
THE CUTTING EDGE

A Newsletter for Women Living With Self-Inflicted Violence

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Spring, 1999

Welcome to this, the 37th issue of **THE CUTTING EDGE**. This issue begins the tenth year of publication for this newsletter. It has traveled far in that period of time and I am most grateful to all of you who have supported this work.

It would be interesting to learn of your perspective about the changes, or lack of changes, in the understanding of SIV over the years. Please let me know what you think! Also, the next issue of this newsletter will focus on the connections between trauma and SIV. I welcome your thoughts, opinions, experiences, and artwork on this crucial topic. Thank you.

SIV: VICTIM, PERPETRATOR, OR NEITHER?

The editorial of this issue of **THE CUTTING EDGE** focuses on a current belief held by some mental health practitioners, as well as a few persons living with Self-Inflicted Violence (SIV), that SIV can successfully and honestly be viewed as behavior committed by a perpetrator. The prevailing attitude is that violence towards the self is still violence, so therefore the self-injuring person is no different from any other violent person and should be viewed from that perspective. The implication is that it is only the target of the violence that differentiates the self-injuring woman from the person who is violent towards others. A further insinuation then follows, one that hints that women living with SIV may at any time choose to shift the direction of their violence, from themselves towards others, therefore identifying them as potentially dangerous.

Why is this a common belief in some circles? Perhaps this is an accepted attitude because it lends itself to a quick and clean solution to the dilemma of SIV. This belief itself is sometimes utilized as a “therapeutic intervention.” Some therapists have “success” with self-injuring clients when they point out that living with SIV is no different than continuing the perpetration of one’s past. The woman who is self-injuring is simply considered an extension of her perpetrator. Being equated with the abuser from the past in this way is absolutely horrifying to most women. One becomes allied with one’s perpetrator, implying a shared understanding about violence, disregarding its target and motivation. The result? Profound shame. And shame, while I believe undeserved in this situation, is an extremely painful motivator. The shame from linking SIV with the identity of an abuser can serve to diminish or stop the SIV, at least for a period of time. Yet can this be considered healing, or is it only a punitive method for managing an uncomfortable “symptom?” For some women SIV may be the primary coping tool they have for managing shame, and therefore the SIV would greatly escalate even though it is the SIV itself that is considered to be shameful.

What are the boundaries of the definitions of the words “abuser” and “perpetrator?” Should we determine these definitions in a legal light? An experiential one? How much voice does a victim have in defining perpetration? How much voice does the abuser have? Certainly this is a complex issue, but it need not remain cloudy in the area of SIV. The question here is simple: because I scratch, bruise, burn my own body does that equate me with someone else cutting, burning, or bruising my body as well? What if I will them to do it? What if I do not?

Women living with SIV are survivors of some form of trauma that leads to the need for SIV as a coping tool. The vast majority of us have survived abuse of a variety of forms, and it has often lasted over a considerable period of time. Many of us were devastated by sexual violence, physical abuse, neglect, and other forms of trauma that occurred during our so very vulnerable childhoods. We were victimized by perpetrators and suffered great consequences as a result. The impact of trauma is holistic. Abuse affects one’s body, mind, emotions, and spirit. It leaves painful aftereffects long after the abuse is over. We cope with those aftereffects in a variety of ways, and some of us discover that SIV is a useful tool, at least for some time, in managing some of the most deeply painful sequelae of abuse. Most of us, as well, commit ourselves to lives of nonviolence, especially in childrearing, as we remain painfully aware of the damage abuse has wrought in our own and others lives.

Psychiatric articles often do not distinguish between other and self-directed violence. In at least some articles, SIV is considered part of “aggression” and “impulsivity,” and most clinicians target these “symptoms” with drugs to control the patient’s violent tendencies. Most articles discuss the management of violence without differentiating and studying the complexity of people’s lives. Of course, the recent focus on the biological roots of “mental illness” applies to the study of violence as well, with researchers avoiding study of the complex sociology of violence, and primarily focusing on biological interventions. In the past several years there have been exposes of the racist and oppressive nature of research directed at studying violence in children. Reading the literature you could almost picture pharmaceutical industry sponsored “preventative” drugging of poor and minority children. Fortunately, conscientious industry watchdogs have been able to prevent most of these trends, at least for the time being.

The insinuation that SIV is that same as perpetration has profound implications. If we adopt the attitude that SIV is commensurate with being an abuser, are we ready to accept labeling of children who live with SIV as perpetrators as well? As SIV is rampant in institutionalized persons, whether they are in prisons or psychiatric hospitals, is SIV to be viewed as an extension of their alleged biological tendency toward violence? We know that hospital patients who self-injure are often subject to seclusion rooms, and physical and chemical restraints (and now even the resurgence of neurosurgery is being documented). Would perceiving these people (most often women) as violent justify even more of this “treatment?” Would a prison inmate who self-injures (most often male) be less likely to receive parole because SIV is viewed as an indicator of uncontrolled violence? While pondering these questions it is essential to remember that the vast majority of people living with SIV commit no acts of violence towards others. Even a woman who has perpetrated violence on others, and who also lives with SIV, can distinguish the difference between her abusive behavior towards others and her use of SIV to manage her own internal pain and dissociation.

If I am considered a perpetrator because I cut my arm or bruise my face, am I also one if I smoke a pack of cigarettes or drink three beers? To expand the definition of perpetrator to include SIV is to label us all as perpetrators, with ourselves as victims. Who has not done something considered harmful towards themselves? Are two hamburgers an indulgence, but do three make you a perpetrator? And if we are truly perpetrators, how should society manage us to protect itself? Shouldn’t we be kept from others, for their own safety? After all, child rapists are perpetrators, and we do not wish them any access to children. People who assault each other with knives, people who cut others, are imprisoned for crimes that society clearly delineates as unacceptable. So if SIV is unacceptable and an indication of being a perpetrator, what should be done with us? With our children? Let me present you a brief vignette:

A woman is speaking with her physician during a regular visit to update her health status. While discussing the problems and treatment adjustments for her asthma, she mentions that she, although having diligently tried to abstain, has returned to smoking. Her doctor’s face turns momentarily rigid, but he says nothing. Her appointment continues, with a few interruptions. When her time is up, but before she can

leave the office, she is approached by several policemen. They restrain her and inform her that, as a direct result of her doctor's concerns, she is being detained and taken to a "facility" so that she will not be able to "harm herself any further." She refuses to go with them voluntarily, but is then taken against her will, in handcuffs. Her physician mentions that her refusal to go willingly strengthens his belief that she needs to be managed in whatever way is necessary. After all, she is asthmatic, and smoking has been proven to make her illness worse. It is for her own good that she will be removed to a facility where her behavior can be controlled. Maybe in time she can be trusted to manage herself and not require such intensive intervention as a "treatment." Only time (or her insurance limitations) will tell . . .

Imagine this scenario occurring in your community, and the probable response to it. If people learned that someone lost her civil rights and was forcibly institutionalized because she had asthma and also smoked cigarettes, there would be a tremendous outcry. The American Civil Liberties Union would be swamped with various communications and demands for action. People in government on all levels would be contacted, and quotes made from the Constitution decrying what happened to this woman. There might possibly be a swarm of demonstrators outside of the hospital protesting her incarceration. Whatever might happen, I am sure that there would be a strong reaction amongst most people. It would surely get the interest of the talk shows and tabloids. People with hypertension would probably hide their salt shakers, and those with diabetes would be afraid to enter donut shops where policemen eat. After all, if this could happen to someone with asthma, it could happen to them. And yet this does happen, not infrequently, to women living with SIV, whose self-injury often has fewer health consequences than smoking or unhealthy eating. Women living with SIV are in constant danger of losing their rights, similar to this example. This occurs when we are seen as "being a danger to self." How much worse could it get if we were also perceived as perpetrators? I'd rather that we keep cutting than accept that label.

POSITIVE THINKING

I SHALL TRY TO REMAIN FOCUSED
EVEN WHEN I AM IN DESPAIR:

I WILL NOT LET SILENCE BREAK ME
I WILL NOT LET MY SELF-INJURIOUS WAYS CONTROL ME:

I AM WORTHY OF LAUGHTER

I AM WORTHY OF LIVING

I WILL FEEL SUNSHINE ON MY FACE,
AND NOT SHIELD THE LIGHT

I WILL LET MY THERAPIST GUIDE ME,
AND TRY NOT TO STUMBLE ALONG THE WAY

I WILL DO THESE THINGS
NOT FOR ANYONE ELSE
BUT FOR ME.....

JOYCE

Starting with my psychiatric "career," I had been cutting for about eight months. I thought it was an odd way of coping. I knew of nobody else that did it but it sorted my head out. So I did it. One morning I had cut myself and it was in the summer, very hot, and I was working in a playschool, teaching a deaf child sign language. I knew I couldn't show my arms, it was too hot to wear a jumper, so I thought I would go and ask a nurse friend of mine for a bandage to cover my arm and say I'd sprained my wrist. The nurse insisted on seeing my arm, so I showed her, then all hell broke loose. I was forced to see a doctor who gave me some sleeping pills. Their reaction made me panic and I thought maybe I was going crazy. They told me to see a community psychiatric nurse who asked me a few questions and then announced that I must be on "drugs." Of course I wasn't. Because of the panic, I cut myself more. The more I cut, the more I panicked. In the end I took an overdose and sought treatment for it. Then I saw this doctor again and he sent me to a mental hospital, diagnosing me as a dangerous suicidal. I stayed for a couple of weeks, and saw a psychiatrist who said I was angry, but I didn't know what about. That was in 1986 when I was 21. Then I started breaking windows and getting arrested. The next twelve years were spent in and out of hospitals, prison, probation hostels, etc. I was put on any drug going, then taken off it. I was sectioned. In hospital they drugged me, secluded me, watched me. I signed contracts which didn't work. Sometimes they would discharge me and say there was nothing to help me. I have been diagnosed personality disorder, schizophrenic, psychopathic, or attention-seeking. At the end of 1997 I went to Bethlem, where they had a self harm unit in the psychiatric hospital. They let you self harm, and supposedly built on self-esteem. I got thrown out after seven weeks for kicking a chair over. That didn't do much for my self-esteem. At the beginning of last year I was taking chlorpromazine, risperdone, diazepam, buspar, zopiclone, lustral, and clopixol depot, large amounts. I was very overweight because of all these pills, and still self-harming. Last year, in April, I ended up in hospital yet again, with the threat that if I left I would be put in prison because of something I hadn't done. They decided to take me off all medication. So I did it. It was hell. I stayed for a while and then left after two months. They made a wonderful care plan, which didn't happen. My boyfriend came home one night and said he was going to slash my wrists for me, so I had the police take him away. I then went through a change. I started thinking I had been mistreated by just about everybody. The more I thought it, the more everybody proved it. In desperation one night, I cut my face badly. I had to leave my home town because it just wasn't sensible to stay there. I moved to the city and lasted five days before ending up in yet another psychiatric hospital. I went home again but it just didn't work, so I came back here. I have been living in a women's hostel for three months now. I cut myself an average every two weeks. I take no overdoses; I have broken no windows. All I do now is cut myself now and again. They want me in hospital but I know I will never go again. They want me to have a care plan, but I don't want one. I want nothing to do with the medical professions, except for them to sew me up if I need it. I am studying part time for a degree and I am losing weight. Life is far from perfect but it's better. I now hate doctors a lot, so much so that I will not even consider any therapy. Self harm is so misunderstood. I do not do it for attention, I am not abusing myself. I am not suicidal. I just cut myself because it's my way of coping when I am confused and disturbed by emotions. I don't hurt anyone else or anything else. It's not the best way to cope but I can think of a lot worse. I do get unhappy, but the state the world is in, I'm not surprised. Before the age of 20, I was abused, sexually, emotionally, physically, and neglected. It wasn't apparent, so it went unnoticed.

They say you make your own choices, but if it's the "wrong choice" they get you. I want to do something good with my life so maybe I will. I am starting from a bad point so maybe I have to excel to prove my worth. . . If doing things my way does help me find inner peace, I'll let you know.

Pauline

Silent Screams

I'm lying here so quietly, while my insides are screaming.
I have to do something, I wish I was just dreaming.

Just a little more pain, and it will be enough.
Then I'll focus on getting better, and what to do with all this stuff.

But it's never enough. Why can't I see?
I'm always believing the lies, that will never set me free.

Oh no! Here come the feelings, a distraction I need.
What else can I do? I just want to bleed.

Oops, I went a little too deep.
Maybe this time, my commitment I'll keep.

I need forgiveness again, my Savior I pray.
I'm taking advantage of His grace, so I can have my way.

The cycle continues, marked by self-hatred and shame.
What is it going to take for me, to stop playing this game?

I'm walking a tightrope that's soon going to break.
How many more chances, will I be allowed to take?

One step at a time, I tell myself each day.
But the temptation to see the big picture keeps getting in the way.

I keep saying tomorrow. Tomorrow I'll work on getting well.
But when tomorrow comes, I'd rather do things of which I'm afraid to tell.

I think of the long road ahead, all the things that need to be done.
It becomes overwhelming, making it hard to focus on just one.

Why won't anyone stop me? They can see I've lost control.
Who will take care of me? Who will play that role?

I know the answer, I won't admit!
Only I can keep myself safe, but I'm afraid to commit.

What will I be like, and how will I cope?
My only means of survival, my only hope.

When I want to get help, everyone will know it.
But for now, I just want to blow it.

Lisa Prince

. . . Because of my situation as a single parent “firmly within the grasp” of the mental health system, I fear any possible repercussions of revealing my SIV. As it is, my situation has deteriorated greatly since my last communication. I was unable to refrain from cutting myself and my children were placed in foster care. I was hospitalized, yet I was able to be released in four days. I was sent to an Acute Diversionary Unit to “stabilize” before being allowed home. In two days, I will be allowed home. It has been almost two weeks since I’ve seen my children. I will be allowed short, supervised visits for a period of time before finally (I hope) being reunited with them. I’m finding out that I have very few rights and that, in general, people are feeling justified in punishing me (and consequently my children also). I have no absolutely no history of abusing or neglecting them.

I have been blessed with a terrific job and caring, supportive coworkers. I have a great therapist, a sister who has never judged me, and a best friend who is always there when I need him. My son’s school is like an extended family to me and they are always advocating for the kids and me. I am truly lucky in this regard. My heart goes out to people who don’t have a soul in the world.

All that has transpired in these past two weeks as a result of 8-10 superficial cuts on my arm has left me feeling severely mistrustful of the entire mental health system. My therapist, who is actually “outside” of the city’s system still (thankfully) feels safe to me. I don’t know where I would be without him. Sometimes I wish I could stop the cutting. Other times I really don’t care. I get conflicting messages from myself and also from the outside world (the “helping” professions). And there are times when, despite the supports I have, I feel all alone with only a razor blade for comfort.

Anonymous

Self-Mutilation

The razor
blade skates
across the skin
of my wrist.
Blood puddles
in droplets
then cascades
down my arm.

Pain outside
mimics
pain inside,
slicing,
releasing,
slicing,
relief.

The wounds
mouth
Help me!
Help me!
I am engorged
with agony.
I am the water
balloon
about to burst,
an iridescent
soap bubble

rubbing against
the atmosphere
until it must
pop.

The delicate
slits
across my wrist
flowing
oozing
will heal
to a tracery
of weblike
scars
each a singular
voice
of my chorus of pain.

But
I
will
not
heal.
The cuts
gain me time,
time to try again,
to learn to live:
soap bubbles,
floating in celebration,
water balloons
filled with helium
rising silently
into the clear blue
of the sky.
The blood-letting
gains me time,
before I choose
the garrote,
or gun,
the oven,
or automobile "accident,"
the pills
and the liquor,
the razor blade
cutting deep
through the maze
of scars,
through tendons,
into arteries
as the Help me!
becomes
Good-bye.
Forgive me.
Let me go.

I was in my late 20s when I first started cutting I was in a situation with this guy he was abusing me and I didn't know how to tell anyone or how to get out of it.

I was a very shy and quiet kid I kept everything inside I hardly said two words as I grew into an adult nothing changed I was still really quiet never expressed how I felt only on paper.

I know the pain is so great inside my aloneness made me want to die I find myself always fighting to hold on but slowly its slipping away. I pick up a sharp knife or a razor and slowly I cut deeper and deeper now feeling the pain the deeper I cut the deeper I go away.

Now feeling the pain that I cause now I can get what I finally want to die when I get angry, sad, alone, I cut at my arm, wrist, anywhere I would think about the pain on my arm instead of what I was feeling inside

The little cuts take away the pain for that one moment. I didn't see a light at the end of the tunnel all I saw was darkness. I don't see a future for myself there's nothing here for me no reason to stay nobody to stay for.

When I cut deeper and deeper and I go away I slip away to a place that's filled with white clouds I see myself flying to a peaceful place where no one could hurt, no phonies a place where I could be happy on the inside as well as the outside

More directed on the inside that's where all my pain is I come down to these white clouds I walk through the white smoky place and one by one I let each pain of silence out I take both my hands reach to my stomach and I pull out the loneliness, I then reach in again I pull out all the ugliness, the shame, being different, unhappy, sad, afraid, and I keep pulling them out

And each one becomes much harder to pull out it's like they want to stay there. But I pull with both hands 'til they come out it's not a choice between living and dying anymore it shouldn't be a difficult choice but the choice is death dying I slip away from those clouds back to reality back to the pain as I stand here washing dishes I pick up a sharp knife I stare at the stainless steel and I see all the pain staring back at me

As I see all the soap suds running down my hand I feel the knife slipping away tearing at my hand as it hits the sink my choice between living and dying is always dying take me out of this rotten world take me out of this rotten body I'm tired of being alone it hurts as I write I write my pain as I cut I see red marks

Scars of silence pain I isolate from the outside world thinking I'm all alone please take my pain away.

K. J. C.

LITERATURE REVIEW

SHOUT (Self-Harm Overcome by Understanding and Tolerance), c/o P.O. Box 654, Bristol BS99 1XH, United Kingdom.

I am very grateful to the reader who sent me a copy of this newsletter from overseas. It is absolutely delightful to come in contact with a publication that shares a similar perspective and mission to this newsletter. I believe that anyone who finds **THE CUTTING EDGE** beneficial will also appreciate **SHOUT**.

SHOUT has various sections and includes poetry and writings from readers. Those in the issue that I read (Volume 5, Issue 2, November/December 1998) rang true to those I've had the privilege to publish here. It is celebratory when people from various parts of the world come in contact with each other and realize that

they share similar struggles, hopes, and dreams. Our circle grows consistently larger, and so must be the understanding and compassion for those of us living with SIV.

One outstanding feature of this publication is its pen pal section, which included a request from the U.S. I have not been able to meet requests for pen pals through this newsletter, and hope that folks might find this resource helpful. Congratulations and thanks to everyone who makes **SHOUT** what it is and keeps it going.

WOMEN'S PROGRAM THERAPY SURVIVAL HANDBOOK. Michaelene B. Manus, Ph.D. Louis Stokes Cleveland Department of Veterans Affairs Medical Center, Cleveland, Ohio. 77 pages.

This book, directed at women veterans entering a treatment program, is an empowering and soothing guide to therapy and healing for those who struggle with survival of abuse and other traumas. The material in this handbook addresses various aspects of the therapy process, as well as a variety of basic life areas a woman can look at, to help herself in the course of healing.

What I greatly appreciate is that this manual guides the reader without relying on technical psychotherapeutic language, instead using the language of the heart and spirit – art and poetry. The guide informs the reader about the general process of quality therapy as well as alternative methods that have been found useful. These include meditation, relaxation, and journaling instructions, as well as basic education in what constitutes healthy attitudes about one's body, food, sleep, relationships, and intimacy.

Nowhere is there mention of SIV in this book, yet I think it would be a useful tool for someone struggling with SIV. A compassionate and empowering approach to healing is not only the most ethical approach, but the most facilitating of healing as well. This book serves that purpose well.

SURVIVAL ART: The Charlie Wolfe Story. Written by Glenn Gaylord. Published in *Art & Understanding*, Issue 20, Volume 5, Number 2, February/March 1996. Published by Art & Understanding, Inc., 25 Monroe St., Suite 205, Albany, NY 12210. Pages 18-23.

Charlie Wolfe is an artist who is quoted, in this article, as saying "True art has the ability to stir up emotions in people." His art certainly meets that criterion, as does his life. Charlie Wolfe is an artist living with AIDS, who is a survivor of childhood sexual abuse, and who deals with eating disorders, multiple personalities, alcoholism, and SIV in his life. His recent art reflects those experiences. His work, through the medium of colored pencil, is deeply stirring. His gift is to draw on paper that which few can find language to express. He has shown determination and courage in producing his work, and faced many gallery rejections because of its content. This has hopefully changed somewhat as actress and activist Roseanne Barr has not only purchased his work, but also promotes it.

Of the ten works pictured in the magazine, one in particular, titled *Forgive Me*, depicts SIV. It is as moving as the rest, which deal with other aspects of abuse and its survival. I truly appreciate Charlie Wolfe's bringing the issue of SIV into public light via such a profound talent. My hope is that his work will be not only appreciated, but sought after, as people recognize that the emotions true art stirs up are not necessarily always the most comfortable ones. They are, however, most certainly necessary ones.

THE CUTTING EDGE, published quarterly, 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. I can also be reached via e-mail at Rutamaz@aol.com.

The future of **THE CUTTING EDGE** is entirely dependent upon your contributions and donations. I am very grateful for the donations I have received. No one is turned away from receiving this publication because of an inability to pay. If you wish to receive the newsletter, please make a donation of \$10 - \$30 per year. I request that professionals and others with financial resources make donations of at least \$20 - \$30 per year. Also, back issues are available. I request a donation of \$10 - \$20 for the compilation of the first two years of publication as well as the following yearly compilations. In order to avoid high bank fees for processing checks from outside the U.S., I request that international donors send money orders in U.S. dollars. Once again, thank you!

Ruta Mazelis, Publisher

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