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# THE CUTTING EDGE

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

Volume 13, Issue 2-3 (50-51)

Summer and Fall, 2002

Welcome to the year 2003. As you will notice, this is a double issue, which completes the publication of newsletters for the year 2002. I apologize for this publishing delay. I have had several tragic losses in my family over the past six months, and they have required my attention and energy. The next (Winter) issue will be mailed in the middle of March 2003, this being a gradual return to my usual publication schedule. I appreciate your understanding.

I have included several longer pieces within this issue as it has more space than usual. I have also included some information and a request for help from a contributor. While I usually do not publish such requests, I feel more than excited about the potential of Paja Russell's work, and am eager to support her efforts to help children understand SIV. My thanks to all of the contributors who send their work to **The Cutting Edge**. It is always an honor to publish your writing, art, and poetry.

### **SELF-INJURY VS. SELF-INFLICTED VIOLENCE: DIFFERENCES AND SIMILARITIES**

More and more often I am told by people who do not live with Self-Inflicted Violence (SIV) that they feel a connection to this work. The stories, emotions, and challenges discussed here resonate somewhere within them as well. Our conversations frequently wind their way through the similarities and differences between SIV and other ways people hurt themselves. This editorial is meant to serve as a beginning exploration of this idea. I welcome your thoughts.

What can be gained from exploring the concept of SIV by comparing it to other types of self-injury? I think it is important for us to begin building bridges of understanding between those who live with SIV and those who do not. The topic of SIV is a very intense one and often elicits dramatic responses. Many people presume that SIV is simply a symptom of a very disturbing psychiatric illness. Many fear that those who live with SIV are violent with others as well as themselves. Few initially grasp the insight that SIV often serves a person in adaptive ways to manage struggles that they see no other means of dealing with. Many people are surprised to learn that SIV has often been credited with being a tool someone has used to avert suicide, as it can be temporarily soothing. When I give presentations on the topic of SIV I find it crucial to explore these reactions and beliefs. I encourage us all to explore them ourselves and discover the different ways we cope with the situations and emotions of our lives, and the ways that we all engage in some form of self-injury.

Self-injury is a much more global term than SIV. Certainly SIV (the intentional cutting, burning, punching and other similar actions, directed at oneself) is depicted as a form of self-injury or self-harm. Yet many other actions which are not SIV can be characterized as self-hurtful. What are the delineations between these? What are the similarities? What are the differences?

There are many rather common forms of self-harm, such as eating double bacon cheeseburgers, smoking cigarettes, not getting enough sleep, being sedentary, workaholism, self-debasement, obsession with physical appearance, the lack of emotional expression, unsafe sex, and more. Self-injury is a component of bulimia and anorexia, drug and alcohol abuse, and others types of behaviors described as addictions, such as self-destructive gambling, addictive relationships and/or sex, and overeating. Many of these behaviors are considered unhealthy at best, destructive in general. Some are potentially fatal, and all most likely have some impact on a person's quality of life as well as on their ability to contribute to their community. Yet many of these behaviors, which often manifest as addictions, are generally tolerated by society. People who live with them might be viewed as "off-center," but they are rarely branded as "dangerous." Some of these behaviors, such as a compulsive overdedication to achievement and/or workaholism, are often societally and culturally rewarded. It is interesting to recognize some forms of self-injury are encouraged by our society, at least to some degree. Yet the self-injuring behavior of anyone living with SIV is wholly suspect.

What is it about SIV that separates it out from the rest of these types of self-harm, even those that are also considered psychiatrically pathological? Certainly the most visible difference is the actual and obvious nature of SIV – a person who cuts or punches or burns her or himself engages in direct action. SIV's nature of being self-invasive brings self-harm to a brutally honest light. SIV is basically inarguable as being self-destructive; or is it? The vast majority of us can understand binging with a box of donuts. But empathy often ends there. Few can comprehend the forces that call a person to cut her arms or punch her own face. How can we build a bridge of understanding between the two?

Why do people do things that are "self-harmful"? Why does anyone eat a whole box of cookies at a time? A whole pizza? Two grocery bags full of food? Why do some folks then throw the food up? Why do others focus themselves on eating as little as possible, sometimes dying as a direct result? Almost everyone has had the first experience, the one of overeating a food that tastes good and can feel comforting. Eating a whole box of cookies can be occasional fun and a harmless indulgence. When someone eats massive quantities of food, then they are most likely attempting to soothe a need that goes deeper than hunger through that behavior. When they purge that food, then both the eating and the purging take on meanings, and the roots of what drives the behaviors are found in an experience of deep emotional distress. This is also true for those who try not to eat at all.

Why do people smoke cigarettes? Smoke pot? Drink a bottle of whiskey? Snort cocaine? Inject heroin? Why do some people find themselves attracted to abusive partners? Why do others abdicate their needs and obsess about the needs of others? Why do some people, who don't financially need to, work twelve or fourteen hours a day at the cost of their health and relationships?

SIV appears to be the most extreme form of self-harm, yet I contend that it is not. Certainly there are a great deal more harmful, potentially fatal, self-injurious behaviors. They are not as clearly direct in many peoples' eyes, however. Perhaps because we are societally conditioned to allow for some level of self-injurious behavior (whatever is deemed appropriate for our times), but not allowed to acknowledge SIV as a coping mechanism with its own set of meanings and usefulness. It is interesting that SIV is perceived to be a consciously malicious action directed at oneself, yet most of the time it is not (SIV is a form of coping with profound stressors which exist as a result of some historical and/or current trauma). Driving while drunk is recognized as destructive, and is certainly more harmful than SIV. Yet while we judge people who drive drunk, we demonize those who live with SIV. Why is that, when driving drunk is clearly extremely dangerous to oneself as well as others, the wounds of SIV are what usually elicits a more dramatic and disgusted response from people – particularly when those same wounds would bring little reaction if they were the result of an accident? Why do people, including mental health professionals, react

so strongly to SIV when a person's life is more strongly impacted by other forms of self-harm? Sabrina says, in her piece in this issue:

*It frustrates me that my therapist seems more concerned about my cutting than my bulimia. Purging feels much harder on my body (and is at least as likely to be lethal), but the scars it leaves are internal and therefore less upsetting to others.*

It is the blatantness of SIV, as well as some of the purposes that it serves, that sets it apart from other forms of self-harm. Yet is SIV truly the "worst" form of self-injury? Regardless of the intensity of our reactions to it, it is not. There are other ways people harm themselves that wound a person more profoundly. Some are obvious, others not. The greatest harm that came to me from living with SIV had nothing to do with the physical injuries themselves. Yes, I live with scars and mended bones, but the bones have healed and the scars have faded. What has not completely healed is the harm that was done in the name of "help." When I reached out for help with SIV, years ago, I was reacted to in a very punitive and damaging way. I was pronounced incompetent as well as dangerous (at least to myself, which I was not as the SIV was keeping me physically and psychically alive at the time). I was physically restrained and locked in a seclusion room. I was forcibly medicated. I was told that I was severely ill and would be greatly disturbed for the rest of my life. I wasn't offered any useful methods or processes for dealing with my pain. There was no life-affirming action. I wasn't understood, nor was I acknowledged as an individual. Responses to me were determined by "protocol." Therefore, I was subjected to interventions that were intended to sedate and disable me. I was meant to be "managed." Nowhere was there a whisper of healing.

Such reactions were immensely harmful, much more than any cut or burn on my body ever was or could be. It has taken me many years to heal much of the damage done at the hands of uninformed mental health professionals. Astoundingly, I had worked as one myself. Nothing that was done to me was considered inappropriate or unethical. It was simply considered the standard of care for dealing with people who live with SIV. Horrifyingly, this is still true in many places throughout this country. SIV can quickly lead to a loss of civil rights, forced medication (which is rapidly getting easier, not harder, for psychiatrists to do), institutionalization, restraint and seclusion. With these standards of "care," the harm caused by coercion is readily apparent. The more subtle harm comes in the way a person is reacted to emotionally. A person living with SIV is commonly judged to be manipulative, untrustworthy, and pathologically needy. They become the one that must be kept distant from, observed, "managed." This does not provide for a healing environment. As many people who live with SIV are survivors of some form of abuse or neglect, and all are experiencing a degree of psychospiritual crisis, being treated this way leads to more pain, increasing confusion and disconnection. This then leads to a greater need for self-injury as a way of coping. You can't heal SIV in an environment that increases the turmoil. Believing they are acting in the interest of "safety," many people actually decrease a person's safety when they coerce them and try to control them, even if it is deemed to be "for their own good." Coercing people living with SIV serves only the purpose of decreasing the mental health care provider's discomfort at the cost of the relationship, fortifying a one-way power dynamic that greatly diminishes the chances of evoking any changes that are truly in the best interest of any person living with SIV. Cultivating an understanding of the purpose and nature of SIV would greatly serve not only those who live with SIV, but the mental health community and society as well. It would serve to encourage an environment in which people living with SIV have the possibility of actively pursuing recovery and healing rather than remain imprisoned by and unattended to by unhelpful (often abusive) systems of "care."

Recently a younger relative of mine took his own life. He put a gun to himself and pulled the trigger. I am sure he was feeling a great deal of profound despair at the time. How I wish he would have taken a razor to his arms to release his pain in smaller measures. Then maybe today we could both be scarred but alive. It is only slowly that people are beginning to understand the nature of SIV as a coping mechanism, and as a tool for self-preservation. If SIV helps someone in the moment of decision about taking their life, if it serves to numb some of the pain and "buy some time" for people in crisis, then it is actually a gift. It provides something nothing else can at the moment: a chance to make a different choice. SIV actually helps some people find the ability to choose to survive. With survival, discovering different options becomes a possibility. If we demonize SIV and disregard the purpose that it can serve, we risk the

elimination of a possibly life-saving tool while not providing that person with other true choices for survival or healing.

Several months ago I witnessed someone I love in a desperate moment. In a time of crisis, she expressed her tension through a fist to the walls, then to her own face. This left her with a black eye and a swollen hand, both of which healed quickly. Yet her pain had just begun, as her choices for managing distress became more, not less, self-harmful over time. Yet that was her only bout of SIV. To the superficial observer, the self-injury is gone from her life, simply because the SIV is. The eye and hand healed long ago. Yet her soul is slowly dying, and her life is becoming increasingly compromised because she has become completely disconnected from her authentic self. SIV is a direct action, one that would require from her a greater connection with herself than seems presently possible. Should she choose a healing path I wonder if she would journey through another experience of SIV on her way to a more hopeful and brighter future, on her way back up from a pit of unconscious self-destruction. It is an amazing lesson – sometimes the cutting, punching, and burning are part of the healing path as they are an engagement with one's own struggling self. When we give up on ourselves we no longer turn to SIV. It's an interesting concept. Some of us self-injure on our path to connection and healing, hope, and integrity. Others self-injure on their journey to further disintegration. This disintegration can lead a person to suicide, to becoming a perpetrator themselves, or to an addictive spiral that leads to a very compromised existence. These outcomes are certainly more self-destructive than cuts, burns, and bruises.

Perhaps the greatest form of self-injury is the abdication of one's own soul, best exemplified by a person becoming a perpetrator. Living with SIV and being an abuser are not the same. Most often they are opposites. For those who struggle with a desire to hurt someone else, SIV can serve to mediate that impulse. Yet, perpetrators rarely self-injure by cutting or burning themselves. Instead, they focus their energies externally, fueled by vengeance and a lack of conscience. Many attempt to rationalize their behavior by perceiving themselves as victims, as a way of justifying what they do to others. When abusive people abdicate responsibility for themselves they become able to justify anything. Rational or not, out of such mentality comes great harm, insidious to self. Perpetrators can bring about a great deal of destruction, to themselves as well as, obviously, to others.

We all “hurt ourselves” in some form. Certainly human nature is creative and complex. The longer I think about it the more I sense the importance of discovering motivation – what drives us to whatever forms of self-injury or whatever forms of healing that we choose? Becoming aware of what moves us, and what provides us with motivation and meaning, is crucial, and even more important than what appears evident on the surface. For example, not eating for an entire day may be part of a healing ritual for someone who is fasting, while the same activity may signal a return to self-harming behavior for a person struggling with anorexia. The outside behavior is identical, but if we do not understand the person or acknowledge their history then we cannot grasp the meaning that their behavior has to them.

Perhaps one of the most confusing learnings about SIV to most people is that it has a meaning and reason for existence. While ultimately not something people want to have to live with, it serves a purpose when other options might not be there or when those options might be even more destructive. SIV helps people manage unbearable affect, fears of self-disintegration, an inability to communicate their internal experience, and many other reasons. Most of these struggles are present as a result of trauma, sometimes severe, and often some type of abuse. People who have survived intense traumatic experiences are often left with disturbing aftereffects. Abuse, in particular, changes a person's self-concept and worldview. Childhood abuse is particularly devastating as it impacts one's whole being in the formative stages. SIV is often a temporary means of managing some of the difficulties that arise from surviving trauma. When people begin healing the wounds of the past, they decrease the external wounds of SIV. Perhaps the simplest and most brilliant way I've heard this described was by a dear therapist friend of mine who said, when asked how to make people stop their SIV: “They'll stop when it's time, when they don't need it any more.” This is a very hopeful statement. It has proven true for many of us who have needed SIV at some time in our lives.

Whatever our histories, whatever ways we help or hurt ourselves and our communities, we are all responsible for our choices. There are times that the options from which we choose are narrow. We cannot

always tell the purpose behind someone's behavior. We can begin to understand them, and their experiences, if they are willing to be open to us. I have been incredibly privileged to be the recipient of such openness throughout the years of publishing this newsletter. I have learned a great deal from the people who were willing to teach me about their lives with SIV. I am honored to be in a position where I can share some of your voices, as well as what I have learned, with others.

I have learned that changing perspectives about SIV is possible. Although there is often resistance to learning, born of fear and discomfort, there are many who are willing to listen, think things through, and learn. There are others who take it one step farther and say that they can even begin to understand and empathize. Then there are people who choose to understand, confront their own fears and misconceptions, and develop compassion from which to build a relationship with a person living with SIV. They learn to connect. We can all grow from this process of learning from each other, from exploring not only our differences, but our similarities as well.

We can begin to understand each others' pain if we are willing to be open to our own, and if we can develop insight into where we turn to deal with despair. If healing evolves as a result of connection, to ourselves and others, it is not pain we seek to avoid, but rather disconnection within ourselves and from the authentic and trustworthy people around us.

Although it has been many years since I last cut myself, the thoughts and urges to do so returned for me in the past few months. This was not surprising, as I found myself struggling with many very painful and unexpected losses and abuses, some of which were reminiscent of previous devastating experiences in my history. These past few months were some of the most difficult of my life. I know that people who care about me wondered if I would resort to cutting myself again to cope with the intensity of the events in my life. What amazes me is that, if I had, they would have understood. They would have felt sad, as I did when I bore witness to the SIV of someone I love. But they would not have judged me, would not have demanded that I stop. They would have asked if there was anything more that they might do to help me. What an amazing insight for a person who had lived a great deal of her life emotionally hidden from those around her. Out of the turmoil of the past six months, my life has taken on many new and wonderful twists as well as surviving the brutal ones. I have discovered not only the survivor within me (again), but a woman who is able to remain grateful for the beauty of life even when it is hidden by clouds of despair. I am so grateful to the loving people in my life, and to the readership of this newsletter which has itself survived and thrived unexpectedly, somewhat like myself. It is my hope that all of you feel my gratitude for your presence and your openness, and for your courage to share your own lives as you continue to heal.

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11-12-1992

I'm shedding my skin  
like a snake  
sloughing off the old dead skin  
the new skin  
with its blazing red intensity  
dulls with time  
to a ghostly transparent white  
which helps me  
fade from sight

P.R.

## Scars

*Although I remember banging my head against the wall as a child, out of a frustration that I was not able to verbalize, hurting myself didn't become a habit until college. I doubt that I was even aware of my discomfort then, sitting in the philosophy professor's office wrestling with Dante, but I became aware that I'd been idly scratching my arm, that the skin was gone, that it was burning, and that I wasn't thinking about philosophy any more. Since then, I've recognized that being in a situation that feels to me both intolerable and inescapable is often what triggers my urge to cut. Other times the urge builds, like a balloon filling with air – I can delay it, but bursting is inevitable. Fingernails became scissors, knives, and razor blades.*

*Yes, there have been times I cut wanting to die and not quite having the courage (my mother assured me she'd haunt me in hell should I ever succeed). The psychiatric professionals call that "parasuicidal behavior." Most often, I cut to punish myself for some perceived failure of misbehavior. Sometimes it is an act of contrition, an offering of myself as a sacrificial lamb. Sometimes I cut to bleed out the blackness that poisons me.*

*I cut because the physical pain is easier to handle than the emotional, to have a place to put a band-aid. I cut to manifest, to validate, to manage the pain inside, to make the outside match my insides. I cut to take care of myself by myself; I cut to ask for help. I cut in order to have an excuse to nurture myself. I cut to prove to myself that I'm brave, that I can stand anything without flinching.*

*I cut because this is how I learned my body should be treated. I cut because I hate my body, for so many reasons. I cut to objectify my body, to separate from it. I cut to claim my body as my own, to take back my power. I cut to feel control over a situation, a feeling, a world that feels out of control. Sometimes I cut to feel more, to combat feeling numb, to get into my body; sometimes I cut to feel less, to combat feeling overwhelmed, to get out of my body.*

*I cut for release, because I cannot scream. I cut to express the vastness of my feelings, because words feel inadequate. I cut to express the feelings I lack the courage to verbalize. I cut to tell the world to be gentle with me, not to expect too much; I cut to keep people away. I cut to tell the secrets that could not be spoken in my family, some generations old, mine by inheritance.*

*The scars are not the goal but a by-product – the ashes left after a fire. It frustrates me that my therapist seems more concerned about my cutting than my bulimia. Purging feels much harder on my body (and is at least as likely to be lethal), but the scars it leaves are internal and therefore less upsetting to others. The irony of using cutting (and purging) as a form of communication is that if I want to live in the world (and not in a locked ward), the scars need to be kept secret. My cutting has earned me ugly psychiatric labels and costly hospitalizations, frustration and anger from friends and family, looks of disgust or pity from strangers – and a closet full of long-sleeved shirts.*

*I do not yet understand why hurting myself is wrong. The hope is that I'll eventually learn healthier, more socially acceptable coping skills, but as I write this, I realize more deeply the importance of the control issue – I'll give this up when I'm ready, and for me, not for "them." For now, I wear my scars with ambivalence, with shame and defiance. I think of them as combat wounds, evidence of a treacherous journey that has been survived (so far).*

Sabrina



*The Abortion*  
*May 12, 2002, Mother's Day*

*My luscious skin, my spring sausage, scarred, blistered, red, and muted, still on earth, burned. I was scorched badly today, Mother's Day, the day womanhood is honored. I tried to set myself on fire, and today my forearm is a charnel house. I hope I don't live life much longer. I hope to join my unborn children, my legacy lost. I hope, in the next life, we will be re-united.*

*As a girl, I was raped and sodomized by my grandfather. Back then, there was no planned parenthood, no factories for the wholesale slaughter of unborn fetuses. So, in our desperation, we used coat hangers, wires, anything we could lay our hands on. Incest was not a fit topic in polite society, nor abortion.*

*Hidden away with nothing left, I walked through life, lifeless as a brown leaf. I killed my own children in the days when coat hangers were illegal. Girls like myself lived with terrible secrets, powerless to escape our abusers.*

*I feel like a condemned woman, and so I attempt suicide, take pills, cut my wrists, and finally in the end, ignite my own flesh. Like a burnt marshmallow, held too long in a campfire, my skin becomes black and rough as coal. In my hand, a cigarette lighter, cocked at the ready. Nicotine does not enter my mind, but blue flame pops my fragile skin, straight and honest.*

*My mother knew her father suffered from pedophilia. As a girl he used to force her into bed, and put his arms around her, and fondle her. He used to hug her in front of her mother, my great-grandmother. And when my mother complained that my grandfather was holding her too tight, her mother kept on reading, ignoring the molestation. My mother was not allowed to lock her bedroom door, and her father could enter, at any time.*

*My grandfather would call my mother, and tell her that he wanted me to visit. I would be delivered to their home, to spend the weekend, and there my grandfather raped me, the way he did my mother. I felt such rage at my grandfather, but even more toward my mother because she knew what her father was like, and could have stopped it.*

*Growing up, in our home, I was not allowed to lock the bathroom door. My father and brother could come in at any time, when I was in the shower, or sitting on the toilet. My mother could have stopped it as well, in our own home, but didn't. It took me years before I realized I could lock the door, and keep them out.*

*In order to cope with being sodomized by my grandfather I imagined a mouse inside my mouth. I couldn't deal with the idea of swallowing a part of a man that I called "grampus." I couldn't deal with the idea of carrying his children. I got my first period early, and when I was ten I missed three periods in a row. I was in fifth grade, and had learned in a sex education class what that meant to a woman. I was terrified, and did not have the courage back then to come forward and tell my teacher what was happening in my life. After watching a film about back street abortion, instead of feeling deterred, I felt as if an answer had dropped out of heaven, and yet for several days something stayed my actions.*

*The next week, gramps called again, and I was sent to sleep in his home. When my grandmother went to the store gramps called me into the bedroom. I didn't know what to do, so I complied, as I always had. In the past if he did not get his way he would let his temper loose on me, the way he had on my mother. Later that weekend he had me on the sofa and began to tickle me, and refused to stop until I wet my pants.*

*When my parents came to pick me up after the weekend was over I told them I never wanted to see my grandparents again. I told my mother about being tickled, but not about the baby. That night I crept down to my father's tool chest and got out a thick copper wire and inserted it into my uterus. I bled for days afterwards, telling my mother I had my period.*

*It was May, just before the Passover. We went to our cousins and I collapsed in pain. My parents took me to the emergency room, but I did not tell the doctor about Gramps. He thought it was my appendix, but then when my white blood cell count came back normal and my hemoglobin was low he thought I was just anemic, and told me to see my own doctor, who put me on iron. Neither physician suspected that a young girl could have done what I did, or be the victim of incest.*

*When I returned home I cut my flesh, and then attempted suicide for the first time. I took a bottle of aspirin. Though my kidneys were damaged, I somehow managed to survive. But I knew I would try again, and again, hoping in the end the pain would be relieved and I would find freedom and peace, away from my grandfather.*

*At times I can feel my children calling, and I want to answer their call. My unborn infants await me, await the rebirth of their mother at heaven's gate. No Hallmark cards with lace doilies and fancy sayings arrive at my door. No children and grandchildren, brimming with frolic and laughter call my name. Only grief, deep and foreboding, reminders of my grandfather's rough callused hands, and a thick copper wire, followed by a stream of red screams, cries, wails, of my infant's last breath, calls to me this day.*

*And so, in a futile effort at reunion, fire dances before my eyes, and I watch my children smolder in a brown haze, like the smoke in the flues of Auschwitz, like the blaze of Wounded Knee, like the funeral pyre of St. Joan, like the inferno of napalm in Viet Nam, the mist of a billion souls, lost in time. Will the screams of my future ever be silenced? Will their lifeless bodies ever live again? Where is redemption in a coat hanger? Where is my soul in a grandfather's love? Can blistered flesh ever make up for murdered infants?*

*I lift up my eyes to the heavens and start to pray, but instead of death, numbness sears my arm. Silent wails of a baby, waiting for its mother, breathing life into my bitter eyes. And I begin to cry blood. Bitter cup. Bitter cup. Red tears at last, fall from bitter eyes. And still I live.*

*Susan Hoexter*

Cut away the pain  
Cut away the darkness  
Cut away the rage  
Pay for your sins  
Let the blood wash away  
The hopelessness  
Cleanse my soul  
At least for a little while.....  
Through pain there's peace  
My blood is my tears

S.B.

*Hello Cutting Edge Readers:*

*My name is Paja and I have been living with SIV since 1977. In the spring issue of 1994, Ann wrote “Does anyone have any ideas about talking to kids about injuring?” and “Maybe we need to write a ‘So Your Mom Hurts Herself.’”*

*Well, I set that issue down and wrote the first of MANY drafts of that book. I have come to a place in healing that now I’m strong enough to finish this project that Ann set in motion. Here is one of the drafts of my book. I need feedback to see if I’m on the right track, and probe everyone to see if there is still a need for such a book for children. It is aimed at a target audience of 4-10 year-olds. I have beta tested the manuscript on my numerous children/adults and had wonderful results. The book has been useful in opening dialog with adults who knew me but had never had the courage to ask about the scars.*

*The book isn’t supposed to answer all the questions, it is designed to BRING up questions, and start a dialog between parent/child. The book leans heavily on how a child thinks and addresses fears that they might have. It is designed to clearly let them know that they are not responsible for Mom/Dad’s SIV. I used the term “hurt” rather than burn/cut/scratch/scald/pinch/etc. I want the book to be reflective of all of us, not just one specific form of SIV.*

*Please read the manuscript and let me know what you think. I welcome all forms of feedback, good/bad. E-mail me at: [jeanluc@cdsnet.net](mailto:jeanluc@cdsnet.net) – put SIV in the subject field so I can weed you out of the junk mail, or mail me at:*

*Paja Russell  
541 South Ivy Street  
Medford, OR 97501*

*This book is copyrighted Dec. 14, 1994 – it may not be copied/reprinted/quoted without written permission of the author. One time right granted to The Cutting Edge on 11/14/2002. I condensed the original story down to 7 pages, making it more like a pamphlet, so that I would be able to self-publish it and make it available at a reasonable cost to parents.*

## *STORY I*

### *When Mom Hurts*

*“Ann, what happened to your Mom’s arm?” asked Kathleen. “Why does she have so many scars?”*

*“She hurt herself.” said Ann.*

*“On accident?”*

*“No, on purpose. When she was younger she was abused and she started to hurt herself to deal with the pain.”*

*“Is your mom crazy?”*

*“No she’s not crazy, she just needs to learn a new way of coping with bad memories.”*

*“Does she ever hurt you?”*

*“No, she’s battling within herself; I’m not part of her struggle.”*

*“Does she ever hurt herself in front of you?”*

*“No, and I don’t want to see her do it either.”*

*"Can you stop her?"*

*"It's not my responsibility to stop her. I don't make her do it, and I can't make her stop. It is something she has to deal with and heal herself. She is seeing a therapist and they work on it as a team."*

*"I bet it is scary when she hurts herself."*

*"Yes it can be, but I know she won't hurt me. I can let her know I love her; that is all she needs from me."*

*I also have the full story in more detail aimed at an older target audience 8-13; here is part of that story:*

## *STORY II*

*"Ann, what happened to your mom's arm? How did she hurt it?"*

*"My mom lives with SIV, that's self-inflicted violence."*

*"You mean she does that to herself?"*

*"Yes."*

*"Why?"*

*"When Mom was a little girl she was abused and mistreated. She was very sad and afraid. Cutting or burning herself was the way she chose to deal with the fear."*

*"But the bandage on her arm... It's new; why does she still hurt herself now that she's all grown up?"*

*"Her memories of the past still scare her and make her afraid."*

*"Ann, does she ever hurt you?"*

*"No."*

*"Why not?"*

*"Her battle is with herself and her memories. Not with me."*

*"Does she ever hurt herself in front of you?"*

*"No. She gets very upset with herself when she injures her skin, and she doesn't want to scare me."*

*"Is there anything you can do to stop her?"*

*"No, it is not my job to stop her. Mom goes to therapy and works very hard on healing."*

*"When will she be healed?"*

*"Self-inflicted violence is something she will struggle with for a long time. She has to learn new ways to cope with her memories and that takes time."*

*"Is there anything you can do to help her?"*

*"Just be myself. Sometimes when I see her looking sad I like to give her an extra hug and tell her I love her."*

*"Does that make her feel better?"*

*"Maybe... and it sure makes me feel good. Even though it's not my job to stop her I still feel like trying sometimes, 'cause it's hard to see someone you love hurting."*



After a storm there are puddles left.  
After a fire there are ashes left.  
After SIV there are scars left.  
How do you deal with them?  
Do you hide them?  
Do you wear them fiercely as warrior marks? Not caring who sees them?  
Do you make them yours?  
..."Oh I took part in a Sun Dance ceremony during my native days"  
Do you make them others?  
..."Oh I lived in Africa and was scarred to make my pale skin strong"  
Do you lie?  
..."Oh it was a car accident a few years ago"  
Do you tell a partial truth?  
..."Oh it happened so long ago I don't remember"  
Do you tell the whole truth?  
..."Oh I'm a self-mutilator"  
How do you decide who gets to know and who needs to stay in the dark?  
Do you have days when you don't see them? And days when that is all you see?  
Do you have days they shame you? And days they empower you?  
Do you have the perfect lie to tell children?  
..."Oh when I was a little girl, no one told me not to play with matches"  
Do you ever look at them as if they were a puzzle and think:  
..."Oh if I just fill in this space here, it will all make sense"  
Do you?  
I do.

P.R.

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## Resource Review

In this section I include reviews of five short articles that appeared in the psychiatric press in the past two years. This is the most coverage I have seen regarding SIV in any of these types of publications. Although limited in comprehension and certainly in treatment suggestions, these writings show a beginning shift in understanding by at least some in the field. Given the desperate misunderstanding and resultant punitive care most people living with SIV receive at the hands of psychiatry, these articles are hopefully the beginning of better days. The last article reviewed, not from the psychiatric press, brings us back to the reality of the business of psychiatry and how that affects everyone.

**Self-Mutilating Patients Generally Aren't Suicidal.** Batya Swift Yagur. *Clinical Psychiatry News*, August 2000, pg. 36.

This article is a beginning. Finally, someone in mainstream psychiatry is describing the difference between SIV and suicide. The writer of this piece focuses on the work of psychiatrist Barent Walsh, who graphs out the differences between suicidal intent and SIV. He effectively describes the differences between the two, much of the information being provided in a small but effective chart that is part of this brief article. The

most optimistic statement Dr. Barent makes is that SIV is often related to a history of childhood sexual abuse during which a child learns to dissociate, and that self-injury can serve to replicate the learned dissociation. Unfortunately, other motivations for SIV are not explored. Most unfortunately, his treatment recommendations don't include any specific recommendation for dealing with the historical trauma that gives rise to the SIV. While beginning to understand the dynamics of SIV, he misses the boat about what provides for healing.

This article should be of use to anyone who is hoping to educate a mental health professional about the differences between SIV and suicidality. Hopefully it might prevent people living with SIV from getting coerced into institutions, psychiatric drugs, or restraints under the guise that they are attempting to kill themselves.

**Antisuicidal Effect of Self-Injury Calls For Tolerance.** Batya Swift Yasgur. *Clinical Psychiatry News*, July 2001, pg. 50.

This is by far the best article on SIV published in this type of magazine. This piece describes some of the discussion that had taken place during a panel discussion at a meeting of the American Association of Suicidology. Most importantly, this article re-enforces the fact that SIV and suicide are not the same thing, and that SIV can actually serve as a deterrent to suicide. It states that the panel participants agreed that SIV "behavior can provide short-term relief from painful emotions, control over chaotic thoughts or experiences, and return to bodily sensations after dissociation."

Discussion regarding how professionals should respond to SIV was also much more optimistic than that typically found in such publications, although, once again, there was no mention of providing people with effective trauma therapy. Most of the clinicians cautioned that SIV should not be forcibly eliminated, and that the use of "no-cutting" contracts would be counterproductive. One stated that "Taking away the patient's protective mechanisms may not only increase the behavior and undermine the therapeutic relationship, but may actually be dangerous."

As often happens, these more optimistic remarks were followed by commentary from a clinician who stated that SIV should be forbidden and that patients should be forced to sign a "no-harm" contract. What was most fascinating about this clinician (who has ties to an inpatient treatment program) is that she went on to say that she saw this as "the philosophy of empowerment." It is amusing that she did not even notice that her idea of "forced empowerment" is an oxymoron. Force may lead to change, but never to healing, much less empowerment. The very definition of empowerment precludes the use of force!

Hopefully this brief article will catch the eyes of clinicians who feel frustrated by their lack of understanding of SIV, and who are ready to provide themselves and their patients more hope for a truly mutual relationship from which healing from SIV can flow.

**Dialectical Behavior Therapy Cuts Self-Mutilating Behavior.** Batya Swift Yasgur. *Clinical Psychiatry News*, July 2001, pg. 50.

I don't think the pun in the title of this piece was intended, but I was amused. This brief article focuses on what is now the current "rage" in treating SIV – dialectical behavior therapy (DBT). Most people living with SIV who receive therapy for self-injury can expect to receive some form of this type of therapy. Most simply described, this type of therapy is a structured means of trying to get people to control their emotions and behaviors. The article states that the treatment of SIV should include DBT as well as psychiatric drugging and "concrete skills training." Nowhere does it mention addressing the root causes of SIV in a person's life and helping someone heal from those. The presumption remains that SIV is a superficial behavioral problem that can be attended to without addressing the life experiences that led to it.

Not surprisingly, the article goes on to state "therapists may find it difficult to motivate clients to remain in treatment." Of course, the presumption regarding this is that the patient is unmotivated, rather than the

treatment does not really provide what the client believes would be useful. There is no discussion of the client as an individual being, possibly trying to cope with a profound history of some form of trauma, who just might have an opinion or two about what might be helpful to her for her healing.

**Stemming the Tide of Self-Cutting in Adolescents.** Nancy Walsh. *Clinical Psychiatry News*, May 2002, pg. 38.

It has been interesting to observe the growing idea that SIV is a recent phenomenon that occurs, in “epidemic” proportions, among adolescents. By comparing SIV to anorexia and bulimia, the author gives the reader the impression that he is discussing adolescent girls, but nowhere is this mentioned. The relief that SIV brings from emotional pain is identified, but at one point it is compared to having an abscess on the brain. The author presumes that the “patient” has an underlying disorder so, of course, the first recommendation is for psychiatric drugging. While mentioning that several “therapeutic interventions” can be tried, nowhere does the author mention trauma history nor trauma therapy. Therefore, this is yet another article that attempts to depict SIV without a context, which pathologizes the young person who is to be labeled, drugged, and behaviorally managed. The only bright spot in this article is the mention of building a trusted treatment relationship. Yet, it is overly optimistic to think that someone who cuts herself to receive “secondary gain” can be given the respect and autonomy to engage in such a relationship.

**Today’s Self-Mutilators are Younger, Healthier.** Carl Sherman. *Clinical Psychiatry News*, May 2002, pg. 38.

This article speaks from both sides of the mouth. In identifying a “new” clinical picture of “self-mutilators,” the author describes the prevalence of SIV within a more “highly” functioning group of young high school and college students. The fact that some people who live with SIV have gotten good grades and have social skills seems truly surprising to the author. Sadly, the comment is made that this new group of self-injuring people do not have a history of trauma. I really wonder how this was determined, and strongly believe that this presumption on the author’s part is based on his idea of what a traumatized person looks like. I wonder how well he got to know the lives of the people he is mentioning. The role of SIV for managing psychic pain is described, yet no one in the article questions how the psychic pain came about. The focus, as usual, remains on stopping the SIV, often with behavioral therapy and replacement behaviors, without addressing the root of the pain. I wish that the focus would be on providing our youth with a place for empathic connection and understanding rather than another institution that is attempting to control their behavior when they are in pain.

**Disorders, Made to Order.** Written by Brendan I. Koerner. *Mother Jones*, July/August 2002.

Congratulations to the author and *Mother Jones* magazine for providing readers with an eye-opening and jaw-dropping look at the marketing practices that are severely impacting American beliefs about mental illness and treatment.

Brendan Koerner takes a deep and rich look not only at the financial connections between the pharmaceutical companies and psychiatrists, but expands our awareness with his discovery of the actual public relations campaigns going on behind the scenes. In the name of medicine, and hidden from public view, the marketers and researchers and psychiatric drug giants are constantly on alert for new possible uses of their drugs. Business profit margins in mind, they are now touting not only their drugs, but also diagnoses to the general public in such ways that many people might be inclined to see themselves in the portrayals and therefore demand to be treated with their drugs. His expose goes as far as identifying the reality that the “patient support” groups that are often touted as resources for people interested in more information are actually company fronts. Many of these support groups themselves are housed in the buildings that the public relations firm is in! It was stated that a public relations firm admitted that they “often handpick patients to help publicize a disease, offering them media training and sending them on promotional tours.” This, in combination with the psychiatrists who serve as paid experts, firm up the sell

from many different angles. A former National Institute of Mental Health official said “Retaining high-profile academic researchers for promotional purposes is standard practice among drug companies.” These marketing techniques are apparently quite successful in their tactics, and drug company profits are soaring.

If you are still unaware of the link between mental health diagnoses, psychiatric drug treatment, pseudo-patient advocacy groups, and marketing experts, please read this article. It will hopefully open your eyes to an industry that can no longer separate profit margins from patient care. Thanks to the author for providing us with an excellent education.

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**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](mailto:rutamaz@eohio.net).**

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Ruta Mazelis, Publisher

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