and will serve as a humorous salve to those who have experienced it firsthand, whether as patients or providers. The most important thought expressed in this book is that the power of healing lies in the power of human connection, and that such is not a psychiatric prescription. Basically, the author makes clear that those who benefit from psychiatry are those who receive compassion from the radical provider, as connection and compassion are not only not taught, but are not permitted.

For those who will proclaim this to be purely fiction, please note that the author is a practicing psychiatrist. He knows his material firsthand, and it is for that reason that, while preparing to laugh as you read this, be prepared to cry as well.

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Ruta Mazelis, Publisher

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