
THE CUTTING EDGE

**A Newsletter for People Living With
Self-Inflicted Violence**

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Winter/Spring, 2003

As this issue brings **The Cutting Edge** into its 14th year, I thank all of you who have supported this work in so many ways. As always, this newsletter has survived solely on donations and the payment I receive for providing workshops on this topic. I am amazed that **The Cutting Edge** travels to Asia, Africa, India, Europe, the United Kingdom, Australia and New Zealand, as well as throughout Canada and the U.S. There are many of us, from different countries, cultures, and backgrounds, who share similar experiences. It is a privilege for me to provide a place wherein we can find each other.

As this is the last of a series of double issues, I have included several lengthy poems in this issue, as space provided for them. I thank all of the contributors who share their writing, both poetry and prose, and artwork, in **The Cutting Edge**. I ask that all of you consider writing to this newsletter to express your own thoughts, feelings, and experiences so that we can learn from, and connect with, each other.

SIV AND VOICE: FORBIDDEN LANGUAGE

I have recently been engaged in fascinating discussions about the concept of “voice.” This has included conversations about what constitutes “having” a voice, what it means to be heard, what the difference is between an individual voice versus a group voice, and other interesting ideas. The context for these discussions was the involvement of trauma survivors in a research project focused on improving services for women who have histories of abuse and the resultant problems that come with survival of abuse. This research included the voices of healing women in all of its aspects, including the construction of the research questions, methods, and analyses, as well as the selection and refinement of the services the women and their children received. This involvement of women with experiential wisdom, the recognition of their healing being an area of expertise, and the valuing of such knowledge, was groundbreaking. My involvement in the work led me to this desire to explore the concept of “voice” as it pertains to living with Self-Inflicted Violence (SIV).

What is “voice”? In a limited sense it is simply the physical ability to speak. But there are multiple definitions of the word. My Random House Dictionary discusses several of these, including “expression in words,” “the right or power to be heeded or obeyed,” “an expressed will or desire,” and “to give utterance or expression to.” What do the acts of SIV have to do with voice? How is the cutting, burning, and punching of our own body related to expression? To the right to be heeded? To an expressed desire? What does SIV give utterance or expression to? What is the language of SIV? How is it “heard”?

SIV serves many purposes for the people who need it. People self-injure to cope with a multitude of difficult emotions and experiences. SIV provides people with a means of moderating intense feelings that overwhelm them, with a way of managing dissociation (the sensation of one’s essence being disconnected from one’s body), a way of stopping flashbacks of abuse or other historical trauma, a method of expressing distress when unable to communicate verbally, an outlet for intense psychic stress, and a host of other purposes. What is common to all of these different circumstances is the limitation of expression in a person’s life that does not provide them with a wider array of choices for dealing with all of those situations. People living with SIV often struggle with having a traditional voice with which they can express emotion or state desires or needs. Oftentimes the cutting and the burning and punching are a means of expression as well as release. What is it that the voice of SIV is saying?

There are many ways of communicating, of expressing one’s voice. We have our physical voice, “body language,” the written word, gestures and expressions, sign language and art. And we have SIV. For some people, SIV is a means of self-expression that cannot occur in any other way. It may be an external expression of the degree of intense internal turmoil. SIV is primal. It gives voice to that which has no language to be described. How does one vocalize the feeling of near-disintegration, physical and or psychic, that accompanies the survival of severe trauma? If trauma, especially in the form of profound childhood abuse, occurred at a very young age, before any verbal skills had developed, how can one express and manage such experiences? How can we learn to speak about events that had no language available with which to describe them?

The ability to express deep internal conflicts, intense experiences, or visceral emotions can be very limited. I believe that many people have just begun to explore the world of intense affect and have recently begun to consider how our earliest and/or most intense, often brutally painful experiences, impact their lives. Many of us are bound to rather constricted lives as a result of events that have led us to narrow our choices and abilities. I believe that, for people struggling with SIV, those conflicts are demanding attention, the psyche is presenting itself for healing, and the reality of the internalized pain can no longer be avoided. It may not be able to be spoken directly, but there is a voice that needs attending to. Sometimes, when it knows no other way, it speaks in blood, bruises and blisters.

As I was thinking about this topic I recalled that one of the most brilliant writings I have ever seen on the topic of self-injury was written about this concept of voice. The article, **The Voice on the Skin: Self-Mutilation and Merleau-Ponty’s Theory of Language**, written by Janice McLane (published in *Hypatia* 11:4, Fall, 1996, pages 107-118) was discussed in an earlier issue of **The Cutting Edge**, and this is an opportune time to revisit it. In this piece the author poetically discussed the concept of SIV as being “a voice on the skin.” What does this mean? What can we learn about ourselves and each other from looking at self-injury from this perspective?

The stopped voice becomes a hand lifting knife, razor, broken glass to cut, burn, scrape, pop, gouge. The skin erupts in a mouth, tongueless, toothless. A voice drips out, liquid. A voice bubbles out, fluid and scabby. A voice sears itself for a moment, in flesh. This is a voice emerging on the skin, a mouth appearing on the skin. The body which could not be air on the larynx becomes the stroke of a razor on the breastbone or of a red-hot knife-tip upon the wrist.... Everyone agrees that skin is a membrane for telling one thing from another, body from world; it is a definite substance which cannot be disrupted without undoing everyone’s agreement about what is and what is not, like the notion that there is only one kind of voice, the sort that emerges from the mouth on the face, and that voice is either uttered or not. And if there is a voice but not coming out of your mouth, or if a normal spoken voice is not the one you say deep inside is actually yours, you have no

right (it is said) to make another mouth on your skin; you are damned if you do for no one wants to be reminded of the fact that there are other voices in them speaking all the time, which might in fact take up residence on their skin.

“Voice” represents expression; it gives the sense of existing in the world, the experience of being present. “Having a voice” signifies having an existence, having something to say, being. A person who does not have a voice feels invisible, impotent. A person who does not feel able or entitled to speaking out turns to other means of self-expression. Someone who cannot vocalize “I am in such despair that I don’t know how to contain it” can turn to cutting herself, to not only release a piece of her despair, but to express her struggle with not only the emotion, but also the inability to communicate and/or to be heard.

The experience of being heard is a precursor to the experience of having one’s pain witnessed. It is an absolute necessity. Alice Miller has long said that it is crucial for healing that each person have present an “enlightened witness.”

*We can try to become aware of what we ourselves suffered, of the beliefs we adopted in childhood as gospel truth, and then confront these beliefs with what we know today. This will help us to see and feel things to which we have closed our minds, for in the absence of a witness who can empathize with us and genuinely listen to us, we have no other way of protecting ourselves from the searing force of the pain. With the help of an enlightened witness, our early emotions will stand revealed, take on meaning for us, and hence be available for us to work on. (from **The Truth Will Set You Free**, p. 124)*

SIV is healed by recognition of the individual voice of the person who lives with it, the “bearing witness” to that person’s historical experiences and struggles, and the development of a new relationship with self and others.

The most famous voice of SIV is contained in a very popular book. In **Harry Potter and the Chamber of Secrets**, J.K. Rowling brings the character of Dobby to the Harry Potter stories. Dobby is a house elf who has decided that he is to protect the infamous Harry. At one point in the interaction between the young wizard and the elf, Dobby bangs his head furiously against a window. When Harry questions him about this Dobby replies:

*“Dobby had to punish himself, sir,” said the elf, who had gone slightly cross-eyed.
“Dobby almost spoke ill of his family, sir....” (p.14)*

In this instance, Dobby’s connection of SIV with family he serves, which is recognized as being demeaning and abusive, is clear. He is able to recognize what drives his need for SIV, and he is able to speak it out loud. Harry, witnessing Dobby’s SIV, begins to understand Dobby’s experience and develop compassion for him. This and other examples of Dobby’s life with SIV introduce the topic to a very wide audience and will hopefully educate many.

It is imperative that many voices be heard on this topic of SIV. The voices of women and girls, men and boys, need to be included. The diverse races and cultures of people who are cutting and burning themselves, living with the various forms of SIV, must be acknowledged. We all have our unique perspectives and experiences with self-injury. We have voices that need to be heard and acknowledged. We all also have a great deal in common that can unite us and diminish our sense of aloneness and pain, and can provide not only a bedrock for our healing, but serve as a beacon for others.

What courage it takes to speak openly about SIV! Many of us have, unfortunately, had hurtful, offensive, or demeaning remarks directed at us for our scars, or for our mention of SIV. Others of us, like one of the contributors to this issue, have been hauled off, sometimes in handcuffs, to institutions as a result of our disclosure. Some of us have been carried into seclusion rooms, have been tied down to beds with restraints, and have been forcibly injected with numbing and incapacitating drugs for having acknowledged our SIV. Speaking can be a dangerous, risky act. We cannot presume that we will be understood or respected if we choose to speak out about SIV. Our words can be misinterpreted, ignored, or pathologized. Once we have

received psychiatric labels, it becomes easier and easier for our authentic voices to be marginalized, interpreted, and ignored. The psychiatric label most often applied to those who acknowledge living with SIV is Borderline Personality Disorder. To be labeled “a borderline” is to be automatically perceived as manipulative. From this perspective SIV is regarded as a mechanism for manipulation instead of a coping strategy for a plethora of trauma sequelae. How does this environment impact the voice of the person living with SIV? It negates it; the negation is justified by the “nature of the disorder.” People living with SIV become patients who “need to be managed.” Their voice is considered meaningless at best, intentionally manipulative at worst. In this context most people learn that the safest solution is to stop speaking about SIV and to start speaking manipulatively. We learn to manipulate harmful systems in order to survive them. This knowledge is painfully gained.

As long as there is forced “treatment,” there will be a threat to authentic voice. It is not possible to speak freely when there is constant danger of losing your civil rights, your freedom, as a result of what you say. It is wise to be cautious in this regard, yet this form of silencing by threat needs to be addressed at every opportunity. Unfortunately, voice is often connected to money when it comes to influencing the general public. The United States is a country that is based on capitalism, of which a huge aspect is public relations and marketing strategies. When considering the area of mental health care, it is crucial to understand the industry as a business, and to consider whose voice is actually being promoted in the name of expertise. Certainly there has been an enormous blurring of the ethical boundary between research and business. The World Health Organization has expressed profound concern about the state of psychiatric research in the U.S., as the relationship between the psychiatric drug manufacturers and the psychiatric researchers is enmeshed and often based on mutual profit. Simply stated, drug companies pay for the research that ultimately justifies the manufacture and sale of their products. Acknowledging the fact that they receive money from the pharmaceutical industry does little to provide a researcher with scientific authenticity, nor does it allow the researcher much freedom to be pure in their work if they desire a continuing career. The concept of people healing from emotional struggles in any other way besides being medicated is rapidly fading, as drugs are promoted for almost all people who receive psychiatric labels. People living with SIV often receive a “cocktail” of multiple drugs to medicate their “symptoms.” They rarely have any choice regarding their treatment; options for connection, for exploration of one’s history and needs, are often severely limited. This leaves little space for voice, for spirit, for a healing relationship with self and others.

It is an amazing experience to dialogue with a diverse group of people on the topic of self-injury. It is interesting to hear the discomfort of mental health professionals who admit their biases and fears about people who live with SIV, to listen as they describe how difficult it is to be in a position where institutional rules would dictate the retraumatization of the person who is self-injuring (traditionally, even the slightest self-injury is supposed to be interpreted as an indication that someone is a “danger to self”). The conversations with those psychiatrists and other persons who believe that SIV should be reacted to with coercion and control are important as well. It is crucial to understand their perspective if for no other reason than to learn where our voices are and are not safe.

How different is this experience from one in which voice is not only desired, but celebrated! When we come in contact with people who either understand SIV, or are willing to learn about it by listening with an open mind and heart, we free all of our voices. We need a place to say “I’m not even sure why I cut, but I know that it saves me in the moment, that the pain inside is so bad that I just want to die, and the cutting makes it ease up, at least for a while. It gives me some relief when nothing else can, at least not now.” We need to not only be able to speak our experience, but for our words to be truly heard and witnessed. We can often tell, instinctively, when we are being authentically heard. It is a feeling of connection, recognition, and presence. It is an experience all people need and crave. It is vital for the healing of secrets that have been kept silent for a long time.

It has been very interesting to speak publicly about SIV. Mental health professionals have the most difficult time listening, probably due to their education about “borderlines,” as well as feeling responsible for “doing something” to make SIV go away. Listening and bearing witness do not seem to be enough of a solution for some of these people who believe that they must force a change of behavior. These are people who feel they should be permitted to determine what another person needs and how she or he must behave. We are in a very dangerous time. In the U.S. the current administration is effectively diminishing our

voices. Consumer-driven funding is disappearing, and there is strong opposition to self-determination and an even stronger push for coercive practices. This is a time we need to our voices to be heard. It is imperative that we demand that people living with SIV have the same civil rights as all others. It is crucial that people learn that coercion heals no one, that the power of healing comes with dignity and self-determination.

The voice of **The Cutting Edge** began over 15 years ago, during a gathering of women who came together to speak to and listen to each other about their lives with SIV. It has evolved over the years, become more refined and inclusive yet, hopefully, retains its raw and human edges. The opportunities for being heard on this topic have continued to expand over the years. I am excited to say that I was recently hired to write a monograph on this topic. This is a rich opportunity to bring the voice of **The Cutting Edge** to others, and it is my intention to communicate what I have learned from so many people over the years. I intend to bring a message of hope and of dignity, of possibility and healing. I am asking you, dear readers, to share your voices with me, so that I can do this work with the greatest understanding and wisdom that I can muster. I am interested in learning more from each of you about what your experience with SIV has taught you, whether you have lived with it yourself or have people in your life who do. I want to share as many of your voices as possible. I want to teach about what has been helpful, what has been hurtful to you, what you have learned, and how you have discovered and nurtured your strength, vision, and hope to live and heal. Please take a moment to reflect and share your thoughts with me. Thank you.

Not here
or there
Not anywhere
Nothing inside
Or out
Dead or Alive?
Hard
to tell
When myself
hides
Ceases to exist
And no one
is left.
Maybe pain
is
better
than
nothing.

Jan H.

Last week, after a relatively minor cutting episode, I made the dumbass mistake of calling the women's resource center to discuss how I felt, what I had done, etc. In the past, this particular hotline has always been a safe place to discuss self-injury without consequences such as those I am about to share. Over the phone, I made it very clear that I am not suicidal, homicidal, and will feel fine in the morning.

I awoke at 4 a.m. to a state trooper standing at the foot of my bed with a flashlight pointed in my eyes. I was dragged out of my home, correction, cooperated, went in peace, spoke well, remained calm, etc. as to make myself appear as sane as humanly possible as to avoid any involuntary hospitalization. Then I was taken to an ambulance, to the nearest hospital. (At least they had the decency to give me oxygen the whole way there as I have severe chemical sensitivities which make hospitals and most public places as one-way ticket to physical agony and mental lethargy). I spent 6 hours in the ER to have one fucking wound sewn up that would have healed fine on its own.

Unfortunately, the cops knocked on my landlord's door as there are multiple buildings on my land. Now my living situation is complete hell, despite the fact that my landlord has assured me numerous times that this does not mean eviction. I have tried to assure him that, as crazy as it sounds, I know what I am doing when I do cut, never use anything dirty, am well-schooled in basic first aid, and have NO intention of taking my life. Granted, I'm very well able to see his point and hear his concerns. However, the shaming and the need to keep an appearance of "I am doing fine and am not going to do that again" only makes it worse. In fact, the more threatened I feel, the worse things get. I am so traumatized from the cops and ER and having him watching me that I am only tempted to cut more. The terror in my head that has resulted from all this has really left me dumbstruck. I am now terrified to ever wear shorts/t-shirts again in front of him which is FAR out of character for me. I have attempted to reason with him. He is willing to educate himself on the topic of self-injury and talk to the right people. As one of my favourite punk rock anthems states "all I wanna be is LET ALONE!!!!"

I was making significant progress until all this happened. I have essentially vowed to never ask anyone's "help" ever again for fear of the same thing happening and losing my home. Due to my physical disabilities, losing my home would be nothing short of disastrous as it is virtually impossible to find accessible housing.

At least my therapist takes my side on this issue, but the aftermath of it all has planted a little voice in my head that leads me to believe that she will do the same thing and it will be "for my own good." Other than that, this whole incident has set me back by leaps and bounds and I can only continue to be careful what I say and how I act in every situation for fear of being dragged away in the middle of the night again and locked up against my will for no reason at all.

*Sharpskin
Massachusetts, USA*

Without a key

When did this all start,
Little girl,
You breaking your own heart
Little girl,
Murderously breaking in
to your own skin
as if to say
it's only me, so it's okay
you sanctify the deed
excusing it with need
compulsion and innocence
somehow deceiving makes sense of
you thieving yourself
you believing it helps to
Cut, to Bleed, to become Scarred
Your skin is marred
Carelessly: the
Red Pulse of
Serendipity
you seek
unfurls
like a serpent's tongue
when you speak of the
wanted uncertainty
you crave, that you
somehow discover
when you misbehave
with a razor
your undoing tool
you become a savior
of yourself from the cruel
ordinary passion of fear
temptation, obsession, the neverconfession
cut it out the voice whispers
a fallen angel at your ear
like a thief in your own home
you break in, taking
all but the bones
that hold you together
and whether or not
and how much you
bleed
makes the difference
and bespeaks the need
of a deeper crime:
you take more time
to decide:

*how much more can i take this time
without too-far
-crossing the line
and the door closing
and locking behind
me?*

it's too hard to see in the dark
it's so easy to slipleave a mark
that's more than a sign,
much more than a clue
of what greater damage you can and might do...
and there's always the back door
to be slid or
an unopened window
that you can jig
to just barely escape
your intentional mistake
and as you exit
you feel like a fake
because you just could not take
it all...

And like this, yes, it always turns about
at the last minute, without a doubt,
the lock you surreptitiously
wished upon, that you
unconsciously picked upon
like a cut once healed
the scab pulled-
unsealed
old blood broken through
new blood spoken to
like a lover on your skin
and you are let in
to the thick of it
and you hang around there
when and where
you ought not
hoping to get what shouldn't be got
and just when you thought
you should stop praying to yourself
and you resign yourself, saying:
*I didn't want it anyway
And there is no such thing as divinity,
You find
That suddenly
You are divine:
You are the envy
Of your own eye
And you bleed the color
Of pride and perfection*

A bittersweet cutting
cunning confection
You seem to exist best by
Without asking once why
You shouldn't have done this
Thing to break-in
And instead and again
you stand at the door
And unlock it with no more
Than a sharp edged whim
Meaning to steal
from your heart
Only the reddest part...
Taking only what you want,
And getting it all, suddenly
Accidentally and bloodily...
How and when
does this all end
Little girl,
How much blood must you see
Before you realize
Now that your locks are jimmed
Broken and
your doors are all wide open
You remain
Let in and
Blood letting and fast
Getting to empty
Forgetting, forgotten
Just how you got in
to this mess
so easily
you become bloodless
before you can see
you can't quite as easily stop it
can't fix or relock it...
it was the way that you broke in,
slit through your thin skin,
the haste of your sin that did not foresee
to open is easy – simple forced entry
but to close is impossible
without a key...

Sara Dorothea Theophall

Harry Potter and SIV.....Let me be very clear. I Love the Harry Potter books. I mean, I absolutely adore them to the point that I am using them to help children learn defense against the dark arts of hatred, poverty and Abuse of any kind, including SIV. I am writing to you all so that you may also benefit as I have. In Chamber of Secrets, we are introduced to a character named Dobby. He is a house-elf. Unfortunately, he is constantly injuring himself by running his head into a wall, ironing his hands, and hitting himself in the head with a table lamp. Why? Because he is enslaved by a dark wizarding family and he feels the need to punish himself for the slightest infraction of the rules. He almost speaks "ill" of his family and so therefore hurts himself. Sound familiar? It does to me. In the movie, this action is accurately portrayed to the point that I flinched every time he did it. Of course the children laugh at these actions initially, but then I could feel the energy change in the theatre, as he continues. The kids witness Harry, the hero, trying to get him to stop. Harry cares about him. Harry even saves him near the end of the movie by a brilliant stroke of genius, by tricking his master into giving him a sock.

SIV is obvious and exposed for all that it is in this movie. We don't see any cutting, but we do see burning. I strongly believe that this is an excellent teaching tool to bring awareness of this issue to children and adults. The books are phenomenally popular and with good reason. They have a depth to them that surpasses other children's books. I believe that J.K. Rowling is addressing the issues of ethnic cleansing, slavery, abuse, poverty, and the power of LOVE.

I am a multiple. But that doesn't mean that we can't do anything. Sometimes we still cut, sometimes we still binge and purge, but these books have given me hope that maybe some day I and the others will be loved for who we are. I am beginning to believe that the power of love can break any curse. So we have set up a program to allow the children of my UU church to experience the joy and Empowerment of actually going to Hogwarts. Perhaps if I had been empowered as a child, those things wouldn't have happened. Perhaps if I had believed in the magic of hope, peace, love, and faith, some of my suffering would have been averted. Also, maybe not. Maybe no amount of magic would have made any difference. I just know I have to try to help as many children as possible. This is my life's journey. If there is any reason at all for the past, this has to be it.

*Dobby is lovable. Dobby is in great pain, at the thought of Harry returning to school. He is afraid that Harry will die. So he breaks through his Ego state and takes the risk of trying to save him. Dobby is my hero. We see similar behaviour in the other house-elves in book four. Winky becomes addicted to butterbeer. The house-elves do not consider themselves worthy of payment, or decent accommodations at all. They behave like typical abused children, battered spouses. **THIS BOOK IS FOR CHILDREN?** I say Yes. I believe the only way to expose the evil of human battering, ritual abuse, religious abuse, and the accurate treatment for SIV is to expose it for what it is, and what causes it. We are not sure if the urge to self-injure will ever go away for us, however, just knowing we are doing something about it is empowering US.*

Just as every multiple is different, so is every therapeutic approach to this issue. PLEASE, if you are a therapist, take the time to consider LOVE IN LARGE DOSES ON A REGULAR REGIMEN, just as you would administer an antibiotic to fight an infection. For we have been infected with the deadly virus, called self-hatred. We must be SHOWN. Trauma in childhood is just as much a killer as a shot of poison. It just seems to take longer.

I am grateful for Dobby, and his creator J.K. Rowling. If you have not read the books, please consider doing it now. I recommend a safe place for you to begin your reading. If you stick with it I believe you will begin to feel empowered over your situation. A word of caution: the fourth book deals with a ritual abuse of Harry at the end of the book. If you can get through this, and go on, you will see how he triumphs over those who would kill him. I intend to triumph too, right along with Harry, and I intend to triumph with Hermione's crusade to free the house-elves. Maybe then I will be a little more free myself.

Rebecca

ground zero

How can I explain
how much I need the pain
like an alarm clock
in the morning
a distant countdown warning
forcing me to feel awake
to feel real and
not sleep, at least
not so deep,
in far away
cuz every feeling, *every feeling*
is a reminder of
vulnerability
of helplessness
being a victim to reality
unable to express
the fear and inability
to be too near to
someone else's hands
or to have to stand too close
to them and
give up my space
turn up my face to theirs
and engage, endure the stares
it makes me sick
makes me nauseous
to be a part of
an *us*, it's just
another word for
hurt and
together is just a red-hot promise
by which it's more probable than
not
to be burnt

on my own i can do that alright
don't need anyone to help me fight
to make me cut
to help me selfthefuckdestruct myself
whose gonna tear me down?
Whose gonna take this body apart?
Flesh from bone from muscle from heart
and dissect the rest
breaking through my all too
frequented unbulletproof chest
scar scar scar at least leave a mark
anyway, that's what i am
just one large, slow healing heart
practically suffocating
with scabs of the past and
almost past

why heal completely through
why not make it last
cuz it'll just happen again
like a sin on a sinner
the blood on my hands and
my wrists
is familiar and brilliant
red and ironically vivid
to begin to feel of dead
the adrenaline rush my
insides slow going gush out
10, 9, 8, 7, 6...
The countdown begins
the silent shush of pain and
the swallow tears exchange for
oblivion
no more one of the other
no more sadness to take or
madness to make
no more of my heart is left
to burncutbreak

my vision is out and in
until i am forced to squint
eyes close with the bleeding red joy of it
this loss of chaos and consciousness
introduction to calm
so quiet i'm spilling
so smooth til i'm gone
smiling eyes closed
slow soul draining doze
i don't suppose much else is
of concern
only thought is that i've earned this rest
because optimistically
euphemistically
that is what i call this at best
not cutting, not killing
psychosis neurosis
no, this is rest
is what i'm best at
is the self administered test that
i know for sure i can pass
no competition
an easy ambition achieved
my omission at last
i am finally certain and certainly fast
coming undone

no doubt now
about that
5,4,3,2,1.

RESOURCE REVIEW

In Their Own Words: Trauma survivors and professionals they trust tell what hurts, what helps, and what is needed for trauma services. Written by Ann Jennings, Ph.D. and Ruth O. Ralph, Ph.D. This is a publication of the Maine Trauma Advisory Group, sponsored by The Department of Mental Health, Mental Retardation, and Substance Abuse Services, Office of Trauma Services, #40 State House Station, Augusta, Maine 04333; (207) 287-4250. Written in 1997. 75 pages.

In the forward of this document Ann Jennings, Ph.D., writes, in talking about survivors of abuse who have been stigmatized and marginalized: “They are the individuals whose stories are seldom asked about, listened to, believed, or acted upon.” The Maine Trauma Advisory Group has put a great dent in this stigma and silencing. This work serves to bring the voices of those who have experienced abuse, as well as the professionals they turn to for help, to us all. This manual is filled with something special – the actual words of people whose opinions, feelings, and experiences are left to stand on their own. In this way the work brings us a special opportunity – it allows us to “listen.”

The body of this report is divided into ten sections, each addressing a specific area, such as “Recognizing (or Avoiding) the Prevalence, Indicators, and Impact of Trauma,” “Responding to Crises as Opportunities for Growth and Recovery,” and “Creating Trauma-sensitive Policies, Structures, Practices.” Each of these topic areas has major themes that were identified from focus groups with survivors and trusted professionals, and their actual words are included most of the time. “What helps” and “what hurts” are the major categories addressed in each of these areas, identifying both problems and the possible solutions for them.

This publication is profoundly useful for survivors as well as clinicians and administrators who really want to serve survivors. It would be a great asset to utilize when discussing what you might want or expect from treatment and treatment providers, and for the development or improvement of programs. It should be required reading for anyone in the fields of social work, psychology, counseling, and psychiatry.

President Bush’s Position on People with Psychiatric Labels: “Shut up and Take Your Drugs.”

Written by David Oaks. MindFreedom Journal, Winter 2002-2003, pg. 4-6. Published by Support Coalition International, 454 Williamette, Suite 216, P.O. Box 11284, Eugene, OR 97440-3483; www.mindfreedom.org.

This short, powerful article describes recent events from the first meeting of the President’s New Freedom Commission on Mental Health. The author brings our attention to the “Bush Triple Play,” three separate ways the rights of psychiatrically labeled people are increasingly in danger.

First, it is apparent that the voices of those this commission is instructed to serve are grossly underrepresented. Only one appointee identifies himself as a person who has experienced the mental health system, and this person is currently a psychiatrist. Psychiatric survivor organizations are blatantly unwelcome, and this effectively narrows the vision of this group. Secondly, of great concern is the appointment of psychiatrist Sally Satel to a federal advisory role. This particular psychiatrist has a public record of being particularly vicious towards consumers/survivors, and negates their voices at every opportunity in demeaning and damaging ways (correlating consumer voice to “allowing the inmates to run the asylum”). Thirdly, it was disclosed that President Bush intends to terminate 100% of the funding that has gone to national technical assistance centers, such as The National Empowerment Center mentioned in previous issues of this newsletter, for consumers/survivors.

These deeply troubling changes have led to a variety of responses, such as the organization of a strategy conference and the creation of an informal network known as The People's True Freedom Commission. With passion and humor, leaders such as David Oaks, are intending that the authentic voices of survivors and consumers continue to be heard. I suggest that readers inform themselves by reading this article, and speaking their own mind as well.

History, Principle, and Definition of Consumer-Direction and Self-Determination. Written by Rae E. Unzicker. Published in The International Center for the Study of Psychiatry and Psychology Newsletter, Spring 2002, pg. 4-8. Available from The International Center for the Study of Psychiatry and Psychology, 4628 Chestnut Street, Bethesda, MD 20814; (301) 652-5580.

This essay is the last in a long line of work by Rae Unzicker, written even as she was terminally ill. I believe it is a testimony not only to her spirit, but a crucial piece of work that can serve to make us pause and reflect. Rae Unzicker was a staunch advocate for mental health rights and psychiatric survivor protection. In this piece she explores the changes that have taken place in what was/is essentially a civil rights movement focused on people who lose their basic human rights as a result of psychiatry. She explores the transition some people and services have made to becoming "consumer-driven" as a result of government funding and program changes and the consequences of this change.

Rae boldly speaks to the limits on human potential that exist in the mental health system, identifying the many ways psychiatrically labeled people are patronized and managed, often in the name of "empowerment." She discusses the idea of consumerism, and its inability to promote freedom as long as coercion remains an integral part of psychiatry.

Involuntary treatment is the battleground – not better services, more money for SSI, managed care, or any of the other important issues we discuss politely.

Because it is the fear of civil commitment that drives each of us... You don't get upset – and you certainly don't get your parents upset. You become in a thousand little ways more cautious, less expressive, blander, less alive – so you don't stand out, so no one notices you. And this is the beginning of the encroachment, when spiritual death begins. It is a day-to-day tyranny, a slow wearing down of the spirit.

No longer do you trust your own bright clear inner voice. No longer do you know what's best for you. But someone else does.

These are powerful words from the voice of an activist no longer with us. Rae Unzicker served all of us in many ways, including through her work on the National Council on Disability, and through her role as an advisor to the president and Congress. Now the political climate has changed to one that has no interest in voices like Rae's, one which is actively attempting to limit, to silence, voices like hers. It is up to each of us to decide if we will speak out. Reading this article provides us with food for thought about that decision.

Blank generation: A harrowing new documentary examines the brutal, hard-to-watch lives of homeless Romanian kids. Written by Amy Goodman. Published in *Time Out New York*, issue 312, September 13-20, 2001, p. 87. The film, *CHILDREN UNDERGROUND*, directed by Edet Belzberg, is now available on DVD and VHS from New Video, 126 Fifth Avenue, 15th Fl., New York, NY; (212) 206-8600; E-mail: info@newvideo.com.

I received two different press articles about this film, and was interested to see that both authors were impacted by the reality that this film addressed SIV as well as many other profoundly difficult issues. *CHILDREN UNDERGROUND* is a film now available for screening and purchase, and hopefully many of us will risk seeing it and then be inspired to take action to help those it depicts. This film is the story of five children, homeless and undesired, living on the streets of Bucharest, Romania. It is a full-length documentary that does not attempt to soothe over the reality of their lives, nor does it attempt to shield the

viewer from the harsh brutality that the director found in the subway tunnels which were home for this “family” of children. This film is raw and real, and we can therefore uncover raw and real parts of ourselves in the viewing of it. It is painful and difficult to watch, and yet its strength lies in the connection that it brings with the authentic lives that we are being challenged to bear witness to.

CHILDREN UNDERGROUND was nominated for an Academy Award in 2002, and perhaps that is the most optimistic sign that people are willing to tackle the existence of horrific chaos and pain in the lives of unwanted and invisible children struggling to survive, wherever they live. Ms. Belzberg wisely does not choose to speak for these children, but presents us with the opportunity to hear their voices. The words I will remember come from a boy named Mihai, who slashed his arms with glass to cope with his reality, and who said “I want good to happen to me, not evil.” I wish we could fulfill his request.

The Cutting Edge, published quarterly, is a forum for people living with Self-Inflicted Violence and our allies. I am interested in your opinions and experiences, and in publishing the work of people 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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