



SIV: Dignity and Understanding

The concept for this editorial was born from recent experiences I had with the media. Lately self-inflicted violence (SIV), primarily cutting, has received a good deal of media attention, partly due to the publication of a study on college youth who self-injure (see a review of this article on page 7 in this issue). Cleveland's local public television, as well as the National Public Radio affiliate, did programs on the topic, and I was fortunate to be a guest on both. The television segment consisted of a panel of two mental health professionals and myself while the radio program featured the author of the research article and me as guests.

I learned some fascinating things from these experiences. It seems that self-cutting, and its resultant scarring, remains quite an attention-getting topic while other forms of SIV are largely ignored. The focus remains on youth who live with SIV, while adults are largely ignored. For the most part SIV is presented as a relatively recent phenomenon, one that is portrayed as a new epidemic among today's youth, especially girls. Ideas abound that today's adolescents are unable to cope with emotions or stress, and are vulnerable to adopting SIV simply by viewing movies or web sites on which it is shown or knowing someone who self-injures. Although I was grateful to have a place on these programs, which I am certain were useful to the viewers and listeners, I came away frustrated with how today's young people are perceived.

Interestingly, the people on the programs who addressed *trauma* as the underlying experience in the lives of young people

who turn to SIV were not the mental health professionals, but the researcher and me. In the discussion regarding why young people become "cutters" the clinicians mentioned underlying mental illness and an inability to manage or experience emotions as reasons for SIV *without* discussing childhood trauma. Once again, typically, it seemed easier for them to focus on the drama of the behavior rather than the horrors that underlie its need. Not only does this present an incomplete picture of what life with SIV is about, it ultimately diminishes the people who need SIV in their lives to cope with the repercussions of profoundly difficult histories.

What happens when we ignore trauma, including child abuse? We start to believe that SIV is contagious, pathological, or inciting. We start dismissing the depths of pain from which it springs. We start believing that today's youth are somehow weaker, more manipulatable, less capable than any other generation. This mentality seems to exist even in the mental health community. For example, in *Psychology Today* (Nov./Dec. 2004), SIV was discussed in a short article titled "A Dangerous New Remedy for Anxiety." I wonder what you think of the following excerpt:

It's highly disturbing for a student to walk into a dorm room and find her roommate meticulously slicing her thighs with a shard of glass or a razor. But it may be the emblematic activity of the psychically shielded and overly fragile. . . . Self-harm reflects young people's inability to

This issue of *The Cutting Edge* brings the 16th year of publication to a close and, as always, I am so grateful to you who have kept this work alive and vital over these years. It is my hope that you will continue to honor us with your writing, poetry, and art. Your financial support is also deeply appreciated, especially any additional monies that you can offer to provide this resource to those with severe financial limitations. Once again, thank you.

It is with a full heart that I am highlighting writings in this issue by people who have been willing to share their healing journeys with us. They are a testament to what human beings can endure and how courageously they can heal if understood and supported on the journey. I hope that their thoughts and experiences inspire us all.

I received a request from a reader to discuss other forms of SIV besides cutting. While cutting is the most commonly discussed form of Self-Inflicted Violence (SIV), it is not the only one, and there is a great deal to learn about other forms of SIV and the purposes they serve. I would greatly appreciate hearing from you, in whatever way you choose, about the different types of SIV you turn to and how they serve you. My gratitude goes to those who are willing to write in about their experiences. ©

—Ruta Mazelis, Editor

find something that makes them feel fully alive. Earlier generations sought meaning in movements of social change or intellectual engagement inside and outside the classroom.

I was outraged by these comments—they are misleading at best, patronizing and demeaning at their worst. That these words were accepted into a publication on mental health is more than worrisome. It is possible that it is simpler and easier to diminish young people's spirits that it is to recognize their pain and woundedness?

While the medical community, through research such as the Adverse Childhood Experiences Study (discussed in the previous issue of this newsletter and available at <http://www.cdc.gov/nccdphp/ace/index/htm>), is becoming increasingly aware of the medical as well as psychological and emotional impacts of childhood trauma, much of the psychiatric community continues to avoid the obvious. There are a few exceptions of mental health care providers who are both wise and compassionate in their understanding of trauma and the nature of healing. When you read the contributions to this issue you can recognize the need for healing relationships—not only to heal from the need for SIV, but for other repercussions and aftereffects of trauma as well. Yet there remains a great avoidance of the recognition of the long-term impacts of childhood trauma and the ways people manage their lives as a result.

Does SIV help people, albeit temporarily, manage psychic distress and emotional pain? Yes. Is the person who turns to SIV simply incompetent at emotional expression or somehow oversensitive or “fragile”? Of course not. Does SIV help people cope with the experiences of depression, anxiety, or suicidality? Yes. Is the person turning to SIV simply mentally ill, their brain the victim of the most recent biopsychiatric theory? That idea should only make sense to psychopharmaceutical company shareholders but it does seem easier for some people to accept this idea than acknowledge the silent epidemic we are really in the midst of—childhood trauma.

We live in a society in which child abuse and domestic violence are rampant, yet remain largely unaddressed. Federal statistics show, for example, that one in three girls, and one in seven boys, will be sexually abused in some manner by the time they turn eighteen. Family systems break apart frequently, and many people are struggling economically (one in five school-age children live in poverty). Our country is at war, many people were impacted by natural disasters, and our chances of being victims of and/or witnessing violence are higher than ever. Today's youth are living in the midst of this. They are juggling internal and external stressors that need to be acknowledged. Most importantly, it is their coping and resilience that need to be acknowledged.

If we focus on simply eliminating SIV then we miss the

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Resource Review

“Self-Injurious Behaviors in a College Population,” by Janis Whitlock, PhD, MPH, John Eckenrode, PhD, and Daniel Silverman, MD, MPA. (*Pediatrics* 117, no. 6 (2006): 1939–1948.

The publication of this article received a good deal of attention in the mainstream media and it is my hope that this work will raise public awareness about SIV. This is a very interesting study and should promote understanding of not only the prevalence of SIV in the lives of young people, but also educate people about the intense struggles many of them live with.

What caught the attention of the media was the large number of students at two prestigious universities who acknowledged that they have used some form of self-injury. Nearly one in five students who responded to the evaluators' questionnaire reported SIV, with most stating that they had self-injured more than once. A third of these people

reported that no one knew about their SIV. Interestingly, while only three questions addressed the existence of childhood trauma, more than half of the respondents reported a history of emotional, sexual, and/or physical abuse.

What caught my attention was a section of the discussion in which the authors wrote: “The fact that so many of those who self-injured clearly were functioning well enough to go undetected by the health care system raises important questions about whether those who practice SIB (self-injurious behaviors) in a college population are likely to suffer poor future outcomes disproportionately, compared with non-self-injurious youth.” I was intrigued by the word “undetected”—while many who live with SIV keep it secret due to shame, others stay silent because they have witnessed what happens to people who openly acknowledge their self-injury. These students might fear repercussions such as stigma, with associated loss of aca-

ademic and professional opportunities, or coerced interventions by the mental health community. I also was interested by the idea that those who live with SIV might have poorer post-college outcomes than other students. Certainly this might be true, as those who live with SIV live lives of intense distress, but I also thought that it is useful to acknowledge how many “successful, highly functioning” professionals lead lives filled with pain for which they turn to SIV. It seems that both the mental health professionals and the public at large presume that people who live with SIV must appear broken, less capable, or overtly distressed. Yet I know of many who live with SIV who also work as physicians, accountants, therapists and in other careers. They live lives of deep silence about their inner and outer wounds. Perhaps some day they will be acknowledged, and this study might be the beginnings of that process. ©

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point. We ignore the deepest wounds that are so much more brutally painful than any form of SIV could produce—pain that is profound and complete. This kind of pain is described by Suzanne in her writing in this issue: “At times I would feel like I had been skinned alive and dumped into a salty brine. This pain is so horrific it would engulf all of who I was, and who I could possibly be.” This is not the writing of a fragile or incompetent woman. These are the words of an enduring and powerful spirit. The wounds of trauma are profound, much more so than the wounds resulting from SIV. The effects of trauma can be healed to a great de-

gree, and the greatest hope for healing lies in having wise and compassionate people to walk the survivor's journey with him or her. Beliefs and judgments that dismiss or trivialize the survivor, that do not recognize his or her strengths, delay healing and can bring on deep despair.

One of my favorite quotations, by Walt Whitman, is “Re-examine all you have been told—dismiss what insults your soul.” How do I know what insults my soul? My body tells me, the answers lie in my bones where truth resonates. I know that treating people who live with SIV in a patronizing manner, es-

pecially the young, insults my soul. How about yours?

Let me not use any more space in this issue speaking my mind. I am eager for you to read the healing stories included in this issue as they are living examples of dignity and strength, not only in struggling to heal from SIV, but from deeply wounding experiences that bring on the need for SIV. It is my hope that their words inspire you with their gifts of openness, hope, and dignity. ©

Healing Stories

#3 My Use of Self-Inflicted Violence

Self-Inflicted Violence is not about wanting to end one's life. It is not about seeking attention or manipulating others. It is, in fact, a manifestation of the strongest instinct we human beings have: self-preservation.

In the last couple of years I have come to realize that I had been participating in SIV long before I realized it, or even knew what it was. As a young child of 3 years old, I would scratch my upper thighs until they bled. Even now I remember there was something soothing about feeling the sting as I scratched the layers of skin away. With fascination I watched droplets of blood form on my legs.

At the age of 12, I started drinking. This behavior had been modeled to me all my life. The more I drank the better I felt. I drank regularly and excessively from then on. With alcohol I was able to numb myself from the world, even if it was only temporarily.

In my teens I became involved with high-risk behaviors. Rock climbing without ropes or harnesses. Driving cars and motorcycles at extreme speeds, etc. It was during these activities that I got a rush. Once that rush hit I actually felt alive. I realize now that was the whole idea, to feel. During all those years I would make myself bleed, to feel better. People would ask me what happened. I soon learned to cover up with excuses like "the knife slipped," "I fell down," "I scratched a bug bite," etc. Seems that drinking myself into oblivion to stop the pain I was feeling was acceptable, but SIV

was not. I didn't understand why I used SIV and often felt much shame after. But it was worth it to feel better, even if it was only temporary.

Many, many, many years later I am now able to limit my use of SIV. This does not mean I still don't have moments in my life where the urge to cut seems overwhelming, I do. What is different now is that with good therapy and a wonderful support network I now understand that I used SIV as a way of dealing with overwhelming, unbelievable, invisible pain and confusion. This pain and confusion has its roots in the horrific abuse I suffered growing up. I find it amazing and often ask myself, "How, at the age of 3, could I possibly know that using SIV would help me and allow me to reconnect with myself and survive the horrific pain I was experiencing?"

This is what SIV is about, self-preservation. It is a coping mechanism to make life more tolerable. It helped me deal with an overwhelming, unbelievable pain. A pain that is so strong and so deep it felt like my very soul was being ripped out. At times I would feel like I had been skinned alive and dumped into a salty brine. This pain is so horrific it would engulf all of who I was, and who I could possibly be. Along with this pain comes much confusion, dissociation, and questioning of one's self-worth. I couldn't understand why I would want to do this to myself, even as I was doing it. I knew it made me feel better but didn't know why. I was sure there was something wrong with me, that I

must be crazy. This left me in a very lonely and scary place.

It was not until I was able to develop a strong enough relationship of trust with myself and my psychiatrist that I was able to talk about, admit to, and understand why I need SIV. It was in this safe, caring, supportive, and compassionate environment that I learned I had no need to feel shame for using SIV to survive. The more I worked on my trauma and learned to safely express my emotions, the less and less I needed to use SIV. Like I said, there are still times where I have this overwhelming urge to cut. Understanding that this was a coping mechanism I used in the past, and that I am safe in the present now, makes a big difference to me. When these urges do come I am able to make choices, and seek help from supportive friends and professionals alike. Sometimes the urges pass, sometimes I have to deal with and reprocess the traumatic event that caused pain in the first place. Either way, each time I come through one of these ordeals, I "feel" this wonderful, magical sense of awe. The world opens up to me in ways it never had before and I am able to make and "feel" better connections with friends and loved ones. I feel as if I am one step closer to home, one step closer to finding out who I really am—making this healing journey of mine well worth it.

—Suzanne V.

Healing Stories

#1 To SIV and Back Again

I started cutting myself when I was 13 years old. I am now 31. It has been about a year and a half since I last cut myself. Before that time it was almost four years since I cut myself. I still struggle with wanting to cut but I know better ways of dealing with it now.

I don't remember the first time I cut myself. One morning I awoke and went to take a shower to get ready for school. When I got undressed I saw there were about 30 cuts on my upper left arm. I panicked. I thought "Who did this to me? Why don't I remember it? When did it happen?" These were questions I could not answer, I was too afraid to tell anyone about it. And it kept happening. Taking my shirt off to change clothes or to bathe became terrifying. Would there be more cuts? There were days and nights when I would cut myself to deal with finding cuts I did not remember making.

During this time I started to notice that I could not remember certain times, sometimes even days. I would "wake up" sitting in class when a moment before I was sitting in my bedroom drawing. Handwriting I did not recognize covered my homework and notebooks. My world was beginning to spin out of control so I sought help from a counselor at my high school. After a few visits he thought I needed more help that he could give me and recommended to my parents that I be hospitalized before I did serious harm to myself.

I spent my 17th birthday in the local psychiatric unit waiting to be transferred to the nearby state hospital. A very kind, keen, and wise social worker there suspected I had what was known then as Multiple Personality Disorder. It is now known as Dissociative

Identity Disorder (DID). He called in a psychiatrist who specialized in that diagnosis for a consultation. That doctor suggested we try hypnotherapy to help figure out what was going on with me. To my absolute shock, alter personalities started popping out like birds in a cuckoo clock. Finally, I had an answer for "who" was cutting me and where all my "lost time" had gone.

I spent 8 months in the state hospital attempting to finish my 11th grade year. The hospital was set up for special education students, not advanced placement students like myself. It became clear to me that this year would be a wash for me educationally. I was discharged to my parents' home where I attempted to finish high school. The stress was too much and I had to drop out. I did eventually get my GED in 1994.

I was still cutting myself on an almost daily basis but got better at hiding it. Cutting provided relief for the unendurable pain I was going through. It helped to keep me from dissociating and it also helped me to dissociate when things were too much. The physical pain became a touchstone for my very existence. If I could feel, then I was real. But also if I could cut and NOT feel it I did not have to feel all the other bad feelings.

I also got lucky with the therapist assigned to me for outpatient treatment. He was the kindest, gentlest man I have ever met. He literally saved my life. I do not know how many times. He helped me start to deal with the roots of the DID and why I cut myself.

DID and self-harming behavior do not occur in a vacuum. There is ALWAYS a mitigating factor and that

Healing Stories

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factor is almost ALWAYS trauma or abuse. In my case it was sexual abuse by my half-brother when I was 8 and he was 14. This abuse went on for about 3 years on a very regular basis. Our parents did not know about it until almost 2 years after it stopped. They took me to counseling but the counselor insisted I was fine and did not need to be seen for further help. Little did they know that one of my alter personalities went to those appointments and seemed fine because none of the abuse happened to “her.” My half-brother has never admitted to it and has never apologized. He lives in Atlanta so I see him infrequently. Our relationship is improving. The distance between us is helping. Some day I hope to muster the courage to confront him.

When I was 14 we moved to upstate New York and I got involved with some rather unsavory people. I was dating a boy who unbeknownst to me was involved in a satanic, sex, and drug cult. He somehow recognized my ability to dissociate and raped me countless times, allowed his friends to rape me countless times and made me do all sorts of things too graphic to write about here. In certain rituals in this cult they would also cut or burn me. I believe this only reinforced my own cutting.

Both of my parents were emotionally and physically abusive throughout my life. Their marriage should have been over long ago but they stayed together “for the kids.” It would have been more in our best interest for them to split up. We joked about getting them a divorce for Christmas every year. As soon as I turned 18 and could get Social Security benefits I moved out to my own apartment.

Between the ages of 18 and 26 I was in and out of the hospital like a revolving door. It was my home away from home. My therapist was not one to commit me every time I cut. He never asked me to sign a contract for safety with the stipulation that if I did harm myself he would terminate my therapy. I always felt comfortable telling him about the cutting. He would often check to see if I needed stitches and would go to the hospital with me if I did need medical attention. We had a rather unusual therapeutic relationship. He saw that I needed more help than regular therapy could give me and was willing to go the extra mile. He was always a radical in that respect and he probably saved more lives this way than any one of us will ever know.

This approach gave me a safe place to deal with the trauma and abuse I suffered. We both wished my cutting would stop but we also both understood that it would when I had enough tools under my belt to deal with the abuse, shame, guilt, self-hatred, fear, anger, sadness, suicidal thoughts, depression, anxiety, insomnia, flashbacks, and alter personalities.

Sounds like a lot? Well, it is, and then some. And it has taken me more that 15 years to do. But my journey is not over. I have integrated many of my over 30 alter personalities. I still struggle with wanting to cut myself. It never really goes away. Often I feel the need to cut before I understand the feeling(s) behind it. But now I know it is just a symptom of feeling sad or angry or hopeless. I do not have to do it. I have other choices. My mantra is “Pick up the phone before you pick up a razor.” And I do that and it helps. Or I write or make art or cry. I have to keep my hands busy so my kitchen floor is sometimes the cleanest in the world!

I can't say that I decided one day to stop cutting myself. The need for it gradually lessened as I learned to deal with my feelings, to accept what happened to me, and to try to move on and be stronger for it. I definitely have setbacks. I work on them in therapy and on my own. I know that if I let myself start cutting again it will be harder to stop. So I tell myself that I will not let that happen even though I do not care sometimes.

I have the luck of being engaged to my best friend and biggest supporter. I never expected to live long enough to get married. I have the best job I could have ever asked for. I run an art gallery for people who have a mental health diagnosis. It thrills me to be able to give back to the community that got me through a very tough time and to have the chance to make someone else's journey better.

I am getting married in June. Try finding a nice wedding dress with sleeves these days that is not covered in lace! I'm having sleeves sewn onto a sleeveless dress to hide scars I would rather not see in our wedding photos. Sometimes I really wish I did not have these scars. Buying shirts is almost impossible now for summer because everything is sleeveless. The questions I sometimes get from total strangers about my scars keep me from feeling comfortable about wearing sleeveless shirts. Someday I will stop caring about what others think and say!

—Vickie et al.

#2 Healing from Past Trauma

I am a 40 year-old woman recovering from SIV. Since coming here (to prison) with a life sentence in 1997 I've grown beyond the need to self-injure, though the impulse still arises in highly stressful or painful circumstances. The healing I've found was self-motivated, not due to being treated for the disorder while property of the Department of Corrections. Their method of dealing with inmates who self-harm is not much different than some outside ones. Inmates who hurt themselves are punished for it by being stripped and confined for up to 3 weeks in a small bare cell. Of course this is done under the guise of protecting that inmate from themselves. As far as actual counseling, the mental health staff are understaffed and are responsible for so many inmates on each of their caseloads that appointments are only monthly and often cut short after 15–30 minutes. Furthermore, the turnover rate for those counselors is high, therefore once any form of communication lines are opened between an inmate and counselor, that counselor generally moves on and is replaced by another, leaving the inmate to start all over again with a complete stranger. It's a vicious cycle with no solution other than the ones we find ourselves.

I found strength by forming my own support group consisting of people who were doing positive things for themselves. Some of those had self-harmed in the past and found other ways to deal with life. As I grew I began reaching out to people who were actively harming themselves, passing on what I had learned. I also took steps to begin healing from my past trauma, sexual abuse issues. I believe my healing there, the self-forgiveness I found, were the biggest achievements in no longer having the need to harm myself.

—Darlene Dixon