
THE CUTTING EDGE

A Newsletter for Women Living With Self-Inflicted Violence

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Welcome to this, the 47th issue of **The Cutting Edge**. With this issue comes my annual request for donations to keep this newsletter in circulation. **The Cutting Edge** is supported only by its readership as well as the speaking fees I earn for providing workshops on this topic. Your generosity is greatly appreciated!

It is always celebratory to bring to awareness the work of those whose perspective on people is humanistic and hopeful. I feel excited to review two books in the resource section of this issue that will hopefully have a great impact on the way Self-Inflicted Violence, as well as other human struggles, are perceived. I hope that you all have the opportunity to read them.

LIFE AFTER SELF-INFLICTED VIOLENCE

One of the greatest joys of publishing this newsletter for the past dozen years has been bearing witness to the changes people have made in their lives. Over the years I've received notes from women saying "Thanks for the newsletter, but I no longer need it. I stopped self-injuring a while ago." Each of these letters called for a moment of appreciation. They've made me realize the importance of beginning the discussion of life after Self-Inflicted Violence (SIV) and the identification of the process that is the transition from life with SIV to life after SIV.

Self-injury is not a new entity, but discussion about it is still relatively new. Until recently, SIV was mentioned primarily in connection with the psychiatric diagnosis of Borderline Personality Disorder (BPD). SIV is still considered the hallmark of this "disorder." A person labeled with BPD is perceived to be seriously and, most likely, permanently mentally ill. The psychiatric literature discusses the possibility of the symptoms of BPD diminishing over time, but none of it discusses healing. Therefore, most people who live with SIV are perceived, especially by mental health professionals, to be severely and persistently "ill." The goal of treatment of these people/patients becomes controlling their symptoms and, especially, their behavior. Of particular focus is the containment of SIV.

Sometimes SIV does stop as a result of traditional psychiatric interventions. Certainly there are "treatments" that can effectively control SIV. Some of the most common are isolation in a seclusion room, with or without mechanical restraints, and psychotropic drugging with neuroleptic drugs (or "cocktails" of numerous drugs). Sometimes people are hospitalized with orders for constant supervision, so that the

person has no opportunity to be alone, even in bathrooms and showers. Shaming a person living with SIV can also be effective. For example, a person's SIV can be "psychoanalytically interpreted" as a depiction of masturbation. When the person so analyzed is appalled by the interpretation, their reaction is suggested to validate the interpretation. In fact, one traditional psychoanalytic work does interpret SIV as "vicarious menstruation," a statement that would certainly invoke considerable shame.

For people living with SIV who are in psychiatric hospitals or engaged in psychotherapy, contracts are often utilized in an attempt to stop self-injury. Most often these agreements are meant to stop SIV by dictating what the person living with SIV must do if they feel a need to self-injure, and outline "consequences" that will result if the client does not follow the agreement. Sometimes the contracts seem useful to the person living with SIV. However, it is common for contracts to be used as a means of "therapeutically" punishing a person for not stopping SIV. Frequently, contracts state that the client will either have to terminate therapy or lose his or her hospital privileges if they do not maintain the terms of the contract. Sometimes people stop self-injuring as a result of such contracts; often they do not. Perhaps the most frequent response is the hiding of SIV from the clinician so as not to bring on the punishment. This is particularly true when the conditions of the contract include losing the therapist if the client refuses to stop SIV. It is not uncommon for a person to agree to a contract to appease a tense or frustrated therapist, or to facilitate discharge from an inpatient facility.

All the previous examples are ways of stopping SIV. Actually, most are descriptions of how women are coerced into stopping self-injury. In these situations, rarely is SIV explored for the meaning and purpose it has in the person's life. It is most often perceived to be a pathological behavior requiring whatever degree of intervention it takes to make it stop. When a woman doesn't stop self-injuring she is often labeled as unresponsive, manipulative, or resistant. These labels are often accepted as natural descriptors of a "borderline." The uncooperative patient is then determined to require more forceful intervention until the clinician is pleased with her behavior. And yet what most often happens is an escalation of the SIV as the woman attempts to cope with the judgement and outward control that she is receiving. In situations when women do stop self-injuring, they most often perceive life "after SIV" to be full of medications, struggle, and possible confinement if the urge to self-injure remains.

But does life after SIV necessarily imply days in confinement, living heavily medicated, or immobilized by shame? Sometime it does, especially in a traditional psychiatric context. Yet there is a significant, yet mostly silent, majority of women who no longer need SIV and who are thriving in their lives without any struggle to stop self-injury. These are the people represented by the letters that I mentioned at the beginning of this editorial.

What women who've left SIV behind say can be best described by one letter I received in which the writer says, so sweetly and succinctly: "I no longer self-injure, because I don't need to." The woman who doesn't need SIV any longer doesn't need to control or manage or contain herself. She has evolved beyond these constraints. She can look back with respect for herself at having survived the many struggles of her life. She can understand the context of her life with SIV. She doesn't need to regret her history, nor her scars. For some, they become a testament to her ability to not only survive, but also to grow, adapt, and expand her life.

Some women may remember the last time that they cut, burned, punched, or somehow "hurt" themselves. They may know the exact date and feel proud of the time that has passed since then. For many women, SIV can be a less distinct memory, one that doesn't require a detailed historical timeline. They may recall life with SIV as a real but distant self from days that were filled with great struggle, so difficult that they may no longer feel familiar because their lives have evolved so much since then. Their remaining scars may be faded reminders of a more painful and brutal existence that now gives them great appreciation for the joys and breadth of their lives, as well as for the inner strength that fueled their journeys.

How does this come about? The process of healing SIV can be simply described – it is the process of healing the pain that brought about the need for SIV in the first place. It is that simple to understand, and yet very difficult to do. What is at the core of the healing process? Intimate connection. People heal when they are able to connect with their own historical realities, including the invalidations, abuses, and shaming

in their pasts, in the presence of a compassionate person who is there to validate their truth and soothe the pain of awareness and grief. People who confront the roots of their pain, and identify the patterns of survival used to manage it, build a relationship with themselves that is based on dignity and self-compassion. And there is no question that the person who turns to SIV as a tool to manage their emotions, thoughts, beliefs, or degrees of dissociation is a person who has deep roots of pain in their beings. That is perhaps the most confusing aspect of SIV – self-injury is actually a powerful means of managing emotional pain, and is rarely meant as a means to further increase pain. Most often the emotional pain is so sharp that the physical pain of SIV is not felt.

Do you have to work directly on the issue of SIV to heal it? While some people may prefer to, clearly the answer is a resounding “no.” When the pain of the past that beckoned SIV is diminished, so is the need for SIV. *If we can heal the wounds of our history, we no longer need the tools of the past.* A relationship with another person who cares deeply about this process of compassionate uncovering is invaluable. Sometimes this person is a therapist, but not always. There are clinicians who have the insight and commitment to serve as witnesses and allies to people healing great pain. There are also clinicians who are frightened of this process, some because they are afraid of their own untouched woundedness. Some of the most powerful allies are those who have shared similar experiences and can connect relationally to others with that experiential understanding. Oftentimes a survivor of abuse who is judging herself harshly for her struggles begins to experience tenderness for herself by first feeling compassion for another who shares a similar struggle. Survivors can often help each other find a way out of deep and dark chasms of pain.

Building a relationship with oneself, and with trustworthy others, takes time, energy, courage, and the willingness to struggle. Intimacy can be joyous, yet deeply frightening and even painful, as it brings out all that was absent in the past. This is a process that can be arduous. It is very common for women to turn to SIV cyclically during their healing journey, as the intensity of emotions and risks comes and goes. In this context it is unacceptable to define recovery as the absence of SIV. It is also unacceptable to define pathology as the presence of SIV. Most often, SIV actually needs less focus, and the potential of healing needs more. There is life after SIV, but there is also a great deal more awaiting those who risk venturing past seeing themselves through the lens of pathology, instead choosing a vision of hope and potential. Hopefully we will all become much less concerned with whether a woman is needing SIV, and more concerned with her vision and connection with herself.

You, Brave Woman of Many

You paint the pictures
of your past
In letters on your body
I
I
I
The slashes shriek
I
I
I
Deserve
better than this
Learning that blood

is NOT
the only
substance
to paint with
You now
let spill forth
the voices
of all the I's
Each painful scar
represents
And we bear
witness
for each other.

Natasha

As I made a dramatic decision to change my life and do things to make myself healthy and feel better emotionally, I also undertook some practical steps in that regard. This was about four years ago. I was just plain sick and tired of being miserable. It took an openness to alternative therapies and treatments.

First, I fired my therapist and psychiatrist and stopped all psychotropic meds. I also filed a complaint against them for perpetuating a non-relationship ethos which I believed more damaging than anything in the past. My theory is that further harm cannot undo or repair earlier harm. The logic by which the psych profession perpetuates this ethos of distance doesn't fly with me and ultimately didn't work. The formal complaint process resulted in nothing for me, but I felt I had at least brought up the issue.

Then I sought to do things helpful and healthful for my body. I began working with a doctor of Chinese medicine from Korea and started a regimen of Chinese herbs (vile tasting but helpful) and acupuncture. At this doctor's advice and with a nutritionist and chiropractor I dramatically changed my diet.

I was able to start moving as I had not in years. I had more energy – gradually, and began exercising.

I began work with a massage therapist who was a very practical down-to-earth person – relating to the movement changes I needed to make my body well. He did not pursue questions about my emotional state and never questioned scars. Some massage therapists did – I did not return to these! He was also a specialist in cranial sacral therapy, which I feel was key in healing the stressors contributing to SIV.

While it was initially difficult to deal with touch, I knew intuitively it would be good for my body and ultimately helpful. His practical nature and the fact that he steered away from psych lingo and all that touchy-feely language of what is considered popular in “new age” alternative health communities, appealed to me. His focus on the body in terms of muscles, bones, structure and his explanations of anatomy and physiology – he would share what he was doing and why – was extremely helpful.

I had made a decision that I was going to do whatever it took, and had made my own plan, independent of my medical doctor or psych assistance.

Also during this period I made a decision not to seek out family contact for a while to sort of clear my own head and figure things out independently. I was not sure how much of my thinking had been clouded by therapy and drugs (psychotropic).

I began yoga work with him as well and we forged a real partnership in health as I progressed.

I cannot recommend cranial sacral therapy enough. I don't know how to explain it, but it is different. It is incredibly relaxing, and worth far more than all the money I spent on shrinks. It is osteopathic in nature and it is easy enough to do an internet search to find good historical materials on cranial sacral work.

A few months into this work I began losing the 120 pounds that plagued me for years. My mood lifted gradually – aided primarily by exercise. The healthful and wholesome touch of massage and the cranial sacral therapy helped my body and spirit.

I gained the strength to leave an unhealthy and loveless relationship.

Three years later I moved in with a wonderful man and this past spring we were married. I am hiking, camping, bicycling, dancing, traveling – and doing many things I never thought possible. The presence of healthy and wholesome love, plenty of affection, and shared life with a loving partner has done wonders.

We share an active lifestyle, and I enjoy many creative pursuits. I completed my BA degree and have completed some graduate work. I have a good job – not high paying – but satisfying, and am transitioning into a promotion as a program director.

I maintain a 120 pound weight loss with some variation up and down by a few pounds – but I am able to be active and my health is dramatically improved. I am still not thin. On the charts I'm overweight by 50 pounds.

With the caring of a special partner I am mostly able to resist reactive responses to stress which led to SIV (although I still feel it and struggle occasionally).

I have reconnected with my family in a way that is healthy and non-threatening with the help of my husband, who encouraged me gently and was supportive. Aided in part by their focus in the interim of my absence on their own issues and exploring counseling, etc. on their own. They have changed and so have I. The past seems a non-issue. I feel very lucky.

I still get massage and cranial sacral therapy, but find I require it less frequently. I go back on Chinese herbs every couple of months for a brief period. I also use a hypnotherapist for stress.

While it was an initial expense in undertaking these therapies (uncovered by insurance except for the chiropractor), I felt it was worth it and, when averaged out, was less costly than ongoing psychotherapy, which after six years did not even come close to the result I was able to achieve in 2 ½ years with the above.

The above is a real thumbnail sketch. There were lots of day to day discouragements and some real challenges. There were times when the financial stress was overwhelming. During this period I lost my job and began a job search as well. There were times when things went so well it was scary. And other days when I found myself completely “surprised by joy” – a completely new experience for me.

I don't know why it worked. I was just motivated and determined. I think at age 37 I also saw 40 approaching and wanted a healthy “second adulthood.”

I would encourage people who are suffering to listen to their own wisdom, to first believe they have it, and, if they cannot find this encouragement in “the system” – to dump the system. If something is not life-giving it is not worth focusing on.

It is hard to do. I guess for me, being a rebellious sort and feisty by nature, it was a bit easier than for some folks who do not have this inside. I see women daily in some of our programs at the non-profit center where I work who need motivation to work towards something healthful – but they also seem to want to shut down and be “taken care of.” I have no response for that because even my own story cannot touch it – nothing I or anyone else can say can make a whit of difference if someone doesn't want something good for themselves.

The psych community in general appears to encourage the sort of stagnant navel-gazing that goes nowhere and serves to line their own pockets. Many programs purported to “heal” SIV are not respectful of the client.

I don't have the answers. I only know what worked for me. It is still sometimes a struggle. But my goal was never to stop anything, and I didn't see myself as needing to be cured of a disorder, as I did see myself needing to become healthy. I just wanted to feel better and be able to do some positive things in my life. this has come to pass – and even more.

Anonymous

A Girl Without Feelings

She walks through life,
glancing around herself.
She feels nothing,
this girl without feelings.
her head is empty
and allows no emotion.
as she walks through this life,
She floats past anger
pain,
fear,
and happiness,
as if they never existed.
she feels nothing.
A girl without feelings.
But her heart knows,
and stores all the feelings she ignores
and fails to feel.
They pile up inside of her,
waiting for the day when she must feel.
When things get so bad
that she crumbles into a heap on the floor
and cuts.
As suddenly as they come,
the feelings and tears are gone.
And she is once again
the girl without feelings.

lison D.

When I first started doing it at the age of 11, I didn't know it had a name. The name is self-mutilation.

The very first time I did it was by accident. After that, it was no longer an accident. I did it on purpose.

At the time it started I was taking care of my grandmother. Cutting was my release.

It wasn't discovered until I was in my 20's. I am now in my 30's.

It wasn't discovered because it was under a large watchband or I wore long-sleeved shirts. If anyone ever noticed it, they didn't say anything.

People self-mutilate for different reasons. For me it was so I wouldn't have to deal with emotions with my grandma. I had to show I could handle it. So I couldn't show I was scared or afraid or ever had fear that I couldn't do it. I had to show I was strong when I wasn't. I have to keep showing I'm strong to this day, when inside I'm falling apart.

Since writing this over a year ago I've learned that what I suffer from is called SIV.

It has been over 6 months since last cutting, but I still have the urge. I'm learning to express myself without hurting me.

Anonymous

Two steps forward, one step back. Actually, this is a note of hope. I live with SIV, I have since as long as I remember. But I'm better. I'm so much better. The only time I seem to be able to express that is when I take a step back. Figure that.

I used to cut almost daily, at least. Now, even though the scars are with me, I don't cut. It's hard. I guess it's like being an alcoholic and saying "I won't drink for today." I won't cut for today.

All my cutting was surreptitious. A couple of days ago someone saw an old scar and, of course, I lied. But I want to tell you why I'm writing. I'm 47 now. Last week I had both a hysterectomy and a breast tumor removed. More scars and some confusion. These are acceptable cuts.

I hope next week I'll return to old scars only, but SIV isn't curable, you live with it, even when you don't self-cut. I wanted to share a poem I wrote to tell you how I felt when I was in the midst of cutting, and now, remember, things are better:

This monstrous evil
that lay within me
I have opened the incision
For all to come see

Memories eviscerated
Fear shoved aside
Impulses abnormal
No place to hide

Cut out my true wickedness
Come all to my mirror
Unable to live NOTHING AT ALL
Please cry my last tear

The pain is now gone
The feeling has left
Gone is desire
gone is my debt

I fell nothin right now

RESOURCE REVIEW

Broken Brains or Wounded hearts: What Causes Mental Illness. Written by Ty C. Colbert, Ph.D. Copyright 1996 by Ty C. Colbert, Ph.D. Published by Kevco Publishing, 2639 N. Grand Ave., Santa Ana, CA 29705. 316 pages.

The Truth Will Set You Free: Overcoming Emotional Blindness and Finding Your True Adult Self. Written by Alice Miller. Translation copyright 2001 by Alice Miller. Published by Basic Books, 10 East 53rd Street, New York, NY, 10022-5299. 202 pages.

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@eohio.net.**

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Ruta Mazelis, Publisher

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