
THE CUTTING EDGE

A Newsletter for People Living With Self-Inflicted Violence

Volume 14, Issue 2-3 (54/55)

Summer/Fall, 2003

My gratitude to all of you kind readers who wished me strength and peace in coping with the many losses of this past year. I now look forward to the upcoming development of a web site, and invite you to share your opinions about what you hope this newsletter and web site might offer to those who live with SIV.

Delivery of the back issues that some of you have requested has been delayed, but they will be available in the next few weeks or so. If you don't receive them please remind me that you are waiting.

Bravo to the participants and supporters of the Fast for Freedom in Mental Health, which is taking place as this newsletter goes to print. Six hunger strikers, with international support, have gathered together in Pasadena, CA to protest the pharmaceutical industry's takeover of mental health services, and have received significant press coverage and support for their position. I encourage anyone interested in learning more about this event to go to the web site at www.MindFreedom.org.

SIV: WHAT ARE WE AFRAID OF?

In considering a topic for this editorial, I decided that I wanted to explore some common denominators that exist between those people who live with Self-Inflicted Violence (SIV) and those who do not. It seems that people who live with self-injury not only have their own pain, but suffer greatly from a lack of understanding and compassion. People who are involved with those who live with SIV need education regarding the intense struggles that drive someone to self-injury. Yet this understanding can be very difficult to gain. I thought it would be worthwhile to consider this struggle from one place of commonality, the experience of fear.

A month ago I had the privilege of spending the day with a group of warm, skilled, and energetic clinicians who work with people who have many profound challenges. I was touched by their willingness to struggle with the topic of SIV, and I could see and feel their concern and discomfort. I could also feel their good intentions, and their desire to learn and be of service. As this is not always the case when I work with professionals on this topic, I was curious to consider the potential differences between this group of people and those who are so overwhelmed and/or judgmental about those who live with SIV that they choose not to have anything to do with them, or attempt to control or punish them. In thinking about this I began to realize that one common experience that the issue of SIV brings is fear. While we all experience fear, the

fear of someone living with SIV is different from that of the person who cares about them. And, most importantly, outcomes are determined by how people choose to deal with their fear. Let's explore this.

People who live with SIV live with a very intense level of fear at times. Why do people cut, burn, or punch themselves? Because in that moment it is a solution to a circumstance, emotion, or experience that feels overwhelming at best, insurvivable at worst. SIV is a powerful response to a very intense internal experience, and can occur for many reasons.

People who cut themselves often say they do so because they are in such intense emotional pain that they are afraid that the pain, so horrid and profound, will consume them. The cutting provides a release to the intensity of their internal experience. The physical pain caused by the self-injury, even if it is felt in the moment, is not comparable to the extreme sorrow, loss, or hurt that is the source of the emotional pain. In this context, it is much less frightening to cut one's skin than to experience the internal pain. Often the cut is utilized as a physical means of allowing the emotional wound to be expressed. As a reader once said so eloquently in a poem: "I hurt so much, I bleed."

It is not uncommon for abuse survivors to experience flashbacks of the traumatic events of the past. The physical and emotional re-experiencing of past horrors is often overwhelming and very frightening. SIV can serve to "short-circuit" these events when they happen, or prevent them from beginning. SIV provides a measure of control over experiences that are, essentially, reminders and a reliving of uncontrollable times.

SIV in the form of hitting oneself often stems from the choice to keep from hurting someone or something else, or from a drive to judge and punish oneself. The person feels consumed by self-hatred, or is frightened by a desire to express their rage through violence, and they do not want to hurt anyone else. I've heard people describe the moment as "I felt like such a failure, I was so mad at myself. I couldn't stand it any longer, so I punched myself. I was afraid that I was a really bad person so I punished myself." Or, "I was so angry I just wanted to beat him, but I won't be someone who hurts someone else just because I've been hurt. I was so afraid I'd hit him, I hit myself instead."

There is much to fear if you are a person living with SIV. Emotions, triggers, flashbacks, body memories, dissociation, disclosure (and punishment for it), anger and its expression, fear of being hurt again, fear of the need for tenderness and compassionate understanding (people who want connection can still be overwhelmed by the terror that comes with taking the risk to trust another person) – all these things, as well as others, may be aspects of a life with SIV.

People involved with those who live with SIV, be they friends, family, or professionals of some sort, often experience a great deal of their own fear when they learn about the existence of SIV. This fear, if unaddressed, can lead them to preconceptions and judgments that result in attempts to decrease their own fear by attempting to control the person who lives with SIV. Sometimes people can readily admit that SIV scares them. Others may not acknowledge this fear, to themselves or others, but act on it regardless. The degree of discomfort that comes with learning about the existence of SIV can be significant, and it is not unusual that this leads people to decisions and actions that are not helpful or are blatantly harmful to the person who lives with SIV.

What about SIV frightens so many people? Certainly it is the fear of wounds, of blood, of injury. It is the inability to comprehend why anyone would intentionally cause perceived pain and physical wounds that others seek to avoid. SIV is frightening because it is primal in nature. It deals with raw human emotions and intense experiences that language has a difficult time describing and expressing. The issues which lead to SIV are also frightening. We are not a society comfortable with managing discomfort.

A common fear that people have about those who live with SIV is that the self-injury will be disfiguring or even fatal. Although this is a very rare occurrence, some people do have severe physical consequences from SIV. One of the contributors to this issue writes to us about the physical harm caused by SIV (living with it for 34 years, as severe as the SIV and pain is, she is still alive, surviving, and healing). Yet the vast majority of people who live with SIV are better off cutting and punching their bodies in comparison to other forms of self harm, such as smoking, drunken driving, abusive relationships, or unsafe sex. Most

wounds from SIV are minimal by medical standards. They cause an intense reaction because the injuries are self-inflicted. The fear of death via SIV is unrealistic and exaggerated; however, it is often the powerful motivation behind attempts to force people to stop SIV. Psychiatrists often consider SIV to meet the criteria of being a “danger to self” resulting, potentially, in commitment to an institution, being drugged against one’s will, or being tied to a bed in a seclusion room as a result. What is so sad and outrageous is that these experiences only cause further harm and lead to greater despair. A person living with SIV is a person in pain, and people in great pain often think about taking their own lives as a means of ending their suffering. SIV is often a tool for diminishing this pain, and has more than once been the choice of last resort before suicide. Yes, it is not uncommon for SIV to serve as an alternative to suicide as it provides the person with a mechanism which can moderate the experience of despair. It is frightening to consider the outcome that might occur if this option is eliminated.

People unfamiliar with SIV are often afraid that someone living with the need to self-injure will be violent towards others. From all my years of work on this topic, I have learned that it is the rare person who, living with SIV, also chooses to be violent towards another. Yet certainly we can understand this fear, the perception that not only does SIV represent a threat to oneself but to someone else. What is ironic is that many times SIV is the mechanism a person turns to to provide release when there is a desire to hurt someone else. I believe that SIV in this circumstance is a noble choice.

Much of my writing on SIV has passionately exposed the dangers found in traditional mental health services, especially psychiatry, for those who live with SIV. Certainly people who self-injure are often treated brutally. When clinicians limit their perspective on SIV to seeing it only as a troubling symptom or problematic behavior, and when opinion is fueled by fear, then even extreme measures to make the SIV stop become acceptable. There may be no perceived reason on the clinicians’ part to understand SIV. Their goal becomes simply to make it stop, regardless of what it may take for that to happen. And there are many destructive, albeit still legal, responses to someone living with SIV.

People living with SIV are at incredible risk of losing their civil rights as a direct result of misunderstanding and fear. We are in a culture where it is acceptable to judge and demean those who frighten us. We have mental health professionals who consider themselves charged to control people who have not committed a crime, nor are dangerous. We live in a society wherein people are afraid to look at the brutal reality of the prevalence of abuse and violence, especially in the lives of so many children.

Very few clinicians, especially psychiatrists, receive training in trauma and its repercussions. Psychiatry in general is a profession with a long history of abuses, and little change seems to be coming in this regard. More and more psychiatric education is being dictated by the pharmaceutical industry itself. There is a great avoidance of taking responsibility for harm done, especially when there are concerns regarding legal liability and professional ego. Therefore we cannot be surprised to discover how often psychiatry fails those seeking help for SIV. Psychiatrists themselves fear the topic, and shun the people, with little educational or emotional understanding of the issues. Psychiatry focuses on managing symptoms, not on promoting healing. Yet wounded spirits deserve much more than drugs or behavioral correction.

It is not surprising that the Adverse Childhood Experiences Study, reviewed in the resource section of this issue, was led by two physicians who are not psychiatrists. This study correlates childhood trauma with a host of physical and emotional repercussions, obvious connections which often go unnoticed or disregarded. Many many people are very afraid of looking at historical trauma, especially childhood abuse and neglect. Parents are afraid of being falsely accused, some of being discovered, some of not knowing how to really parent (who truly receives an education in parenting?). Society as a whole is afraid of acknowledging what is really happening to our children. We need only to look at how long sexual assaults by priests went undiscovered and disbelieved to recognize this fear of knowing. It is easy to acknowledge, therefore, the appeal and promotion of unproven psychiatric labels that supposedly have a biologic or genetic basis. Yet this softer easier way results, ultimately, in further harm, as it does not address the source of a great deal of the pain many people live with. Neither does it promote a belief in healing.

Fear can be a controlling force in the life of someone who has been wounded and felt helpless. If we are more afraid of not being able to withstand our internal experiences than we are of cutting ourselves, fear can lead us to SIV. No one is born with an inherent understanding of how to best manage fear or pain or injustice. We learn from our environment and our experiences. Societally, fear feeds oppression, prejudice, marginalization. When we are afraid of someone, or of a whole group of people, it is easy to think of reasons to judge and ostracize them.

There are many lessons to be learned, and bridges to be built. Education regarding SIV can lead us a long way to healing the physical and literal wounds that come with this issue. Facing our fears can expand our awareness, stretch our tolerance, and provide us a glimpse of hope for healing. What we need to remember is that the use of force or shame does not facilitate healing but, rather, causes more pain and secrecy. And we must remember that much of the pain, of previous trauma as well as SIV, can be healed, and that there is no limit to this potential. Trauma disconnects us from our own selves as well as from each other. Fear is a barrier keeping us from reconnecting. Risking connection through the fear is a pathway for healing, and the rewards for doing so can be great. I, for one, never imagined that my life could be as rich and joyous as it is now, and I am not alone.

In this issue are writing and art from a diverse group of people, women and men, young and old, people of many races, some professionally employed, others disabled. What is the common denominator between them? They are living with SIV. They are surviving; they are courageously expressing deep emotions and intense experiences; they are taking risks. They are facing fear. Fear is what we have in common. Each of us decides what to do with it. A long time ago someone told me that courage is taking action in the face of overwhelming fear. Here's to all of us who are doing just that.

LUCID SHAME

Beneath trembling skin
Cold fear flows
Through my veins
Where my memories stream

Trickling tragic truth
One drop at a time
Until drained weak
And wounded
My shame seeps
Through my lucid skin
For him to see.

Christine De Marco

***You're sick and twisted.
That's not normal.
You need to stop doing that.
Stop cutting yourself and talk.
You should be ashamed of yourself.
Why do you do it?***

I'm not sick and twisted. What I do may be sick and twisted, but I am not a sick and twisted person. I'm just hurting. And my hurt makes me cut. Once I cut, I don't hurt for a while.

I know it's not normal. I hate cutting myself. But it helps me stay grounded and focused when I am upset.

I know I need to stop cutting. But it's not that simple. I have been doing this for years, and nothing has helped me stop. Not coping skills, not medication, not therapy.

If I could tell you what was going on inside my head, I would talk. But I don't trust you and I don't know how you're going to react to what I say to you. You might ridicule me. You might laugh. You might push me away. I can't risk that.

I am ashamed of myself. I'm ashamed of my scars, of the way people treat me, and the way they stare and point. Because of that shame, I don't open up to you. I don't tell you my innermost thoughts. I can't. And for that, I'm ashamed.

I do it because I am hurting. Because people have hurt me. Because I despise my body and despise who I am. Because it makes me feel like I can cope. I do it because I don't know how else to make myself okay in my eyes.

Alison D.

NO ONE THERE

All that I needed
 was to be reached and touched
just to know that I am
 would have meant so much
. . . but there was, no one there
 no one there

All I ever wanted
 was a loving wife
nothing more have I wanted

so much in my life
... yet there was, no one there
no one there

At two in the morning
when nightmares collide
I awoke and reached for
someone by my side
... again there was, no one there
no one there

In my hour of illness
I walked all alone
down cold lonely streets
away from my home
... for there was, no one there
no one there

On my coldest of nights
when my spirits were down
I searched for some warmth
but it could not be found
... for there was, no one there
no one there

When my oppressor tormented me
I turned black and blue
I pleaded for mercy
but nobody knew
... for there was, no one there
no one there

When my sorrow exceeded
my best common sense
I picked up a blade
my incisions intense
... for there was, no one there
no one there

Then a voice spoke to me
from out of the blue
"It makes no difference
whatever you do"
... yet there was, no one there
no one there
And now ... there is, no one there
no one there.

John

*I want to start by saying I've been receiving **The Cutting Edge** since 1990; that's 13 years. And now I want to talk. I'm 51 years old and I've been cutting since I was 17. I have had trauma as a kid. I was raped at 13 years old and my father wasn't very good to me and still isn't. When I was 17 I had the urge to cut myself it was because I had so much emotional pain and I didn't know how to get rid of it and the cutting and bleeding made me feel better and so it all began. I started by cutting my arms and I cut deeply. I made up stories to my family and doctors. I didn't do it every day but when something would happen and the inner pain would get to the point I couldn't deal with it any more I would get out my razor blade and cut, cut until that emotional pain subsided. It got to the point that my family and the ER doctors didn't believe my stories of accidents any more. So I stopped going to ER doctors and started cutting in areas that were beneath my clothes. And I only went to the ER for the worst cuts. You see, it depends on how bad the emotional pain is on how deep I cut. I've done everything from slicing my wrist to stabbing myself in the stomach. You know, after a cut it's scary. For a long time now I won't go to the ERs in Houston, and that's a lot of them. And with all the scars that I have on my body I'm afraid that one of those doctors is going to have me locked up. And the psychiatrist that I've been seeing since 1997 told me last year that if I cut myself again she would get a court order to have me committed because I was a danger to myself. All that did was take me from where I was freely able to talk about this issue to now hiding my cutting from her. So now I can't talk about this with anyone. It's a real shame that there is no one to talk to now.*

You see, I know about having to hide, about not being able to talk about issues. You see, I'm not the only person living with SIV, but I also am a female to male transsexual. I've had a lot to hide and things I couldn't talk about. My parents do not support me in my transsexual life and they haven't known for a long time that I still cut. So there is no support from them anyway. And we all know how important support is with our problems.

I only hope I can stop cutting and find a doctor that will listen to me, not medicate or threaten to lock me up if I slip back and cut once again. I don't want a label put on me. I just want them to listen to me and help me, that's all I want.

Sandy Lee O'Daniel

Cutters

cutters we live in a
world of our own
feeling pain, cold, and alone

as if we are just pebbles
among huge stones

can't handle the pain and stress
of everyday life – we cut until
we feel safe in our minds

the aftermath of what we
do is too hard for some to deal
with

cutters are normal people
needing to be shown love and be
told they are cared about

N.B.

Pain

All the time I'm crying
but not of tears that are clear,
but one's that are red.

The pain inside is killing me,
so I cut, and cut, and set the pain
free.

The pain inside digs into me
like a knife, slowly taking
away my life.

Depressed and angry the pain puts
the blade into my hands. The cold,
stainless steel goes across my
arms letting the tears of red
flow free.

Like a river of reed water
the blood runs down my arms.

N.B.

First I would like to respond to what Sharpskin in Massachusetts wrote in the Winter/Spring, 2003 newsletter. I had something like that happen to me. I was living in Texas at the time. It was the middle of the night. I called a friend in Colorado. I was feeling way down and wanting to cut. I did not even think of wanting to kill myself. It was the cutting I wanted to do.

My friend in Colorado did not have my address so she called the police. At 3 a.m. there was a knock; it was a cop. By the time he came I was feeling much better. And I had been sleeping.

We talked and he left. I'm sure if I had cut he would have sent me to the ER. Before he did leave he looked at my arm.

D. E. Call

XXV

What do you do?
If your foundation
Falls from underneath you
Do you do like me
Go back to the thing
That is always your friend
Take up the knife
And make everything
Bleed again
Watch the water run red
Every morning
And every night
Do you feel the pain
As part of you
Or do you deny it exists
Until it finds you
Can you lay-down and cry
When all of the world
Wants you to die
So to the knife
I dedicate my love
And to the blood stained blade
I dedicate my life

N. Best

Our paths crossed, we were at the same locked hospital. The first time I saw her was when I came out of my room and looked down the hall. She was standing down the hall wearing a purple jacket.

There was some kind of connection between us. What it was, I didn't know. All I knew was that I had to meet her.

The connection turned out to be SIV, self-inflicted violence. I thought what I did was called self-mutilation. Both my friend and I had done it for years. I only cut, never going too deep. Only deep enough to make it bleed. I would never make it too deep to have to go to the hospital.

My friend would also burn herself. I could never do that. Both of us have our war wounds.

I'm now in a Board and Care. I've been here for almost 2 years. And it has been over 2 years since I have done any kind of SIV.

As for my friend, she is in a different locked hospital. She is still doing SIV. What is it that makes us different? That I don't know. It is something I may never know.

D. E. Call

reduced to imagine

I remember the blood and hate that coursed through my veins. The blood is still there; it is amazing that it did not all spill to the floor, soak the carpets, ruin all my clothes. The hate is gone, but its echo remains. I think that its remnants will remain, just as the scars of my hatred and pain linger. I can remember how it felt, but I cannot find a way to articulate it now. I suppose I could not find a way to articulate it then, thus it came to pass as it did.

I do not cut. I do not scratch. I do not look in the mirror and hate. I obsess about it, though. When panic sets in and breath escapes me, I imagine that the breaking of my skin would break the dark glass that envelopes me. When I wash the dishes, the hot water makes the vessels in my arms pulsate with temptation. I rinse the large chopping knife in that hot water and admire its gleaming steel. I rest the blade against the paper skin that holds the vessels in. And I imagine how easily the warm metal would glide through the wet surface of my skin and dispel the cloud that surrounds me.

I remember, all too vividly, what it felt like to write words with my own blood. I would write awful things to myself, messages of wicked detestation and hatred. I fervently tried to scare and dominate my own self, but alas, I am only one person and the kind of domination and fear I sought required more than the loneliness I had to offer.

roberta

MARCH

Just a season
winter or early spring
no more or less than
any other time, yet
nightmares
reign down like a March storm
crushing over her.

The summer suns
distant warmth
the fall's whimsy tumultuousness
restlessly wait to appear and heal
the march
trampling over her.

Time swiftly moves on
dried wounds remain,
if only slightly, open
and marching over her memories
and falling off the edge
lies winters finally, frozen heart
breaking over her.

Christine De Marco

The Scarlet Scream

I'm not as silent as I may seem
My "voice" is just different, a scarlet scream
For years of torment and hidden pain
Make known their presence in crimson can
These sorrows and horrors, a devils hell
Conceal themselves and will not tell
Except in riddle, rhyme and verse
This madness speaks its own private curse
Though my lips are silent and cannot say
My broken spirit found "another" way
To reveal the violence and rage within
That tear my soul apart again
The dam breaks open, secrets spill out
As tears of blood remove all doubt
A puddle of blood says what I cannot
IT speaks ITS mind, my every thought
But I struggle on with shattered mind
With fragmented pieces of every kind
This bleak and lonely, twisted existence
Finds me cornered with futile resistance
Stripped and ripped of all dignity
Beaten senseless, an emotional casualty
The child within, a murdered soul
Still cries and dies, who will console?
What words can I possibly use
To describe the hurt of innocence bruised?
Even the words upon this page
Cannot begin to express that rage
Am I alone in this secluded cell?
Or do others suffer like this as well
Is there a door that may reveal
A way out, a way to heal?
I would love so well upon love's healing touch
To be held and to hold would mean so much
But I am held and locked away
By something else, I cannot say.

36 lines of rhyme
36 years of time

John

RESOURCE REVIEW

Self-Harm Alliance. P.O. Box 61, Chaltenham, Gloucestershire G151 8Y8 U.K.; phone: 01242 578820; e-mail: selfharmalliance@aol.com; website: www.selfharmalliance.org.

What a joy it was to be contacted by a person from this organization, and so learn about its existence. The **Self-Harm Alliance** is based in the United Kingdom, and is a voluntary organization for people who live with SIV. It could be of great assistance to anyone in the U.K. who is interested in support or information on the subject.

Services that the **Self-Harm Alliance** offers include a monthly newsletter, telephone helpline, postal and e-mail support, publications, and an interactive web site. The newsletter, *Source of Support*, lists resources that include support groups throughout many areas in the U.K., as well as poetry and letters by people who live with self-injury. It is refreshing to find another place where people can speak openly about their lives and experiences. I wish this group every success.

ACE Reporter: A Free Research Publication Dealing with the Effects of Adverse Childhood Experiences on Adult Health and Well Being. Vol. 1, No. 1; April 2003. Available from Carol A. Redding either by e-mail at caredding@cox.net or by standard mail at C.A. Redding, P.O. Box 191015, San Diego, CA 92159.

As someone currently working on a research project involving the interrelatedness of mental health, substance abuse, and the experience of having survived physical and/or sexual violence, I was thrilled to find this newsletter. In a nutshell, it said and validated most everything that I believe in and that I have been witnessing in my life for years, both professionally and personally. It basically states that the events that wound us in childhood can affect us throughout our lives as a result of how we choose to cope with them. This report made clear that there are many people living lives filled with physical and emotional pain that exists because of their historical experiences, and that this is costing us a great amount in many ways, both individually and societally.

This publication describes a research study undertaken by two physicians, who initially became interested when they one of them, in his attempts to help his obese patients lose weight, realized that there was an underlying historical commonality in this group of people. This common experiential ground was some sort of trauma occurring during childhood. The ACE Study is described as “a large scale epidemiological study of the influence of stressful and traumatic childhood experiences on the origins of behaviors that underlie the leading causes of disability, social problems, health-related behaviors, and cause of death in the U.S.” The study was exceptional in that it included a great number of participants (17,000), and looked at a wide array of traumatic childhood experiences (not limiting itself to one particular type of abuse or event). The results are eye-opening.

Only one-third of the respondents in this study reported no adverse childhood experiences (ACEs). Also, “ACEs were not only unexpectedly common, but their effects were found to be cumulative.” Therefore, it makes sense to look at people who are struggling in many ways, whether with eating disorders, smoking, high risk sexual behavior, and/or drug addiction, in a different light, one that makes sense of their behavior by considering the context in which it is taking place. Although not specifically addressed in this article, this is also true of how SIV is best understood. People self-injure for a reason; SIV is not caused by a disease process or biochemical abnormality. SIV makes sense, and can therefore be healed, if you understand the context in which it exists. As the ACE study clearly begins to point out, this is true for

many behaviors that are keeping a great many people from healthy lives. I think this article is a very exciting and fascinating read, and hope you all have the opportunity to see it.

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.**

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

Ruta Mazelis, Publisher

If you are interested in receiving **The Cutting Edge** please complete this form and send it to:

The Cutting Edge
P.O. Box 20819
Cleveland, Ohio 44120 USA

Name: _____

Address: _____

State/Province, Postal Code, Country: _____

Amount of donation: _____