



The Cutting Edge
 Sidran Institute
 200 East Joppa Road, Suite 207
 Baltimore, MD 21286-3107

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the Cutting Edge

A Newsletter for People Living with Self-Inflicted Violence

Looking Back/Looking Forward:

The Circle Expands

I have never been so delighted to sit down and begin to write an editorial as I am at this moment. This issue ends 15 years of publication of *The Cutting Edge* and brings me the opportunity to share with you my thoughts and learnings from the journey. Most importantly, I am so grateful to all of you who have supported this work in so many ways, and especially to those who have opened your hearts to me by sharing your own struggles, your own journeys. Not only have I learned a great deal, but my heart has softened and my spirit has learned to soar as a result of getting to know people who have struggled greatly not only to heal, but to create rich and joyous lives.

I thought writing this piece would be easy, even simple. What an opportunity, to reflect on 15 years of this work. I decided to look at the back issues to examine the newsletter's history, and the previous issues are now stacked around me, in layers and circles. I am so deeply touched by what I have found there; I hadn't visited them for quite a while. I am in awe of the

An Editorial

depth of connection I feel with the people who wrote from their hearts and spirits, who touched me with their courage and vulnerability, whose pain was so tangible I could hold it in my hands. I want to reproduce so much of what I read, especially from early issues that many of you are not likely to have seen. I have but a few pages for this issue, and will search for a way to put into them a bit of the wisdom and hope that I've been given. Perhaps a larger compilation can be produced in the future.

This newsletter was born out of the desire to stay in contact with women who shared their struggles with Self-Inflicted Violence (SIV) with me in several workshops that I had organized nearly 20 years ago. I had begun creating places for us to meet and have the opportunity to share our struggles with the need to cut, burn, and bruise ourselves. The mental health system's answers to the questions I had did not make sense to me, and the "help" I had gone to find in that system had left me shattered in many ways. I had worked in mental health and

Welcome to this special anniversary issue of *The Cutting Edge*. This issue is particularly exciting for me as it concludes fifteen years of publication. I never could have imagined reaching this moment when I first began, nor could I imagine the places it would go. The editorial for this anniversary issue is a collection of thoughts that arose from reflecting on these past fifteen years. I hope you find it interesting.

I highlight a very special poem in this issue, written by TruthSayer, first published a dozen years ago. It is one of the most intense works I have ever read about Self-Inflicted Violence (SIV). It speaks to us all, whether we live with SIV or care about those who do, challenging us to embrace the depths of human experience.

Although this is a celebratory issue for me, I can only hope a day will come when this newsletter will no longer be necessary. That would signify a time of understanding, acceptance, and compassion for the voices and experiences of those who live with Self-Inflicted Violence. Perhaps that time will arrive. Until then, I hope that this work serves you well.

—Ruta Mazelis, Editor

substance abuse programs and did not see much there that was helpful to people like myself. I experienced and witnessed a great deal that was wounding, enough that I left the work behind. So where to find some answers? I went looking for people like myself.

Who did I find? I found women, and later men, who led secret lives of cutting and burning, punching and breaking. We did not see ourselves as insane; we were doing what we needed to do to survive moments of profound intensity, emotional pain or disconnection. We knew that this need of ours had to be kept secret—we lived in fear of judgment, alienation, and exposure. Many of us feared the loss of our freedom. Some of us had a person in our lives to be open with, but most of us did not. Simply coming together was frightening and we felt uncertain. I remember one woman who had traveled from four states away and still nearly trembled in fear of being exposed for living with SIV. Her career choice? She was a psychotherapist and feared that she would lose her license if her life with SIV was made public. Having worked in the mental health system I knew that her fear was well grounded. Perhaps that was the first misconception that I became aware of: the belief that people who live with SIV are deeply disturbed, unable to function, “severely mentally ill.” I learned how terrible it is to be pathologized.

Who are the people that I’ve met who live with SIV? Men and women, young and old, working professionals and those in institutions, people of many races and cultures. People on five continents subscribe to this newsletter. Many people are greatly surprised to learn that those around them struggle with SIV, as they do

not fit preconceived notions of who lives with SIV. I recently spoke with a newspaper reporter who was very surprised to learn that a physician I had come to know, whom I was seeing, lived with SIV herself. This doctor is a successful and appreciated internist. This conflicts with the image we have of who lives with SIV. The popular belief is that SIV is only an issue for young white middle-class women, and the mainstream (as well as some mental health professionals) portray cutting as an “epidemic” striking our youth. Certainly there are young women who cut and burn themselves to cope with the struggles within them. However, by not recognizing that people have been living with, and healing from, SIV for a long time, both the public and the mental health professionals are missing a great opportunity—to learn about life with SIV from the true experts—those who have lived with it themselves. SIV is not an invention of today’s youth. Unfortunately, without the understanding that SIV is a human experience that crosses the boundaries of age, gender, class and culture the young people who live with SIV today are most likely going to be subject to the same misunderstandings and mistreatment as people were 10, 20, or 30 years ago. Many people have kept their SIV secret; others find peers and become known. This is not the sign of an epidemic; it is the representation of how we all strive to find others who understand.

I asked myself what changes I have witnessed in the past 15 years. Awareness that there are people living with SIV has increased greatly, especially in the past few years. No longer is this a topic shrouded in total secrecy. This beginning of openness has had a very theatrical flare however, with talk shows and many newspaper articles focusing on the drama of “cutters.” In

spite of this focus on the dramatic, there are places where the experiences of people are being acknowledged and discussions begun. Even the term “Self-Inflicted Violence” has found its way into these discussions and books written on the topic. When I first began writing I found the term used then—self-mutilation—to be demeaning as well as inaccurate, so I chose the language of SIV instead, and it seems to make sense to more people than just myself. While ultimately cutting, burning or punching ourselves is an act of violence there is a context in which it occurs. The act of violence is for the purpose of self-defense rather than the intention of mutilation. People living with SIV are acting to withstand what feels intolerable—intense emotions, disenfranchisement, flashbacks, shame, and the many other struggles that SIV serves to manage in the moment.

In the past 15 years understanding of SIV in the mainstream psychiatric community has gone from bad to worse. Yet recently there is a blossoming frustration with the products that psychiatry is selling. While more and more people are receiving labels of mental illness, there are also more people challenging the notion that so many of us are diseased and in need of drugs. The drugs that were touted as huge improvements 10 years ago are now being exposed for their harmful, potentially lethal, effects, while it took decades for this awareness to come about previously (as with the drug Mellaril, which was removed from the market for lethal adverse effects many years after it began to be prescribed). There are now television and radio broadcasts highlighting the dangers of medication that are being promoted as solutions to many of life’s problems. Hopefully this stage (that began with the “decade of the brain”) of simplifying people to a neu

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Inside Out

I do not live in the past
The past lives in my artificial skin
You were the soul murderer
Now I am the walking corpse
I look outwardly calm
When dancing intertwined
I am the thin white slave
In a cyanide suicide case
My sexual experience has been sabotaged
By my inner innocence
It has tainted my soul in irreparable ways
Then again, we must have what we cannot obtain
You may see the physical scars on my skin
What you will never see
Are the emotional scars that burn within me
My scars are stories, history born to the pale white flesh
The skin becomes a battle ground
A canvas of internal mayhem
The place where the self meets the world
Is displayed as art of how torn a soul can be
Unacknowledged trauma is a wound that never heals
I pay such a price for my sins
And now the outside matches the inside

Troy Michael

I need a hole
one just large enough
to bury my soul.
No need to be long or deep
just someplace to weep.
Others would look for me
still the pain they’d not see
only to find me a bit bizarre
fighting against one more scar.

Darlene

Scars But Healing
The scars on my body
show the war that I have
fought against myself.
The lines, engravings,
burns and sores. All show
the pain that I have felt
within. As I see my torn
apart body, I begin to
look inside at my heart,
so gentle, so sensitive. So
“Together.” Out of all I have
suffered, my hand never
reached my heart. I know
now that I can mend
from outside to within.

Claudia S.



My objective was, is and always has been, to heal my self,
 To survive the pain, the abuse, the ignorance, the attitudes, the assumptions,
 the judgments, the “good intentions,” the assaults,
 the pompous, self-righteous arrogance, the harassment, and all the rest
 hurled at me automatically, in this society, as a girl-child, as a woman,
 as an incest survivor, as a dis-abled person, as a lesbian, as a “lipstick-dyke,”
 as an “outsider,” as a jew, as a welfarite, as “successful,”
 as an artist, as a domestic, as an alternative healer,
 etcetera, etcetera, etcetera, etcetera.....

My objective, as a woman, as a lesbian, as a survivor,
 as a spiritual being,
 is to surmount all of the hate, the anger, the fear,
 the judgments, the limitations, the ignorance,
 to surmount them all,
 and to transform them,
 and my self,
 and my pain,

into truth,
 into love,
 into living,

life
 whole
 and
 full

and

I am succeeding pretty well,
 extremely well,
 in fact,

MY OWN WAY!!!!!!

TruthSayer



rotransmitter problem with a chemical solution is coming to an end.

There is a tremendous disparity between what people who have lived with SIV have to teach us about this topic and what mainstream psychiatric practice advocates. Unfortunately, psychiatry (which translates to “the study of the soul”) is currently failing most people through its need to appear to be a biologically based medical specialty. Although there is no research that adequately proves that the cause of any mental health struggle, much less SIV, is truly biologically based, this pathologizing of human struggles has received great applause. We are living in a time of television commercials that are selling psychopharmaceutical products with sad-face and happy-face bouncing balls. While this might be laughable, the other extreme is not. Under the guise of a “disease concept” and the push that drugs are a solution, there are increasing numbers of people today who are being coerced into taking psychiatric drugs that are both unwanted and toxic. Psychiatry, financially supported by the pharmaceutical industry, has taken us to a

very dangerous place—we are now a country wherein people can lose their civil rights without having committed a crime. All they need is a diagnosis, a psychiatrist, and a judge to be forced into an institution, a seclusion room and restraints, or receive an injection or pill that the market has deemed is going to be useful to them.

Regarding SIV, what psychiatry offers the public is the focus on the elimination of SIV regardless of what “it takes” to do so; the harm done by many of the interventions often utilized to do so goes unrecognized. When the focus is on controlling someone, that person’s humanity is lost to those around them, whether these people be family or professionals. The temporary stopping of SIV in the short term, while often applauded and deemed to be a sign of good management, further distances the person who is already in pain and feeling quite alone. Fortunately one area of improvement is the insight that SIV can be used by some to avert suicide. SIV is a coping mechanism, not a simplistic aberrant behavior. Some clinicians are beginning to realize that the

desire to eliminate it can lead to greater harm as it removes an option from someone who might choose a more permanent solution to managing their pain.

What is the best way to learn about healing from SIV? From those who have done so. What have they told us? That the “voice on the skin” tends to a great need. That there is great pain that can be lessened with a razor or a lighter or a fist. Many people who need SIV tell us of histories of severe trauma in their past. Most of the time this trauma stems from childhood abuse. This should not be surprising to us if we are willing to be open to the reality that one out of three girls and one out of seven boys in our society experience some form of sexual assault before their eighteenth birthday. This statistic is only for sexual violence and does not include other traumatic events such as being subject to physical assault or neglect (whether physical or emotional), witnessing violence (including domestic violence), living in homes where there is alcoholism or drug addiction, and experiencing the wider issues of poverty, racism and

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Let Us Know...

If you are a person living with SIV, or a professional working with people who self-injure:

- What supports would be most helpful to you?
- What resources have been most/least useful?

We Want You to Know...

How to contact us: cuttingedge@sidran.org; 410-825-8888; or write us.

How to subscribe: Send check or money order to Sidran at the address in the Publisher’s Block. Annual subscription price: Professional, \$30; Survivor, \$16. (Scholarships are available. Please e-mail or call for more information.)

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Editor **Ruta Mazelis**

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In this state, to create more pain would be ridiculous
 would be impossible
 To cut, in this state, does not cause pain.
 To cut, for me, has been relieving.

Already in more pain than is humanly possible
 why would I make more?
 No! I have cut, not out of self-hate, but out of self-love,
 not to create pain, but to release pain,
 not to kill myself,
 but to bring my self back to life from the death of non-existence
 not to destroy my self
 but to prevent my destruction, spontaneous combustion.

Pain kills
 I have cut my self to free the pain.

I want to tell you a little story recounted in the book "Wounded Knee"
 a history of the massacre and wholesale slaughter of the Native
 American Indian peoples at the hands of the great white prick.

This particular story, one of countless others, concerned the remnants of
 a Cherokee tribe, old people, women and children, most of the tribe
 had already been wiped out, their leader was dying from pneumonia,
 the white man was an ever present relentless menace, leaving them
 no choice but to surrender.

They did, allowing themselves to be rounded up by the white man
 and taken to some kind of enclosed area. They were fed, relieved of what
 little arms they had, and then, the next day, mercilessly
 massacred, en masse, brutally tortured, babies cut open, women's
 breasts and genitals cut off, heads severed, pregnant women's bellies
 slashed open, mothers, daughters, sons, fathers, murdered before each
 other's eyes and ears, the people trapped, helpless, without arms, it was
 heinous, as are man's deeds throughout His-story, throughout all races,
 most cultures, all times within patriarchy, as in death squads,
 Auschwitz, 'terrorists,' Nazis, kkk, cia, police, armies, etc.

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HURTING MYSELF

They want a contract from me
 assurance
 that I won't
 hurt myself.

So that they can be relieved
 of the burden
 the anxiety
 of knowing
 that I may
 hurt myself.

They are angry.
 How dare I want to,
 no, it's not the wanting,
 or maybe even the doing, that incurs their wrath
 It's, how dare I make it their problem by the saying of it,
 the sharing with them,
 my simple truth – I AM HURTING – and I feel like I may
 hurt myself
 somehow.....

They don't want to hear it.
 They are afraid.
 Of what? For me? Or is it their own proximity?!

They hurt.
 For what? For whom?
 Whose helplessness? Whose embarrassing, awesome tomb?

They insist, demand, with righteous indignation, bordering
 on blame,
 that they love me
 and won't let me go without a promise
 So that they can go home
 relieved

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safe
with the knowledge that
they did their duty
they prevented a suicide
or even
a little, self-mutilation.

Congratulations! Such a tidy resolution! So in control,
rational
removed...

What's become of me in all of this?
Why don't they see ME!?
Why can't they hear ME!?
Why can't they feel ME!?
Do I even exist for them?

Or am I just an extension of themselves
an illusion,
who they THINK I am
a figment of their own contrivance.

What they are feeling is **within their own self**.
Their own panic, fears, anger, pain.
They are not responding to me,
They are reacting to themselves.
They are the ones out of control.
They are trying to control me
So that they can feel safe
within themselves.

What about me? What about my safety!?
Having disclosed my state of devastating pain and neediness
Having made myself vulnerable
Their panic requires that I now must put my crisis,
my feelings, my needs, aside (how?), and take care of theirs.
They demand it – they insist – they will be responded to
right now – or else! Because they love me! Because they care!

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I ask you – if my objective had been to hurt myself
Don't you think I succeeded pretty well – without having to lift
a finger?

HURTING MYSELF

As a woman, I just want to say
I DON'T WANT TO HURT MYSELF
I NEVER DID
A victim maybe,
certainly, in fact, but,
self-destructive, masochistic, I am not
and never have been.

Who created those labels, those definitions anyway?
Who do they serve? Whose point of view do they reflect?
Mine? Ha! Any woman's? Ha! Patriarchy-identified women?
Getting warmer.....!!!!!! Ha! Men.

As a woman, I just want to say
I NEVER DID WANT TO HURT MYSELF!
You don't understand, how can you – have you ever
cut yourself on purpose? Do you have any notion of the kind
of pain one is in to be able to cut oneself?

Of course not! If you did, you wouldn't sit in judgment,
In outrage and indignation.

Let me tell you. The kind of pain so deep there is no bottom,
pain so strong, there is no end,
pain so great, so intense, there is nothing else.

In a state like that, there is so much pain
that the body goes numb,
there is so much pain
that skin
no longer has sensation.

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