



Welcome to the 62<sup>nd</sup> issue of *The Cutting Edge*. Thank you for your continued support of this work. Please keep sending in your prose and poetry, opinions, and artwork. Your voices are crucial. Your stories, feelings, and experiences connect us with each other and provide us opportunities to gain wisdom, understanding, and compassion, for ourselves and each other.

Through my work with the *Center for Women, Violence and Trauma* I have been given the opportunity to create some short writings to help teachers, emergency room personnel, parents and friends, doctors, and mental health professionals better understand self-injury. I am asking for your help in making these products as useful as I can. I am interested in learning what you think you would like these people to know, what you would want to teach them. Are there experiences that you have had with people at school, work, or in health care that have been helpful or hurtful? How has living with SIV impacted the way you are perceived and treated? What attitudes have you experienced from others? Please drop me a note or a letter and let me know what you think. I'd be most grateful for your help. ©

—Ruta Mazelis, Editor

## Living with SIV: Who We Are

The focus of this editorial came to me as I was struggling to meet the deadline for this issue. I've had a hectic fall, which culminated with a trip to the Surgeon General's meeting on women and mental health, at which I hoped to emphasize the impacts of trauma, neglect, and abuse on so many people's mental and physical health. I took several roles with me to the meeting. I went as a consultant, a writer, a teacher, and as a person with lived experience of healing from trauma. And I went as a person who had used Self-Inflicted Violence (SIV) to cope with a multitude of pain and struggle as a result of that trauma. A long flight home, and miles of walking dogs through the countryside, got me to thinking about the various roles that I had carried with me and how I experienced them. My professional role as a consultant was familiar; the one as a person who has lived with SIV was the most vulnerable, the most challenging. I decided to consider the impact that living with SIV has on a person's identity.

What does it mean to our sense of self to have the need to, at times, cut, burn, or bruise our own bodies? How does that impact the way others perceive us? Often those around us, as well as we ourselves, focus intently on the fact that we live with SIV. Living with SIV sometimes becomes such a focal point that other aspects of our complex lives are disregarded.

When I am contacted to do workshops on the topic of SIV it is not unusual for

the request to sound like this: "Can you come teach us about cutters?" or "Do you do workshops on treating borderlines?" The traditional mental health system uses labels to identify people, and these terms narrow how people are perceived. "Cutter," "self-mutilator," and "borderline" are some of the labels given to people living with SIV, as if to suggest their identity could be determined by a single behavior. Such labels say that a whole group of people can be understood in a very simplistic way.

The consequences of limiting people in such a way can be devastating. Pamela Grim, M.D., quoted in a newspaper article, referred to "borderlines" (the diagnosis of Borderline Personality Disorder is the most frequent one given to people who live with SIV) as "extremely problematic to treat—unpredictable, manipulative, and exasperating." The use of the word "exasperating," which cannot be presumed to be at all a clinical term, is indicative of the how the person with this label will be judged. And, therefore, it cannot be surprising that the person labeled "borderline" will experience the professional as unpredictable, manipulative, and exasperating as well.

Labels such as these fuel the perception that people living with SIV are undesirable, untrustworthy, and that one should treat them with apprehension at best, and avoid them if one can. How do such punitive words and demeaning perspectives impact the person living with SIV who might be seeking help? How do

Cutting

It's not classes but  
 your body you're cutting now  
 Trying to feel something  
 to make you feel "wow!"  
 Then again something in  
 the cutting that cuts the pain  
 Tears and blood fall  
 down in a hopeless rain  
 It's a disorder called  
 self-mutilation  
 If anyone knew that  
 you were cutting away your  
 pain  
 Would they think it's  
 just Bonnie or insane?

Sharon Blaisdell

Numb

Death has numbed my ears  
 Pain has numbed my feelings  
 The razor ahs numbed my arms and legs  
 The choices I have made  
 Now effect my ways  
 No shorts.

Josie Smith

such beliefs impact one's own sense of self and identity? The answer is sadly obvious.

Historically, when doing a presentation, the higher up the professional "food chain" my audience is, the less likely I have been to talk about my own history of living with SIV. Yet, interestingly, this has changed as I've worked more and more at the federal level, where my personal experiences are seen as an asset to the work that we do. This is certainly a hopeful shift.

The issue of SIV has gained much public attention in the past five or so years, especially the acknowledgement that many young people are turning to cutting and other forms of self-injury. People who live with SIV are now more aware of the existence of others who struggle in similar ways, and this is very hopeful. Yet the vast majority of those who live with SIV, including young people, do so in secrecy. Such secrecy can bring with it intense shame about oneself, yet it can also protect a person from the unwanted interventions of others. Amy's poem is a moving example of living with hidden SIV:

Excellent and effective  
 An excellent worker –  
 The day flows by  
 smiling and productive  
 with co-workers –  
 The night falls  
 And with it the façade –  
 Terror, lost time, flashbacks –  
 Burning off the filth –  
 Cutting away the painful memories –  
 Beating the offending parts –  
 Whatever it takes  
 to find a moment of  
 Relief –  
 Until tomorrow comes –  
 And I begin again –

For a different perspective, a relatively new one for most people, there are

some young women and men living with SIV who refute shaming and judgment by others with what has become known as "cutter pride." The pride comes from seeing SIV as a useful aspect of their lives and from resisting secrecy, as well as from refusing to take on labels and pathologizing of SIV from others. This refusal to accept shaming is a powerful act, though it is perceived to be a simple act of rebellion. Yet what a difference it must make to one's identity to reach for power and strength rather than hiding and shame. People who see their wounds and scars as "battle scars" are claiming not only survival, but a victory.

Carl Rogers wrote: "The curious paradox—that when I accept myself just as I am, then I change." If I accept myself as someone who has needed SIV, without judgment, how does that change me? Rather than being oppressed by our own or someone else's shame, exploring the meaning of SIV in our lives can lead us to a greater understanding of ourselves. If we focus solely on eliminating a behavior then we learn little from its existence. If we summon up our courage and curiosity to explore what it has to teach us we gain a wealth of understanding about who we are, the sources of our deep struggles, and our hopes for a different life.

For example, if we cut in order to reconnect ourselves with our bodies and the present moment, to bring us back to ourselves, we can wonder about why the disconnection happens in the first place. We can explore the roots of the dissociation, and these will bring meaning to our experiences and feelings. If we cut to help ourselves manage intense emotional pain, we can explore what we've been taught about experiencing difficult emotions as well as the root of the pain. If the pain seems too intense to be caused by a current event, we can look for traces of its history in our pasts. We can learn a

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twenty years of his career, and that it was important to find professionals who understand SIV, noting that not all do. All in all, this article is an example of the increasing awareness of SIV, its roots, the coping that it provides, and the complexity of healing. This is progress compared to the dramatics and pathologizing of previous pieces. I hope that more reporters begin to see SIV in this way.

*When the Body Says No: Understanding the Stress-Disease Connection.* Gabor Mate, M.D. Copyright 2003. Published by John Wiley & Sons, Inc., Hoboken, NJ. 306 pages.

You may wonder why I would review a book written about the connection between stress and serious, sometimes fatal, physical illnesses in this newsletter. After years of focus on reviewing mental health literature, imagine my surprise at discovering one of the finest and most

moving books on healing—written with a focus on physical health.

Gabor Mate is a physician who is also an excellent writer, which makes this book fascinating to read. In this book he eloquently exposes the historical and emotional roots of diseases that had previously been thought to only have biological or genetic causes. While summarizing the latest ground-breaking research, in combination with stories about the experiences of many of his patients, he brings together the need to understand the link between mind and body. This discussion is framed by looking at various common diseases, including heart disease, cancer, diabetes, multiple sclerosis, cancer, and others, from the perspective of the emotional lives and commonalities of the patients.

While psychiatry as a profession, with the backing of the pharmaceutical companies, remains adamant in its stance

that "mental illness" is biological in nature, it is the physical medicine practitioners, such as Gabor Mate, that are beginning to understand the impact of trauma and emotional repression on health as a whole. This is extremely hopeful information not only for those physically ill with serious disease, but for all those struggling with the repercussions of trauma as well. Of particular interest is his final chapter in which he describes what he calls "the seven A's of healing." All of these (such as awareness, attachment, and assertion) are guiding principles for healing not only from physical illness, but from emotional and spiritual struggles as well. While traditional psychiatrists continue to promote coercion and drugging as solutions to SIV and the emotional pain that drives it, it is a family practitioner that offers some of the most grounded and profound advice. This book is a bestseller in Canada, and it is my hope that it becomes one in the United States as well. ©

I lay my fingers tenderly upon them  
 some fine and white with age  
 some tanned brown, smooth and flat  
 Some raw. Raised. Angry  
 Too new to be at peace with being.

I have been asked if I feel shame over their being.

Shame?  
 Does the conscripted soldier  
 feel shame over shrapnel wounds?  
 Remnants of past savages.

My battle scars!

The undeclared war rages on  
 At times, the desire to abandon the fight is  
 Fierce

I am often dizzy from the wrath of the battle.  
 Unsure of which direction leads us upwards  
 Conscripted to be part of this torment  
 Rightfully ensnared by the Furies

In the pale lull between skirmishes  
 I find reassurance in these fine lines and jagged squiggles  
 which bisect my arms, crosshatch my abdomen  
 Each one evidence of blood spilled into the swirling spiral  
 But each, too, evidence of a battle won  
 not without costs, but not without compensations.

I am.

Bottom line.

I am.

C. L. Davis



## Resource Review

*Unspeakable Truths and Happy Endings: Human Cruelty and the New Trauma Therapy*, by Rebecca Coffey. Copyright 1998. Published by Sidran Institute Press, Baltimore, MD. 226 pages.

The most fascinating aspects of this book, amongst many, are Rebecca Coffey's ability to consider the impacts of human cruelty through a much wider lens than most other authors, and her perspective on trauma as a writer (not as a clinician or survivor). While many have focused on survival of specific types of extreme brutality, such as writings specifically about incest or political torture, this book is one place where these types of experiences are considered holistically. On the front cover the author writes that this book is "For survivors of all kinds of extreme human cruelty—street crime, family violence, sexual assault, incest, war, political terror, the Holocaust—and for survivor's friends, family, and therapists." While a very broad claim, it is true, this book does bear fruit for all. It teaches not only about the impact of trauma but about how we, as a collective species, are both mesmerized and avoidant of knowing the truth regarding human cruelty.

My struggle in writing this review is that I want to quote so much of the book, to write for pages on what is offered here. I commend the author for taking on such topics as the arguments about recovered memory and "false" memory, and, while discussing the nature of healing and resilience, not presuming that all who survive horror actually heal or that those around them support their healing. In the first chapter, Rebecca Coffey gives us our ultimate challenge, to listen and bear witness to survivors (and the reasons why doing so is a rare act of courage) when she writes "while some find their spirits resilient, many of us will be left degraded by the experience and ostracized by society. The reason for our social exile: We will be living proof that not all stories end happily. And the possibility of unhappy endings to true stories with innocent protagonists is an unspeakable truth too personally threatening for almost anyone to acknowledge."

I don't recall SIV being mentioned anywhere in this book, yet I believe what you find written here will help you understand the impact of human cruelty, in its many forms, and the ways people survive and manage the aftereffects of survival. Therefore, it will help people understand that nature of need-

ing SIV. In the many human stories written here you can bear a bit of witness to the person who is opening him or herself to you and, in so doing, bear witness to yourself. In a book about extreme human cruelty here you can also find learnings about extreme human potential. I hope that you don't pass this up.

**"Teen Trend Often Misunderstood"**  
Melissa Griffy Seeton. *The Repository*, Canton, OH, Nov. 13, 2005.

I was curious to read this article as it had made the front page of the paper from the city closest to where I live. What I found was a fairly typical piece, part of the current trend in reporting on SIV as if it is a new phenomenon, one that is limited to youth, focused on young white women. Yet this article had more insight than most as it followed a young woman's story of living with cutting. The reporter was able to identify the emotional struggles that led to the need for SIV and, although this was dealt with rather shallowly, I was relieved to see some of the traumatic origins identified. Also refreshing were comments made by a mental health provider who stated that he had met people who self-injure over the past

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bit more about who we are and why we feel and act the way we do. When we have a glimpse of the history that brings us to the moment of needing to cut ourselves (or punch ourselves, or burn ourselves, or any of the other means of self-injury that we turn to) we begin to understand that we are not simply insane or "bad," but are coping with deep, internal wounds. And wounds can heal to at least some degree. This brings hope for a future and compassion for the present moment in which one might be bleeding. How different than simply saying "this is crazy and it needs to stop!"

In the past seventeen years I have had the privilege of listening to and speaking with many people who have found it necessary to self-injure, to live with SIV in its many forms. My desire to create this newsletter came from a deep need to connect with people who understood that experience and to create a place where we could express ourselves without fear of judgment. I have met many delightful, courageous, and powerful people through this work. They are as varied a group as any. Yet in sharing this life with SIV, we have shared not only the pain and fear, outrage, and desperation, but also our journeys to greater understanding and tenderness.

There are therapists who are doing excellent work helping others walk the journey of healing from trauma. Some of these therapists are people who live with SIV. There are all sorts of people who live with SIV and cannot expose that aspect of their identities for the very real fear that doing so would cost

them their careers or their freedom. One of the physicians I trusted with my care, something very difficult for me to do, is a person who lives with SIV. She saw me through a medical crisis with expertise and compassion. There are many people in various roles who live with SIV, yet neither the public, nor the professional mental health community, is aware of them. There are accountants and physicians, waitresses and veterinarians, activists and clergy in our midst who are living with SIV. People living with SIV are mothers and fathers as well as sons and daughters. Some are gay, others straight, some single, others divorced, some married for decades. The differences abound though a common bond remains.

Yet, psychiatric literature focuses on pathological labels and the management of "symptoms," of which SIV is one of the most strongly reacted to. The media has focused the vast majority of its attention on a supposed new epidemic of young women "cutters" as if this were a new phenomenon. Neither the media nor the professionals writing in the psychiatric literature has turned with much interest to the people who are the true experts on the topic: those who have lived with the need for SIV, and those who have healed. Where can those voices be heard, be honored? I have been privileged to publish some of these voices here in *The Cutting Edge*. I am extremely grateful to those of you who have let me into your lives so that I might have the honor of teaching what you have taught me.

Discovering and creating our bounda-

ries helps guide us in discovering and creating ourselves. We are complex people and it is not often useful to label ourselves, or to accept labeling from others as definitions of who we are. We are more than "cutters" or "borderlines." Always. Who are you? Part of your identity might be a person living with SIV, yet there is certainly so much more to you than needing to cut or punch or burn yourself. What are your passions? What do you care about? What stirs your heart and soul and mind? How do you perceive yourself? What is your identity, and how does needing self-injury impact your sense of self? I think these are very useful and interesting questions.

SIV exists wherever there are people living in pain, surviving abuses and losses and coercion. Men and women, young and old, wealthy and poor, and of many gloriously diverse races and cultures have turned to SIV (other mammals do so as well as SIV is not uncommon amongst mistreated and neglected animals). Consider that this newsletter travels to five continents, and let that expand your beliefs about who lives with SIV. As we consider the idea of personal identity, let us reflect on our group identity. People who live with SIV differ in a great many ways, yet we share a rich common ground of survival. Our community can provide for itself the gifts of connection, information, inspiration, and hope. We can rely on these for our journeys toward greater peace, whether we stop needing SIV or not. It is my deepest hope that *The Cutting Edge* has been able to provide a small place for this to exist. ©

I cut myself to see if I can feel  
I try to bleed to see if I am real  
Worthless? Yes Worthwhile? Never  
Cared for? No chance Depressed? Probably  
They fill me with BS and push me away  
and say I have no "issues"

Alone on the street with nothing to do  
but to cut, so I do, the blood drips at first  
and then it starts to flow down my  
arm and onto the floor

Josie Smith

## For Children Who Keep Banging

This poem was written in the 1970s at a time when I left my family of three children and husband. Leaving children is a very hard thing to do; but knowing that you can't take care of them is even worse. Thus, I have always felt a communion with mothers who leave, abuse, or hurt/kill their children. Who reaches out to them/us? I read with interest the newsletter, *The Cutting Edge*, each time it comes and congratulate Ruta for her steadfastness in continuing to publish it. My frustration with myself is finding a place where I fit. I had never been hospitalized but think I belong in the category of "Lost," or Abandoned, or Dis-connected—to leave the medical model terms out. To put oneself together, remembering abuse or neglect (not intentional, as I have discovered) is a lifetime project. I am better able to articulate this type of abuse than before but many of the memories are still buried protectively, peeking out when safe to do so in photographs or snips of conversation with family members that piece together my story. I am sure some of you can relate to this. The ups and downs are painful; I wonder if it will ever end. But the silver lining is I keep trying. Now, years later, I have many grandchildren and I try to be a good grandmother. I continue to work on alternative ways to end the abuse and coercion in hospital settings, particularly the use of seclusion and restraint. To work creatively in my work life and my personal life is my continuous goal. I send hope and courage to all of you out there who can identify with me and who are also working to change. We are the only ones who CAN change, both ourselves and those who try to help us. We Know. —The Poet

She is seventeen	waves going	with no more
and bangs her head	through her head	courage
on walls	they call electroshock	she has nothing
she bangs her head	each time	left
her hands until	a little more	her heart
when they're	electrocution	is broken
raw they tie her down.	they carry her	against the side
They tie her down	on carts	of her head
until when they can	her heart	And it is like
do nothing with	is damaged	the little
her they seclude her	until there	girl
in institutions	is nothing	they left in
where still nobody	more she	a closet
can do nothing	still bangs	and didn't
they sign papers	her head	feed her
tucking her	until	and left
down on the table	there is no more	with not enough
leather straps	thought	she too
and tie her brain	left	a little
to the sound	is the way they	day each more
of a second	want her	she died

until she no	death when	all the
longer	the hands reach	empty answers
cried.	out	and all the
I watched	only they're	filled up institutions
her then	so scarred	maybe if we
just a little	from banging. . .	keep trying to
girl, age twelve,	These little	tear down
and no more	girls	what people
nothing they could	keep calling me	don't know
no more	now	we can
if they tried	sometimes I wish	reach out
do something more;	they'd stop.	with our hands
She died then	Don't call me	if we get
a little girl	Don't call me	close enough to
not to cry	but still the	Touch
anymore,	telephone rings	If we Touch
and like	with a little	This is what we
I know these	girl. . .	Have
little girls	Somehow we together	For children
like I know	if we try	who keep
myself	can call back	banging. . .
just crying	to her.	This is the
and trying	Somehow if we	answer.
to remember	stop sitting	
the last time	here we can	BLUEBIRD
the leather	take away	
strap came	the leather straps,	
down is when	the metal plates,	
I started	take away	
banging back	the tables	
only my	and the empty	
head kept dying	rooms and maybe	
is when the	together if we	
thought of	take away	