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# the Cutting Edge

A Newsletter for People Living with Self-Inflicted Violence

## Self-Inflicted Violence: What's in a Name?

Welcome to this, the 66<sup>th</sup> issue of *The Cutting Edge*. May you find this newsletter useful. Much of the prose and poetry in this issue continues on the topic of the previous issue, the many different types of Self-Inflicted Violence (SIV). As always, I am eager to hear your opinions and comments, and to share your stories, poetry, and artwork.

I am in the process of completing two papers on the topic of SIV, one specific to people who are in the criminal justice system, and the other on youth who live with SIV. When these are finished I will let you know how to access them, and hope they might be useful to you. I will also be writing two shorter pieces on these topics, so please continue to send me your ideas, thoughts and hopes about how you want others to understand those who live with SIV. I will also be focused on adding to the website, [healingselfinjury.org](http://healingselfinjury.org), in the future and would be grateful to those of you who are willing to send suggestions and recommendations for what you'd like to find there. Thank you!

—Ruta Mazelis, Editor

My thoughts for this editorial come from paying attention to the wording of requests that I recently received for presentations. I was intrigued by their language. It is not uncommon to be asked “Can you come do a presentation about cutters?” and “Do you do trainings on managing borderlines?” I’ve become more aware of how often slang terms are used to discuss people who live with Self-Inflicted Violence (SIV). The words “cutter,” “self-injurer,” “borderline,” and “self-mutilator” seem to be the most common labels I hear. I realized that it is important to consider the meanings of these words most commonly used to describe people who live with SIV, and to consider the impact of their usage. I also gave more thought to several opinions that I’d received from some young readers of the newsletter. They didn’t care for the word “violence” in the term “SIV,” strongly stating that what we do to our bodies is often misperceived, that the behaviors of SIV are helpful and not harmful, and that the use of the word “violence” can misrepresent what we do. So I’ve been reflecting about the thoughts that led me to the creation of the phrase “SIV” and how I hoped it would be understood.

*The Cutting Edge* was first published early in 1990, and I struggled with language in writing the first issue. I’d spent a few years looking for people like

myself, people who had lived with the need to cut or burn or bruise themselves (or other forms of SIV, some of which are described in the prose and poetry of this, and the previous, issue). As I came to know more people, and to listen to their stories and opinions, I realized that the things we did to our bodies—to cope with times of intense emotions, dissociation, disconnection—had very little to do with the language that typically described them. We all universally agreed that being referred to as “self-mutilators,” the most common label used to describe us, was demeaning and inaccurate. So I began my search for other terms used to describe us, didn’t find anything that felt accurate or respectful, and eventually realized that I wanted to create one myself. This editorial is a description of that process and I am eager to hear your opinions and suggestions on this topic of language.

Of the terms most frequently used to describe SIV, the most commonly used label is “self-mutilation.” This word has its origins in psychiatric literature. Self-mutilation is listed as one of the symptoms that characterize “Borderline Personality Disorder,” the most frequent psychiatric label given to people who live with SIV (the shortcut way of referring to someone with that diagnosis is to call the person “a borderline”). The word “self-mutilation” implies that the

goal of the actions is actual disfigurement of the body, and that damage needs to result. This descriptor therefore does not include people whose forms of SIV do not result in scarring, such as people who punch themselves. It also suggests that those who live with SIV are masochistic, but that concept is oppositional to the purpose that SIV truly serves, which is as an action of self-help.

There can be no discussion of this “highlight” symptom of Borderline Personality Disorder (BPD), self-mutilation, without mentioning the destructive consequences of the label of “borderline.” This diagnosis has become mental health code for “this patient is a manipulative, self-mutilating, attention-seeking and extremely frustrating woman—protect yourself and try to get rid of her.” I recall one psychiatrist actually writing the word “exasperating” to describe “borderlines.” This sort of unprofessional, brutal judgment was not confronted by her peers. The exception to this image of a typical “borderline” is an increasing amount of men who are receiving this label,

due largely to their living with SIV. Although technically this diagnosis cannot be given to persons under the age of 18, it is becoming more common to find adolescent girls and boys who’ve been labeled with it because of their SIV. As BPD is the only diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (commonly referred to as the “DSM,” the book mental health professionals use to give diagnoses and bill for treatment), which includes “self-mutilation” as part of the diagnostic criteria, it is not surprising that most people who live with SIV and come in contact with the mental health system receive this label. Not surprisingly, people labeled as “borderline” typically experience patronizing, demeaning, or even abusive and coercive reactions from the professionals who are expected to be helpful to them. Fortunately, and thanks to the efforts of consumers and some insightful clinicians who are aware of the typical reactions to this label, there is now an increasing movement to eliminate this diagnosis. It is not possible to salvage this diagnosis, regardless of how accurate a clinician might perceive it to

be. The diagnosis of BPD has become the dumping ground for clients that clinicians are fearful of or frustrated by and, ultimately, it is the persons who are labeled BPD who are blamed for the reactions that professionals have to them. A powerful action a compassionate and aware clinician can take is to remove the diagnosis of BPD from the client to lessen the impact of extreme prejudice that this term brings.

Other psychiatric terms used to describe SIV include “parasuicidality,” “delicate skin cutting,” and “deliberate self harm.” The first, parasuicidality, suggests that the actions of SIV are minimalistic, sometimes pathetic, suicide attempts. This further confuses SIV with suicide. The danger of this is that the reactions of professionals to people they perceive as suicidal often include coercion, such as forcible medication or hospitalization or other traumatizing reactions. Many people remain unaware that SIV is distinct from suicide, although it is not unusual that people who are in enough distress to need SIV sometimes live with thoughts of suicide as

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## Resource Review

“The Cruellest Cut.” *Time Magazine Online*. May 9, 2005.

A colleague sent me this article quite a while ago and I just recently got around to reading it. It is one of many pieces about SIV that has come about as a result of the media’s current interest in young women who cut themselves. It is an interesting piece to review now as it touches on many of the points discussed in this issue’s editorial.

This article starts out rather typically, describing the cutting a young woman used to do, then stating that she no longer cuts, except for once in the past year and a half. It points out that “she didn’t enjoy it a bit” regarding the most recent cutting. I think that says a lot about this piece already—when the writer gives the impression that this woman had previously cut herself for enjoyment we’ve got a long way to go.

This piece touches on various perspectives about young women who cut, yet nothing really gets pieced together in any sort of rich or whole context. The reasons given for cutting are to manage emotional pain or to feel something when overwhelmed with numbness. The author writes: “Some kids suffering from such problems as anxi-

ety, depression or borderline personality disorder—a condition characterized by explosiveness and unstable relationships—find their pain so overwhelming that they simply shut off their emotional spigot.” Quite a few things concern me about this one sentence: the illusion that anxiety and depression arise from nowhere (despite what pharmaceutical companies have stated for years, there is *no* proof of the biological origins of *any* “mental illness;” research does support the existence of underlying traumatic events) and, most importantly, the mention of borderline personality disorder as a viable diagnosis for adolescents. The impression is clear that some form of mental illness might underlie cutting, while there is little questioning or pursuit of the historical source of the pain for those who cut.

The mental health professionals interviewed for this piece mention some interventions for young women who cut. All the treatments focus solely on the “cutter” as if the SIV is the only problem on the table, with no emphasis on the person’s history or relationships. One example of an emphasis on replacement behaviors is that of a father describing how his daughter has learned to “clean her closet” rather than cut. Another statement that be-

gins hopefully mentions a program that encourages family members to set aside their judgments of the child who is self-injuring (yet at the same time “encouraging” them to change). The elimination of judgment is a good start to healing, however so much more can be done by focusing on the family system and history. To me this speaks of the avoidance of looking for trauma in clients as well as their families. Interestingly, trauma is only mentioned once in the whole article. The writer states that “While such traumas as sexual abuse don’t always precede cutting, they often do appear to be risk factors.” That’s it. No more mention of the need to consider that the pain and numbness mentioned as reasons for cutting are a means of coping with traumatic events. We know that, in the United States, one out of three girls will experience some form of sexual abuse by the time she reaches 18. Just this figure alone, much less consideration of others forms of abuse as well as even wider experiences of trauma, should have been highlighted. Young women cut for a reason—they are coping with intense repercussions of trauma. Whether the trauma is blatant or subtle, it is there, waiting to be healed. We can do much more than rejoice that they clean their closets. ©

didn’t understand why. She tried to assist me and gently took my hand and helped me make a punching motion. I felt so frightened, immediately, and reacted by punching myself in the face instead. This surprised us both, but we didn’t discuss it very much. At least she didn’t seem frightened of me, which would have felt even more shameful than being “caught” at SIV. My fear of anger led me to punch myself rather than assert myself in any fashion with others. Learning to have boundaries and how to protect them has been a long process, and I have

turned to SIV when I have felt overwhelmed. It has felt mind-saving in those moments, and I’m grateful for it regardless of how strange it must seem to others.

Because this therapist didn’t “freak” and wasn’t punitive that day, I was later able to bring other forms of SIV out of hiding. I was fortunate because she didn’t overreact then either. Whatever form the self-injury took, it had its reasons, and the most anyone helped was to accept that as real and not freak out about it. D.K.



beat the body  
 beat the body  
 beat the body  
 she's blind  
 a pinball through space  
 stupid fool. doesn't know  
 know what's real  
 what's right  
 what's true  
 ignorant slut  
 who are you?  
 you do not belong here  
 bring the body  
 the mind will *not* follow.  
 shattered into a million  
 pieces, it can not be harmed.  
 torture it.  
 maim it.  
 abuse it.  
 try to penetrate its invulnerability  
 you can't.  
 no one can  
 gone are the days of  
 meaningless help.

spread the legs  
 press the button  
 leave the body  
 anxiety, fear, terror  
 out-of-control  
 does it ever stop  
 i want to cut, burn, destroy,  
 myself  
 blood- blood- blood  
 running down my legs  
 black, thick, ugly  
 burning my flesh as it drips  
 hot, smoking, sulfur smell  
 leaving me marked  
 burn it out, burn it out, burn it  
 carve off the face  
 it doesn't belong  
 not to this body  
 ugly, ugly, ugly  
 contaminated with his juice  
 the stain won't ever come out  
 not ever  
 you're merely a trinket in  
 waiting  
 waiting to be played with  
 hung from a noose  
 waiting to be dead.

Gwendyn

The first time I recall intentionally hurting myself, I was 12 years old and I cut. I'm not sure why I turned to cutting to try to help myself, but it seemed to greatly ease a tremendous sense of internal stress and fear. I remember feeling scared of what I had done and yet relieved to discover something that seemed to help me.

I kept the SIV hidden the vast majority of the time. The first time anyone witnessed my self-

injury was in a therapist's office. I was in my early 20s and working with a therapist about the experience of grief after a friend's death. She was encouraging me to express anger as well as sorrow. It seemed to make sense to be angry about my friend's death after a courageous struggle with cancer, yet I found myself unable to feel or express any anger. The therapist tried to help me facilitate anger by asking me to punch lightly at a pillow she held in front of her. I felt unable to do this, but

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well. What is crucial to know is that SIV often brings a person profound relief from extreme discomfort and therefore can serve as a tool to prevent suicide. While SIV is not a permanent solution for intense pain and disconnection, it is useful in the moment. It is, therefore, an option that can make the difference for someone who is considering death as a solution to pain, helplessness, hopelessness, or despair. To remove SIV as a potential coping mechanism is to actually increase the chances that someone will consider death as an option.

"Delicate skin cutting" was a term found in the psychiatric literature with the beginning of awareness of self-cutting by adolescent girls. It disregards many other forms of self-injury and is therefore too narrow of a term to be effective. What was useful about this term, however, was the absence of implied intention about the behavior. The creator of this terminology didn't suggest, in this phrase, why delicate skin cutting existed, just that it did.

"Deliberate self harm" is a label created by a psychiatrist who attempted to create a new diagnostic descriptor "Deliberate Self Harm Syndrome," and get it included in the ever-present DSM. This phrase, like "self-injury," is too broad and implies that the primary

intention of the behavior is to harm the body. Fortunately this idea of a new "syndrome," which would have led to a new diagnostic code, did not succeed, as it would have added yet another diagnosis that labeled a person based on only one component of their lives. It would have provided clinicians with an easy code with which to label people living with SIV, and therefore they could have avoided addressing the underlying trauma in the lives of people with SIV, as well as the purposes that SIV serves.

Typically, the media refer to SIV as "self-injury," which is a more appropriate perception, although, as with "self-mutilation," the word implies that injury needs to occur, and that the purpose of the behavior is to injure. The word "self-injury" is also very broad and therefore includes not only the behaviors of SIV but others as well, such as substance abuse, workaholism, and overeating. While all of these, and more, could be described as self-injurious, SIV has needed a place of its own, mostly because of how misunderstood and inappropriately reacted to it is.

So this leaves me to tell the story of why I use the words "Self-Inflicted Violence." While I don't think they are perfectly accurate, I do believe that

they are more useful than the others. The words "SIV" are meant to be descriptive, without suggesting any particular meaning. They do describe acts of violence, such as cutting, punching, burning, scalding, and others. They do not attempt to imply the reason for these acts, especially avoiding the suggestion that the goal of SIV is mutilation, injury, or death. While many of us abhor violence, we also can understand that, in an imperfect world, violence is sometimes necessary. We understand that sometimes people use violent means as acts of self-defense. That's how I describe SIV, as an act of self-defense, rather than self-aggression. SIV defends us from overwhelming emotions and experiences that seem intolerable. It buys us time while we learn to understand the roots of our struggles, build relationships with ourselves and others, and discover how to allow our most difficult emotions to flow. Perhaps the most important part of discussing this topic, however, is in making sure to say that it is *people* who live with SIV. We are not SIV. SIV is only a part of our lives.

What is the impact of labeling? What does this shortcut do to our humanity? I believe it does more than we realize. When people become "cutters" or "burners" or "borderlines" then we think we know them as a result of the

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Marks on my hands, arms, face, and legs  
from myself and others.

Self-Inflicted Violence is an external expression  
of internal pain.

Piercings and tattoos done at the hands of others.  
Controlled pain.

I choose these marks and wonder how I will see  
them years from now.

All of these marks are a part of me.  
They remind me of who I am.  
What I have survived and that I will move on.

Judy

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label. We actually know very little about them. We know that they sometimes cut themselves, or burn themselves, or that they have been around mental health professionals enough to be labeled with BPD. But what else do we know? If we ourselves live with SIV we might feel a sense of kinship with others who live with SIV, just by knowing that SIV is part of their lives. But what really builds the connection with others, for me, is in the sharing of what SIV means to us, how it helps, how it hurts, where the pain and numbness come from, how to soothe them.

In prison you are known as a number; in psychiatric hospitals you are often referred to as a diagnosis. This process of objectification and dehumanization mimics that which occurs with bigotry and experiences of abuse, especially sexual abuse. Think of the labels, the slang terms, that you've heard that objectify different types of people. Does this serve those people, or you? Of course not, people are not objects to be categorized. When people are objectified they almost always end up dehumanized. The use of labels conveniently allows us to classify whole

groups of people, usually in ways that disregard them as individuals and diminish their humanity. That's what I realized when I found myself reacting to the words I was reading, the ones I mentioned at the beginning of this editorial. Though the discomfort I felt about the language was subtle, it was there. So, do I do presentations about cutters? I do presentations about the reasons people need SIV and how they heal. Do I do trainings on managing borderlines? I do trainings on the impact of the diagnosis of BPD, and this includes how people with SIV live and heal as well.

I am not a label. You are not a label.

How do you choose to describe yourself? As for me, I'm Ruta. I was named after a small plant from the country, Lithuania, where my parents were born. I've had an incredible life thus far, full of intense joys and almost insurvivable pains and losses.

I've lived through many ugly abuses, and the horrors I survived left me partly disabled. I've not been able to work as a therapist for many years,

but I cherish the work I do have—editing this newsletter and teaching and consulting on issues of trauma and healing. I've survived the psychiatric system, the misunderstanding and labeling, hospitals and seclusion rooms. I've found many ways to survive and heal, including dear friends, sports, nature, music and authors, food, cigarettes, and, of course, SIV. I no longer need to comfort myself with food, smoking, or SIV, and I'm glad for that, but I'm also glad that I had those things that got me through the hardest times. I delight in my cabin home in the hills of eastern Ohio. Although I lost the love of my life quite tragically, it led me to discover how much I like to live alone. Well, not really alone as there are three dogs (Buddy, SweetPea, and Murphy) and three cats (Smudge, Punkin, TaterTot) that live with me. They are all survivors and strays like myself, so we get along amazingly well.

Oh, and I've been called a cutter and a burner and a borderline.

Who are you? ©

### Why We Hurt: Multiples and Self-Inflicted Injury

Our kids were born in torture, so naturally they return to pain to get a grip on things they don't understand. Imagine being created by pain so excruciatingly intense that one person couldn't take it. When consciousness returned to the body, as pain relinquished its hold, another being was there who continued to live pieces of pain and torture, switching in and out with others as they each reached their threshold. These kids didn't know love and caring. The only thing consistent in their small lives was pain, abandonment, torture, and lies.

Imagine, suddenly, 30 years later, you wake up. The pain is no longer there so you search for something familiar. Your eyes rest on a knife. Naturally you want to inflict the pain yourself to alleviate the stress of entering a new environ-

ment where caring, instead of torture, is the norm. Cognitive dissonance, I think it's called, is too great and until you can feel the pain of being systematically tortured, raped, and abused, the knife will look real good. Of course it's often reinforced with programming to use the knife or other sharp objects instead of feeling the feelings.

When the feelings do come out, they are intense. The struggle to cry, scream, or sob instead of cut, scratch, bite, or hit is desperately fought by each child who awakens in the adult body. Their fear of showing feelings was etched deeply into their minds because, in their reality, showing feeling was dangerous at best, deadly at worst.

The Treehouse People

As a survivor of ritual abuse/incest who has been in therapy for nearly eight years now, it is so easy to become embittered by the words and actions of those who do not understand the extent of our pain, or the choices of our coping mechanisms. And as a multiple that began coping with evil practically from the moment of birth, I have certainly tried every means possible—cutting, burning, beating, throwing myself down stairs, overdosing in multiple suicide attempts, pouring chemicals on my body, and even the more subtle things like overeating—I have endured the labels and judgments of various “professionals” that have only added to my pain. I was even committed to the state hospital by my former therapist because I could not control my urge to bleed, etc. I was sexually assaulted during my sleep in the state hospital by another inmate (of the same gender), and because of the zombied state they had put me in with their “anti-psychotic” drugs, they didn't even bother to put it in their records. Since in their belief I was crazy already, they knew no one would believe me if I tried to pursue the charges further. Yes, the state hospital was the answer to my SIV and problems. It gave me even more reason to want to die. But I survived the humiliation of being on constant “suicide watch,” which basically meant that someone was watching me, even when I went to the bathroom, and eventually feeling they could do me “no more good,” I was released.

After bouncing around between various therapists that did not understand the extent of my problems (I hadn't been diagnosed for the multiplicity at the time), I finally ended up back on a psychiatric ward in a local hospital. And although the hospital experience wasn't a pleasant one, the psychiatrist assigned to me linked me up with a therapist that was experienced with ritual abuse. I've been working with him now for over three years, and it has been a very painful journey, but I'm finally headed in the right direction where my healing is concerned. Learning to trust someone has been hard, but my therapist has proven to be devoted to my recovery through thick and thin. Although he certainly doesn't want me to make a life of using SIV to cope, he has never criticized me or attacked my motives. He has known that change is a long process, and he has respected me for surviving in the best way I could. . . . I just want others to know that there is hope. There *are* people who care. You must keep looking.

M.M.