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# the Cutting Edge

Welcome to the 58th issue of *Cutting Edge: A Newsletter for People Living with Self-Inflicted Violence*. This issue's editorial focuses on the various ways people respond and react to those who live with self-inflicted violence (SIV), and I invite all of you to let me know about your experiences and opinions on the topic. I am interested in learning how you respond to SIV, your own or another's, and how people have responded to you. There is a great deal we can gain from each other, and much we can teach others. As a result of the recent collaboration with the Sidran Institute, we now have greater resources to pursue more learning, support, and spread of information on self-injury and healing.

The Sidran Institute website ([www.sidran.org](http://www.sidran.org)) provides access to several back issues of this newsletter as well as links to the *Cutting Edge* website ([www.healingselfinjury.org](http://www.healingselfinjury.org)). There you will find a guide to resources and some articles that can be downloaded, including two that are often hard to find—Janice McLane's "Voice on the Skin" and Ann Jennings's "Being Invisible in the Mental Health System." I am grateful to the authors and journals for allowing us to provide this directly to you.

As always, I welcome and encourage you to express your thoughts, ideas, and opinions on living with SIV. —Ruta

A Newsletter for People Living with Self-Inflicted Violence

## Buying into Shock, Horror, and Medical Pornography

GUEST EDITORIAL: Louise Pembroke

Louise Pembroke lives in England and her essay reflects the system there.

Users/survivors are role models to each other. When I was shuffling around the day hospital as a teenager I didn't know that any other life was possible till I met people who were either *active* service-users—defining their own care with crisis cards/advance directives/using advocates—or *service-refusers*—those who used their own approaches and had extricated themselves from services. I was galvanized by these amazing survivors. Looking at them showed me that my lot was not restricted to psychiatry's low expectations of me.

Users/survivors have remained my main source of inspiration and have informed my campaigning over the years especially on the subject of self-harm. This topic is especially vulnerable to the worst excesses of the media with encouragement of demands for pictures of people's scars, of the television camera panning up and down with close-ups. Journalists and producers will claim that these visual images "help" others. It's no different from the "before" and "after" photos of an anorexic woman who was 5 stone [70 pounds] and is now 9 stone [126 pounds]. Typically the "before" photo is even more juicy for the readers if the woman pictured is naked or semi-naked. The media just love it, and thank goodness organizations like Mental Health Media (a user/survivor organization that promotes positive images of us) exist to help educate them otherwise and help us to protect

ourselves better. We still have a long way to go: signed release forms and editorial control are still not standard. I won't compromise personally as I've learnt through bitter experience to be cautious. I insist on seeing the galley before it goes to print and reserve the right to withdraw everything. I'm also happy to admit that when I've been on one of the MHM Awards shortlisting panels, documentaries and dramas showing gratuitous shots of people's scars get nil points from me. I'm not saying that they could never have a place, but it is typically shown by the programme makers for the sake of *showing*.

Journalists will want our experience before our analysis, preferably the gory bits or the looney-to-healthy-person story. Nursing journals are also guilty of having the inset photo accompanying articles on self-harm with the proverbial arm covered in superficial criss-cross cuts, even better if it is located near the wrist area too, that ticks the box of two medical stereotypes for starters.

The staple stereotypes and labels for people who self-harm—young women (supposed to stop by age 30); wrist cutters; untrustworthy; manipulative; attention-seeking; borderline personalities (new and improved hysterics)—constitute obtuse and obnoxious value judgments that have resulted in service-users being subject to verbal, physical, and clinical abuse in the treatment of self-harm—from being shouted at, to punishment and dismissal. Many of us know what it's like to be observed or treated by students without

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the need to bleed  
 why cut yourself  
   do you know  
 the pain continues to hurt  
   while i continue to grow  
 for i give my body  
   i do my best  
 i'm just right  
   "a cut above the rest"  
 i watch the blood  
   as it flows from my cut  
   to my arm  
 look at me. . . .  
   i've done no harm  
 the pain  
   the pleasure  
     they become one  
       to be swallowed  
 i can taste the flavor of blood  
   upon my tongue.  
 yea, i got scars to prove  
   when i was young  
 and now—  
 i hear the battle cry  
 it is better to cut & live  
 then never cut & slowly die  
 i've so much to give  
   i cannot lie  
 when cutting myself  
   i just do it  
   no longer do i ask why  
 ...no longer do i ask why

Charlene McNamara



## SIV: REACTIONS AND RESPONSES

I've spent the past month looking at the topic for this editorial from a variety of perspectives. The idea of looking at how people react and respond to those who live with Self-Inflicted Violence (SIV) is a complex and rich one. Many thoughts and experiences came to mind as I began to write this piece. There is a great deal we can learn from how we perceive and react to people who live with SIV, whether that person is us or someone we know. Here are some thoughts.

Two situations prompted the idea for this editorial. One was a recent interview I gave on SIV to a newspaper reporter. A few things made this interview different from others. This reporter was truly interested in learning of the pain that people living with SIV struggle with, rather than in dramatizing the issue. Secondly, this piece was going to be printed in the *Cleveland Plain Dealer*, the newspaper I grew up reading. This interview would give exposure to my own life with SIV in the community I had grown up and spent most of my life in. After 14 years of publishing *The Cutting Edge*, and speaking on the topic of SIV numerous times, I realized that I was still vulnerable. That I still feel uncomfortably exposed at times; not necessarily afraid of people's reactions, but yet uncomfortable. This situation made me realize that there are people who have seen my scars over many years who have never said a word about them. People I had grown up with, gone to school with, competed on sports teams with. People who know of me through my family and culture. I realized that I was wondering how people would react and respond to the piece when it is published. I wonder how I will too.

The second circumstance that got me thinking was the recollection of the way a doctor responded to the scars on my

arms. Years ago I had my thumb surgically rebuilt because an athletic injury had left it dysfunctional. Although I hadn't cut myself in a few years I was nervous about meeting the surgeon as I have many, albeit quite faded, scars on both of my arms. The surgeon, a serious and wonderfully perfectionistic man, didn't mention the scars the times that we met before surgery. To ease my own discomfort I asked him if the scars would cause any trouble as the repair required a tendon to be harvested from my forearm. He simply said that they were no problem and we left it at that. I was relieved. However, my ease disappeared on the day of the surgery because of the surgical resident, a woman who had been mostly quiet in the presurgical meetings. She took the opportunity to question me about my scars while I was on the operating table being prepared for the surgery. I was so very vulnerable at the time—on a table, one arm with IVs, the other being prepped for the procedure—when she said "Did you do that to yourself?" It has taken me quite a long time to understand why my answer was a simple "No."

I had already been publishing this newsletter and doing presentations on SIV when I said that "No." Not only did I lie to this woman, I also felt that by doing so I had somehow betrayed the readership and all the work that I had done. I was the publisher of *The Cutting Edge* and I was lying about my own SIV! It took me some time and a few helpful conversations with friends to recognize that, at that moment, I was someone who instinctively knew that I was in a position to make myself even more vulnerable to judgment and disgust. I chose not to risk being treated badly as a result of saying "Yes." It was actually a wise decision given the predicament. Was the resident appropriate? No. Would I have been treated any differently had I said

“Yes”? I don’t know. Was it OK to say what I did? Of course.

SIV is the physical wounding of the body in the attempt to manage the emotional and psychic wounds of the spirit. SIV is a difficult topic to discuss. When I am preparing to do a workshop on SIV I spend some time thinking about how I can best approach this subject with groundedness and gentleness. I am very aware that the people in the room, whether they be people living with self-injury or mental health practitioners or family members, often react strongly to discussions of cutting and burning and punching oneself. It is important to address this intensity. People who need SIV have a great deal of intensity in their lives. Whatever the reasons that drive the need to cut or burn oneself, the primary trigger is profound discomfort, be it emotional pain such as grief or terror or rage, the management of dissociation, or diminishing flashbacks of abuse survived in the past. There are many reasons that people turn to SIV. Each depends on the person, and every person living with SIV has a story to tell. What is crucial is that we learn to listen to the story behind the injury, to listen to the pain of the person who is willing to cut or burn or punch him or herself in order to make that pain a bit more manageable.

SIV is such an intense topic. It brings many responses, many reactions. Some

of these are hurtful, others helpful. When we expose intimate aspects of ourselves, we risk being hurt. For people who have already experienced a great deal of previous hurt, such vulnerability is a great risk. We may want human connection yet fear it greatly. When we risk “coming out” about SIV we risk a great deal.

Most people living with SIV keep their self-injury secret. Many fear being discovered and presume that if they are they will be feared, judged harshly, and alienated. Many times this is what happens. At times this is complicated by professional interventions such as restraint and seclusion, forced drugging and/or other forms of coercion that cause further alienation. When others react cruelly the wounds of aloneness bring more pain. People who are misunderstood, admonished, and diminished react by pulling their hearts away from others. Others decide to fight back, some by making SIV the most important aspect of their lives and communication. Through their wounds they say “Think and say what you will, but I am *not* going away. I am here, I hurt, and this is how I handle it, and I am not going to hide any more.” However we handle people who lack insight and compassion, it is real that the wounds of SIV are much less painful than the wounds of judgment and ostracism. Needing people and yet being alienated by them

can lead to despair and hopelessness. Hopelessness and helplessness are perhaps the most painful human experiences.

Yet there are people who go past their initial intense reactions and respond with interest and compassion. A listener with an open heart and mind is a precious gift. Alice Miller, who has authored many wonderful books on healing from childhood trauma, describes this person as an “enlightened witness.” What happens when the response to one person telling another about their need to cut themselves is compassion? Connection. Positive connection with another person is a tremendously powerful experience. Empathic connection is a healing balm of the psychic wounds that lead to the physical wounds of SIV. When one person treats another with dignity and empathy, magic of a sort occurs. The struggles that seem overwhelming become a bit manageable. The world that seems so dangerous and frightening gets a glimmer of hope. A life that feels desolate brightens a bit. This is what we can give each other. The more wounded that we are, the more this type of interaction can affect us.

Whether you yourself live with SIV or not, think of what has helped you the most in times of emotional pain. Think

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## We Want You to Know...

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## Guest Editorial

*Continued from front page*

our consent, or to be asked for photographs of our wounds in Accident and Emergency [English version of an Emergency Room] “for the record.” No clinical reasons are offered as to why photographs are necessary and so it leaves the service-user to suspect it’s for a medical textbook or presentation. One of my most distressing experiences was being left half-naked after treatment for a psychiatric assessment as if I wouldn’t mind talking to someone about my innermost feelings naked from the waist up. Another time I was admitted for an overdose and had a nurse unbutton my top and call in her colleagues purely to take a look at the woman who had previously cut her breasts. This hurt me much more than being stitched without a local anesthetic. The catalogue of abusive treatment that those of us who live with self-harm have endured has driven some of us to campaign to make a difference.

And we have made a difference for each other and our supporters with literature, our own unique approaches to self-management, practical harm-minimisation, art and poetry, self-help groups, conference speaking, training health and social care workers to name a few. Many individuals and groups have contributed greatly to supporting each other and educating professionals. We have a lot to be proud of.

We do live in a culture of celebrity, shock-horror gut spilling, and so-called “reality TV.” I remember young people seeing The Manic Street Preachers as a role model and if I had the opportunity I would try to point out that the public self-harm of a band singer was a very far cry from the reality of the vast majority of peoples’ self-harm, which is done alone and in private. Most people who self-harm would be horrified at the

prospect of someone walking in on it. I felt sad that these young people couldn’t see some of the wonderful role models in their own peer group, or in the wider community of people who self-harm.

When I’m struggling with my own need to hurt myself I think of the women I’ve met in Broadmoor and Ashworth, they are some of my role models as are my friends. They are “celebrities” to me. I don’t need to see a famous person to identify with. Princess Diana didn’t make it better for me; my friends Dee Dee, acting as my advocate, and Andy, being there after surgery helping me find my mascara, did.

I don’t need to listen to someone being expertly maneuvered in a public gut spill on a talk show, I can listen to any number of terrible experiences from friends and other survivors, but in addition I can also hear their resilience and about their survival as opposed to the trite little soundbites and on-hand “experts” these programmes offer us.

So this brings me to recent developments within self-harm campaigning which leave me fearful about the direction some survivors are choosing.

One new organization held an Awareness Day. We certainly need more events to get folk together to share information and give support. I couldn’t get there but a good friend did only to find herself and all participants being filmed throughout the day by the organizers “for their records.” Consent to filming was not sought, and given how much courage it would take for some people to even get there, it could feel too hard to complain at the time. Neither was there information about how this film footage will be used. Given how psychiatric and medical services

can ride roughshod over us as regards consent and confidentiality I felt concerned to say the least.

Even more alarming to me are the websites that have photo galleries with close-up photographs of peoples’ scars and fresh open wounds. I can only view this as medical pornography. It is bad enough when services do this to us but my heart screams to see survivors do this. In 15 years of campaigning I’ve seen many excellent individuals and user groups produce materials and work that have made a positive difference to countering the medical stereotypes about people who self-harm. Awareness raising and education has not needed to use the actual image of wounds or scars because in itself it teaches nothing. It doesn’t say anything to professionals other than to reinforce every stereotype in the book.

So why are survivors doing this? Is it “empowerment”? I can think of more creative and politicized ways to feel empowered than to do the equivalent of the porn between-the-legs shot. I’m pro-choice, *but*, what we do in the public arena reflects on *all* of us, there’s no escaping that.

A junior doctor having seen those websites might happily go back to A&E and get the staff team to look at all the bodily scars of the next service-user presenting with self-harm, thinking that we are all happy to be viewed.

How do trainers counter the “attention seeking” myth, an enduring notion that these photographs will fan the flames of? I’m *not* suggesting people putting photographs of their scars or wounds on the Internet are “attention seeking,” but I am suggesting that it is misguided and has not been thought through in terms of

## WHY WE CUT/WHY WE DON'T

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We cut when the pressure inside the body is so great that if we don't let it out we will explode. When it feels like a tire that has been over-inflated and there is no release valve, we cut. When the other resources to let that pressure out feel like they are not going to do the trick. When the pressure makes the head feel like a balloon that is ready to burst. We cut.

We cut when the pain is so bad that nothing external can mask it. When the most potent pain medication will fail us. When it seems as if the entire world is feeling joy and the pain we feel touches the very core of our soul. When the numbing and dissociation don't work because we have begun our healing journey and are not as adept at using those tools. We cut.

We cut when the level of frustration is so great and we have nowhere to vent it. When we become like a lost child in a maze, and we cannot find our way out. When we keep bumping into walls, and the final wall has a small blade to cut open a door to let us out. We cut.

We cut when we are scared. Scared that the secrets we told in therapy will cause death to the ones our perpetrators said they would, and we would be responsible. When we are scared that maybe we are really evil and bad as they said, and there is no way out. Scared that we will never get better. Scared that we will end up in the hospital because we are unable to cope. Scared that all these bad feelings will chase our therapist away, and she is the only one who has been there for us. Then we will be left alone. We cut.

We cut when we are angry that we have been robbed of a good portion of our lives because our perpetrators took that from us. Angry that we did not have a happy peaceful childhood. Angry that we have no happy memories of childhood. Angry that the ones who hurt us appear to be leading happier lives than us. We cut.

We cut when the voices of our perpetrators tell us to cut and we cannot screen out the sound. When they tell us that we are bad and evil and we have committed the number one sin: we told. We cut.

We cut to see if we are real. When the fog we live in is so dense that it must mean we are not in and of this world. When the numbness is so great that only a being who is not real could be feeling less. When seeing our blood is the only thing that will convince us that we do in fact really exist. We cut.

We cut when the tools we learned in therapy to not cut do not quite feel like they would work to quiet all of the above.

We do not cut to hurt others. We do not cut to get revenge. We do not cut to get attention. We do not cut because we have exhausted all other healthy reasons not to cut and cutting is our only alternative. Sometimes those healthy alternatives escape us when we reach that level of despair.

We are not perfect. We do not know all the answers. We do not always do it right. We are trying to do it differently, but sometimes the messages from inside are stronger than we are and we cut. One day there will come a time when cutting is not an option for us, but for now, as we continue on our healing journey, the pain is more than we can bare. We cut.

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### Tell Me

You drop my arm, turn away quickly—  
 A stare in reverse,  
 But just as potent.  
 I didn't mean—  
 You address the floor.  
 I hope I didn't—  
 Are you OK?  
 Oh sure, I almost—laugh  
 Just a cut, could be worse.  
 We avoid each other's eyes  
 As I rearrange my sleeve,  
 Pray for the discomfort to pass.  
 But what I really crave  
 Is the person who will hold on,  
 Meet my gaze, and say  
 Tell me where it hurts.

Diane M. Loud

Originally published in *The Cutting Edge*,  
 vol. 5, issue 1 (18), Summer, 1994

Do my scars appall you—  
 or perhaps it is disgust that we read  
 upon your face.  
 For it certainly is not compassion.  
 Take a deep discerning look,  
 do not turn away.  
 After 38 years of fear and shame,  
 "Comes With Spears Blackhorse"  
 displays our scars with the courage  
 and dignity of a strong woman.  
 One of many who survived  
 and grew to appreciate her  
 own worth as a  
 Woman Scarred.

Amy

I cut open my skin,  
 Just to feel myself again.  
 I watch the blood begin to flow,  
 As I feel the emotions grow.  
 I watch the drops roll,  
 As life takes its toll.  
 To focus my pain in one spot,  
 reminds me of what I'm not.

The memory of what I used to be,  
 A child not scared to be free.  
 A person who knew no danger,  
 now, to myself, I'm only a stranger.  
 Only here to isolate and mourn,  
 while my insides are ripped and torn  
 I want to make it stop  
 But  
 I've become someone I'm not.

CROWN

## Resource Review

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“treatment” forced upon them, including unwanted and harmful procedures such as electroshock and/or psychiatric drugs. Recent attempts to provide for the rights of people to determine their care—by the establishment of advance directives which dictate what a person is willing and not willing to accept as treatment—have not proven successful. A wonderful idea conceptually, the reality is that psychiatrists simply override them. Dr. Szasz strongly points out that more is needed and brings up the idea of the psychiatric protection order. He says: “Such an order, similar to the protection order used in domestic conflicts, would make it a criminal offense to impose involuntary psychiatric interventions on people protected by the order.” This order would simply allow people the right to refuse psychiatric treatment in the same way that people can refuse medical treatment.

I really enjoyed following Dr. Szasz’s train of thought and his idea of developing a psychiatric protection order, though I can presume that it will not be possible to create this form of self-protection against a very powerful system. However, I do hope that this might one day happen. In the meantime, let us enlighten ourselves, promote awareness of the harm done by coercive psychiatry, and promote deeper thinking about the human rights of

## Guest Editorial

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trol and power in one’s life.

I’m also a strong advocate of my fellow survivors’ having the right to walk down the street in short sleeves and not feel that scars have to be covered up for the benefit of others. The charity “Changing Faces,” which works for people with facial disfigurement, has greatly influenced me personally. They assist people to feel proud of their appearance, to present themselves confidently, and to effectively manage negative response from others. Now that’s my idea of empowerment, to feel that I have the right to wear my skin however it looks.

Survivors don’t need to buy into medical pornography to empower them-

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they are neither insane nor dangerous. People react when they are afraid, and from these reactions comes a desire to judge and control that which is not understood. Education regarding SIV is a necessity. It is the foundation upon which helpful responses can be developed.

A useful way of educating others about SIV is in identifying the ways we all hurt ourselves. There are many different forms of self-harm that we are more familiar with. Some we even admire societally, such as people who work obsessively, especially if that work is in service to “good” causes. All people do things that are ultimately self-hurtful. Most people eat unhealthy food, many smoke, others abuse alcohol or drugs, some overwork and don’t sleep enough. There are a multitude of examples. It might be useful to question the reasons people engage in those more familiar forms of self-harm. When we realize that all of us have reasons for our choices we can begin to understand that there are reasons for the SIV that some of us turn to. People who live with SIV, whether they be young or old, male or female, rich or poor, professional or incarcerated, or of any race or culture, have one thing in common—they are in great pain. If we don’t react to them, or ourselves, as “cutters” or “borderlines” or “manipulative attention-seekers” but as people who are struggling intensely, we can all promote healing. Judgment, punishment, and control serve no one in the long run. Building bridges of compassionate understanding, rather than walls of fear, is the solution.

There are many who despise themselves for living with SIV. They judge themselves as harshly as others might. This judgment brings shame and further pain, and often leads to more, not less, self-injury. I ask those who live with SIV who are spewing anger towards themselves to consider if they would treat someone else the same way. If a friend confided cutting herself to you, would you despise her the same way you despise yourself? What would you wish for her? Can you look at yourself through the lens of friendship?

When we begin to really look at SIV we open a door to looking at profound human suffering. The roots of SIV are deep. Traumatic experiences impact many people; some people turn to SIV to cope with the aftereffects of these experiences. This is especially true when the trauma is a history of childhood abuse, whether it is physical, sexual, or emotional in nature, or the experience of physical or emotional neglect. While not all persons who live with SIV are childhood abuse survivors, many are. And this subject remains a difficult one for many people to address. There is an epidemic of child abuse in this country that is, for the most part, unnoticed and undealt with. Much more attention is given to supposedly biological psychiatric disorders and the drugs that are used to medicate them. That is emotionally easier to deal with than recognizing that many of our most vulnerable citizens are being beaten, raped, sodomized, told that they are worthless, left abandoned, and made to experience many other horrific realities every day. This is what I believe we really need to react and respond to.

If we direct our reactions toward the wounds that lead to the pain that is managed by SIV, we can access the roots of healing. People do not cut themselves unless they need to. I often ask people who no longer turn to SIV what it was that changed for them. The most common reply? “I didn’t need it any more.” The roots of their pain were attended to, and they had formed new relationships with themselves and others. These relationships are based on respect and freedom. If we respond to ourselves and each other with wisdom and compassion we will together move toward

## Resource Review

### **“Self-Injury and Self Capacities: Assisting an Individual in Crisis.”**

Pamela J. Deiter, Sarah S. Nicholls, and Laurie Anne Pearlman. (*Journal of Clinical Psychology* 56, no. 9 [September 2000]: 1173–91).

What a delight it is to introduce you to a clinical article that supports what people living with SIV are actually saying about their lives and their healing. If you are a clinician, please read this article. If you are a person living with SIV who is in therapy, please consider bringing this article to any clinician you know. [We are currently seeking permission to post it online; please continue to check the *Cutting Edge* website [www.healingselfinjury.org](http://www.healingselfinjury.org).] It carries understanding, wisdom, and hope for authentic ways of treating people who live with SIV.

The authors of this article understand the adaptive functions of SIV and do not limit themselves to the typical pathologizing perspective that is much more common in mainstream mental health care. They explore the intensity and meaning behind SIV in the lives of people who utilize it. They identify that most, but not all, people living with SIV in their study reported childhood abuse and that there are other traumatic factors that impact the need for SIV. They state: “Most self-injury is a survival technique. It is a reaction to almost unendurable circumstances or internal experiences. It is intended to allow the individual to endure and carry on.” Well said.

The most exciting aspects of this article come in the discussion of treatment for people living with SIV. The authors promote the idea of identifying impairments in a person’s self capacities, relating these impairments to both traumatic history as well as the current functions of SIV. These self capacities,

which are defined as the abilities a person must have to maintain internal balance, are identified as the ability to tolerate strong affect, to maintain a sense of self-worth, and the capacity to maintain a sense of connection with others. SIV plays a role in all of these categories, and the authors discuss this at length.

There is such a great deal of value to be found in this article that it is difficult to review—I want to quote it in entirety. As that is not possible, I can simply encourage you to take a look at this work and see it for yourselves.

**“So Much Pain: After 12 Years of Cutting Herself, One Young Woman Tells the Story of Her Recovery,”** by Chris Swingle. (*Rochester Democrat and Chronicle*, Sept. 8, 2004.)

I typically brace myself when reading media articles on the topic of self-injury, preparing for what is often a dramatic and inaccurate presentation. There was only some need to do that with this article. It is compassionately written and gives me hope that there is greater understanding about SIV in the general public.

The piece focuses on one woman’s story of healing and identifies not only her struggle with SIV but the enormous challenges she deals with that come from surviving childhood abuses. While promoting the typical misinformation about SIV (that only young people, especially girls, live with SIV, that it starts in puberty and ends in five to ten years, that SIV produces an endorphin drug response, and that medication and cognitive-behavioral therapy are the treatments of choice) there are points made here that didn’t used to be presented. SIV is differentiated from suicidality; historical trauma, including

abuse, is identified, as are the repercussions from it which SIV is used to manage; many purposes of SIV are identified; and the importance of understanding and supportive people who are not trying to control you is highlighted. These points lead the reader to a more compassionate understanding of the issue than is typical in the mainstream press.

Of particular interest to me was the need of the woman about whom the story was written to remain anonymous (this newspaper does not typically allow sources to remain anonymous). The woman featured in the story feared the repercussions of being exposed, for good reason, and the newspaper was unable to find anyone who would be willing to identify him or herself. This is a strong statement about the stigma that people living with SIV face, and about how most people still react to the topic with harsh judgment. I hope this piece will promote the beginnings of understanding.

### **“The Psychiatric Protection Order for the ‘Battered Mental Patient,’ ”**

by Thomas Szasz, emeritus professor of psychiatry, Upstate Medical University, State University of New York, Syracuse, NY. (*British Medical Journal* 327 [20 December 2003]: 1449–51). Correspondence to: 4739 Limberlost Lane, Manlius, NY 13104; tszasz@aol.com.

Thomas Szasz, M.D., has often been referred to as a “radical” and worse by many, including some of the people with whom I work doing mental health research. It has long frustrated and amused me that many mental health professionals discredit him without actually reading his works or listening to him. It is clear to me that many are threatened by the humanistic and human rights focus of his work. This arti-