The Cutting Edge
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A Newsletter for People Living with Self-Inflicted Violence

My heartfelt thoughts and prayers go out to our subscribers who have been devastated by the recent hurricanes. There is not much more to be said, except that I hope you can feel our compassion and support and know that you are not alone.

This issue is dedicated to the memory of my father, who died on July 10th. Our relationship was a miraculous journey in which we built a loving relationship these past three years after a lifetime of struggle. I have never known anyone to be so happy the last few days of his life—may we all be so fortunate. My father and I both learned to remind ourselves and each other that there is always a place for hope, that "it never *always* gets worse," and that miracles happen if you work very hard for them. I offer that to you, dear readers, as well.

—Ruta Mazelis, Editor

SIV: How Do We Make It Stop? vs. How Do We Live with It?

The focus of this editorial is on several perspectives regarding stopping self-inflicted violence (SIV). Beyond a universal desire to live in a world where self-injury does not need to exist, there are diverse ways to consider this topic. Several pages are hardly enough to hold such a discussion, but they are a beginning.

While this newsletter is published primarily for people living with SIV, most of the workshops I am asked to do are for mental health professionals, substance abuse professionals, or those working with adolescents in various systems of care, including school systems. The question that is almost always asked first is "How do we make them stop?" The fear and frustration of working or caring about someone who turns to a razor, match, or their own fist to use upon their body is difficult to contend with and of course people want to know how to make SIV go away. Yet the focus of people who live with SIV and contact this newsletter is rarely on the immediate stopping of the self-injury that they are living with. People living with SIV most often say "I want a place where I feel understood, where I am not alone with this." Oftentimes these two views come into conflict, and it is important to understand why. When we can build bridges between these two positions then we have begun to walk the path of understanding.

There are certain things done to people that guarantee that they will stop self-injuring. Frequent psychiatric interventions that stop SIV are seclusion rooms, which are basically cages designed for humans that prevent access to any methods to use to self-injure. Sometimes, in addition to being caged, people are tied down to beds with an assortment of cloth ("soft") or leather ("hard") restraints. When medications are used, often against the will of the patient, at times they are so potent or of such a high dosage that a person loses motivation for SIV. This loss of motivation, however, applies to most every other thought and action as well. A heavily drugged psychiatric patient tends to be a quiet one, yet with a highly lessened quality of life.

These are the most extreme, yet typical, ways that psychiatry uses to address self-injury (the treatment is meant to address the behavior and not the person; when stopping a behavior is the priority, then no means utilized are out of the realm of possibility). Anyone with a conscience and a heart can recognize that such measures are ultimately not useful, they are hurtful. While they may stop self-injury in the moment, no one I've ever heard from has proclaimed them to have a long-term useful effect. People who have been locked in a padded room, tied to a bed, or drugged into a stupor universally acknowledge that those experiences are traumatic by their very nature. Yet they do stop SIV for the time being, so their utilization is defended.

There are other, less blatantly coercive, interventions applied to those who live with SIV, including written contracts, cognitive behavioral groups, and desensiti-

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the band plays on

I bleed

hung out to dry

for my sins

for my lies

you walk tall

I remain silent

if they only knew

if I only were defiant

I let out the poison

by cutting deep within

If you only knew

of my mortal sin

the band plays on

the scars tell of pain

blood is my friend

the song

remains the same

Michael A. Pedulla

zation strategies. While potentially helpful, these are all based on control in a less obvious way. Many types of medications are prescribed to those who live with SIV, and these vary according to the beliefs and frustration of the prescriber. As one clinician succinctly put it "people who cut can end up with a cocktail of meds, from almost any category of psychiatric medications with the exception of the minor tranquilizers, the stuff you can sell on the street." Some people may find various forms of medication useful as a temporary tool to manage their internal struggles and are willing to risk the side effects and potential withdrawal of using the drugs.

What is absent in all of these measures is an open exploration of the needs SIV serves. When the underlying focus is on stopping a behavior that is believed to be only pathological, one's perspective is very limited. While some in psychiatry are beginning to change their mindset it is important to acknowledge that these interventions are not considered unethical. Physicians have few other options than what they have been taught, and knowledge about people living with SIV and how they heal is very slow in getting to that particular community. We are living in a time of medicalization of human struggles and the mentality that there are simple solutions, usually pharmaceutical, to complex problems. There are many, many people living with SIV. While the topic is publicly addressed as being an epidemic of youth, there are many adult men and women, people of all races and cultures, all economic levels, professionals and institutionalized people living with SIV in our society. One estimate (though I question how it was ascertained) is that 1 in every 100 people lives with SIV. Caging and drugging them serves no one. Learning from them serves us all.

Before we can truly change something we need to understand it. The words "self-inflicted violence" are descriptive, they do not imply knowledge of the motivation of the person who is cutting herself or punching himself or using whatever other forms of violence that he or she finds necessary. The clinical term "self-mutilation," the most commonly used clinical descriptor, is inaccurate. Most people living with SIV do not have mutilation as a goal. Relief, from whatever profound discomfort is aching in the soul, is the most common purpose of SIV. SIV is a tool, not a symptom. It is not a separate pathology, a simple illness or addiction. Sometimes SIV keeps people alive when the pain of life feels so overwhelming that they desire to die. SIV is the external symbol and means of managing trauma, trauma that at its roots is relational in nature. SIV can be a form of expression when language with words is not available. There are many reasons people cut themselves, punch themselves, turn to whatever forms of self-injury have meaning for them. With all these different struggles that SIV addresses, simply focusing on making it "go away" is a disservice and, at times, demeaning. People can live with SIV. There is no need to force them to change, and force is not a healing influence.

With all this said, what are the general pathways taken by people who have healed from needing SIV? Drawing on the experiences of people I've communicated with over the past 15 years I can share the common threads found in their journeys. Here is what I have been taught:

1) We cannot stop what we cannot understand. To begin healing from SIV we must first learn about how it serves us (or those we care about). What are the motivations, beliefs, and needs regarding the self-injury in our lives? Each of these must be explored to gain information about ourselves and each other. For those not living with SIV it might be very useful to consider the ways that they live with self-injury in its other forms (such as excessive dieting or work, substance abuse, emotional repression, hyper-religiosity, sleep deprivation and all the other myriad ways we live with self-harm).

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women whose words have given me validation, knowledge, and power in my struggles to come to terms with the mental health profession. The works of many of my personal heroes are found here.

A psychiatrist at a major teaching hospital was recently shown this book and commented that it chronicles events of the distant past, not the present, and not at her institution. I can only guess that her denial was worth more to her than her integrity, as people are still committed to her facility, shock treatments are not only done there, but promoted as not harmful (and "maintenance" shock therapy is done monthly), and drugs are the norm of treatment rather than therapy. It remains a place much more likely to violate rather than heal. Perhaps we cannot expect it to change, but we can acknowledge what goes on there. That is what the women of **Beyond Bedlam** have done, and much more. Please read their words.

IF YOU FIND THIS NEWSLETTER USEFUL
PLEASE MENTION IT IN
CHAT ROOMS THAT YOU VISIT!

Do I take a chance

tonight? Scratches could land me

back on the ward, sedated, and watched.

The intensity is growing. Do I

want to? These feelings will only

increase as the night moves on.

Decisions. Do I risk my freedom

trying to manage the moments?

I know it will work but

Tonight I pick freedom. Am I

doing the right thing? I do know

deep down this is the

first step to recovery.

Tina Bertram

The Last Cut

The last cut was years ago.

So long ago I don't remember when

that last razor drew its blood from

my wrist. It was always the wrist.

That was where the pain was at.

The razor drew the blood and

made me feel the pain. The pain

made me feel real. I needed to

feel real.

Now I look at my wrist and I

see the scars and now I feel

the pain of the past.

D.E. Call

Resource Review

"The Body Speaks, the Body Weeps: Eating Disorders, Self-Mutilation and Body Modifications." Sharon Farber *(The Renfrew Perspective* 4, no. 2 [Fall 1998]: 8-9).

I wasn't sure how I would feel about this article as I had given a lukewarm review to Dr. Farber's previous essay, *Self-Medication, Traumatic Reenactment, and Somatic Expression in Bulimic and Self-Mutilating Behavior.* I'm happy to say that I can praise this current work.

Sharon Farber clearly identifies various forms of trauma that oftentimes occur in the histories of those who live with SIV. She acknowledges the power that past experiences continue to have in the present lives of those who have suppressed them. For example, she writes "When the body weeps tears of blood, we need to wonder what terrible sorrows cannot be spoken." She addresses several needs SIV meets, including communication and self-regulation.

One of the greatest differences between this and other articles on the subject of SIV is that the author uses a case example to illustrate the process of *healing* for her client rather than the process of stopping self-injury. Sharon Farber acknowledges not only the traumatic roots of SIV, but also describes a process of growth and change for her client, a process that depicts empowerment rather than control of symptoms. The resultant change is much more than the client learning to manage symptoms. Rather, she describes the process of the therapeutic relationship producing profound life changes. Obviously this type of healing process takes considerable time and involvement for the therapist as well as the client. It is my hope that people living with SIV find therapists such as Sharon Farber to facilitate their healing.

"Pharmaceutical Industry Agenda Setting in Mental Health Policies," by Richard Gosden and Sharon Beder *(Ethical Human Sciences and Services: An International Journal of Critical Inquiry* 3, no. 3 [Fall/Winter 2001]: 147–59).

This article powerfully and effectively describes the multifaceted ways pharmaceutical companies manipulate to determine public health policies that ultimately provide for their financial gain. The authors inform the reader of the multitude of ways that this is done, including the use of front groups as advocates, public relations campaigns, and funding of research. An in-depth discussion of these processes is given by focusing on the recent pharmaceutical industry campaign to set the agenda for policy regarding schizophrenia. This fascinating and enraging exposé describes how the drug manufacturer used multiple methods to promote its drug, including the development of an anti-stigma campaign that promoted the elimination of discrimination by focusing on the need of schizophrenic persons to be medicated while underhandedly promoting the belief that unmedicated persons with schizophrenia are prone to violence. As many people have to be coerced to keep taking antipsychotic drugs, the campaign also advocated forced treatment on many fronts, bringing in the new phrase of "assisted treatment" to downplay the coercive nature. Of infuriating interest was the fact that as patents for the old drugs were expiring, the new drugs were being promoted as solutions, and it is only then that the harm caused by the old drugs started appearing in the psychiatric literature. The authors state:

> The use of sophisticated public relations techniques for setting political agendas has become a standard practice in most advanced democracies. The consequences are slowly becoming apparent. The system of representative democracy is being reshaped into a new kind of "managed corporatocracy" in which public opinion and government policy are custom-made products that can be shaped, packaged and sold by skilled public relations experts.

I think this article is necessary reading for anyone who still believes that medical research and treatment are based on attitudes of concern for patients or scientific inquiry. Certainly we must be critical and not believe all that we are told by the pharmaceutical industry, whether via television commercials or professional literature. If you are in doubt, please read this piece.

Beyond Bedlam: Contemporary Women Psychiatric Survivors Speak Out, edited by Jeanine Grobe. Copyright 1995. Published by Third Side Press, Inc., Chicago, IL. 252 pages. $15.95 paperback.

Any woman contemplating turning to psychiatry for help with her problems, especially SIV, would be better served with a copy of this book than an appointment. This painfully honest anthology of the experiences of women at the hands of psychiatry describes brutal and dehumanizing "treatment" in the name of medical help. The voices of the women who contributed to this book are filled with the pain and anger of abuse from the psychiatric system. Their voices are strong as they now expose the horrors and share their strengths and stories of survival and healing in spite of the harm they experienced.

This book is divided into three sections: 1) When the world can't face it, we get locked up; 2) It doesn't have to be forever; and 3) Standing our ground: the political context of "madness." Each contains works by

2) We must determine what we want to do about the SIV we live with. We may want to direct a significant amount of energy toward stopping SIV, or we may decide that doing so is not a priority or a desire. It is wise to get a sense of the importance that SIV has in the context of the rest of our lives. It is crucial that each person decide his or her own priorities, that the individual's life be self-directed rather than dictated by family or mental health professionals. Struggles for control are not useful.

3) Having explored what it is that leads us to SIV, we can develop new methods of managing those stressors. For example, if cutting is what we do when tormented by feelings of grief or alienation we can explore diverse ways to express emotion. We can learn to transition from blood to tears. If SIV serves to manage anger or rage, we can learn to harness the energy of anger for direct or indirect action, directing the energy outwardly. If SIV occurs in the context of experiencing flashbacks of past abuse we can learn grounding skills or cultivate our artistic expressive abilities to allow the images to flow.

Whatever the reasons for SIV there are creative options to explore. These are not simple substitutes however; they arise from internal emotional and spiritual work rather than behavioral control. It is crucial to also recognize that healing the wounds of the past can mediate the triggers for SIV. Many people find they no longer need SIV when they work through historical trauma. They may never focus on SIV directly at all, yet find that they no longer need it. Healing work is relational, expansive, and transformational in nature, which is very different from the targeting of behaviors in an attempt to control them.

4) We can do this process of learning more about our own SIV, deciding what, if anything, we want to do about it for as long and as much as we choose. Our personal value is not determined by whether we self-injure or not.

Healing from SIV can be facilitated. If someone chooses to heal then they can benefit greatly from various supports such as a safe environment (free of the threat of violence and control), people who understand and support the person (as Alice Miller has written, an "enlightened witness" is a crucial presence in the lives of people who have healed from childhood traumas), and peers with whom one can feel understood. This newsletter has served to bring people living with SIV together over the years, at least in written form, to provide a community of shared understanding regardless of how or why a person self-injures. It is my hope that this community of similar souls can tend to themselves and each other in a gentler way by nature of having a place where understanding is present and judgment is not. Over the years people have written to me to say that they no longer need SIV and I have asked them to tell me what was important to them in their journeys. Here is a bit of what I've been told:

- SIV is easier to stop when it no longer feels desperately needed, and this is a result of life changes rather than a singular decision to stop SIV. Few, if any, people want the shaming and stigma that come from living with SIV. However, when we are in such turmoil that SIV is necessary for us, dealing with the intensity of the moment is the priority. When the stress lessens, and we are able to expand our options for dealing with it, then SIV becomes less necessary.
- The need for SIV often decreases with time as life options increase and as one's past history

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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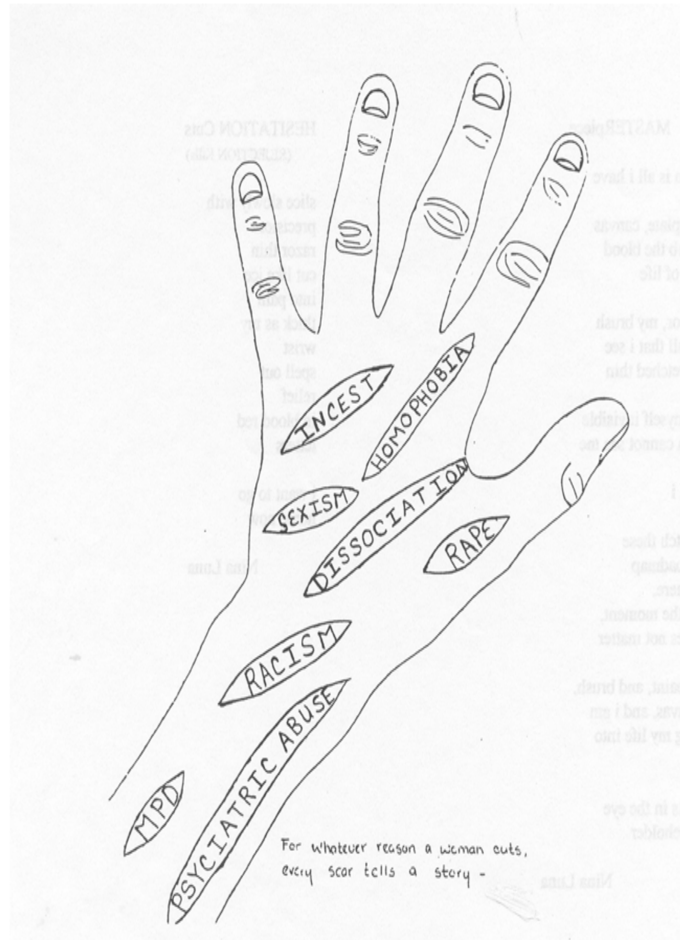
of trauma, whatever form it takes, is gently explored and understood. This is an empowering process, one in which we learn about our own histories and motivations for SIV as well as the limitations past trauma has left us with.

- Putting SIV in its place as a coping mechanism, a tool for survival, is helpful, whereas perceiving it to be proof of pathology or "badness" perpetuates trauma and SIV. It has been crucial for many of us to learn that we are not insane or helpless because we live with SIV.

- SIV makes sense and has its personal reasons, yet we are not alone, as many people share similar motivations for the SIV they live with. We can learn compassionate understanding of SIV by experiencing connection with others.

- When the profound pain, despair, terror, rage, confusion and dissociation of trauma begin to heal, so does SIV; as we learn that SIV has its reasons, our shame about ourselves for the SIV in our lives diminishes. Healing the shame around needing SIV is crucial.



- While support and compassion are very helpful in healing the psychic as well as physical wounds of SIV, we have learned to be cautious in our disclosure since SIV is often overreacted to and severely pathologized, even by mental health professionals who work with trauma survivors. Punitive and controlling responses from others have not been helpful in stopping SIV. As with other intimate issues, openness regarding SIV can facilitate healing, yet it is important to assess the potential costs of disclosure. There are people being stripped of their freedom (and literally, their clothing) as a consequence of disclosing SIV at this very moment. Coercion occurs frequently and most of us find the experiences of forced psychiatric interventions very harmful. We have learned that professional help is not mandatory for healing, that there are many pathways for healing that are outside traditional systems of "care."

- A fundamental impact of trauma is disconnections from self as well as others. SIV is often an attempt to reconnect. Healing from SIV occurs in a context of relationships, the primary one being that which we have with ourselves.

Finally, let's consider SIV from a societal level, looking at the factors that contribute to people turning to SIV to begin with. Certainly we can envision that SIV would rarely exist in an environment in which abuse, neglect, poverty and bigotry are not supported, where awareness of such is not silenced, and when lives are not hectic and full of violence in its many forms on a consistent basis. SIV serves many functions. Perhaps its societal one is as an indicator of where we stand in regard to our compassion for all, a tolerance for emotion and difference, and a commitment to diversity and true freedom. It is amazing that such an apparently narrow issue as SIV can serve as a beacon, yet it does. In fact, the personal path of healing from SIV is a parallel path to decreasing all forms of societal violence. When we collaboratively address the roots of SIV in ourselves, our families, and our communities we will begin to change our larger environment. It is these changes that will ultimately lead us to a society where people no longer need to turn to a razor or a knife to help themselves. People who choose to heal, one person at a time, facilitate a much greater healing. Let us support them, and ourselves, in that endeavor.

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It stabs like a knife to the bone
As i bleed in the darkness alone
There's no one to blame
No forgetting my shame
The blood on my hands is my own

Nothing at all makes sense
When the turmoil within is intense
But when incision is made
With precision and blade
Relief is a warm crimson rinse

The scars in my skin never fade
i stand before God unafraid
No defying the proof
Or denying the truth
i'm the biggest mistake ever made

my spirit is falling too fast
Through a realm of despair so vast
Unless love has an ear
And chooses to hear
The next cut could be the last