



Living With and Healing from Self-Injury (Self-Inflicted Violence)

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There is greater attention being paid to the idea of self-injury lately, both in the mainstream press as well as in the mental health professional community. While awareness is increasing, there is also a great deal of misinformation about the nature of self-injury and the ways that people heal. While many consider self-injury to be indicative of insanity or attempts to simplistically manipulate others, the issue is much more complex than that.

You are not alone, bad, or crazy.

What is Self-Inflicted Violence (SIV)?

SIV is the intentional injuring of one's body as a means of coping with severe emotional and/or psychic stressors. While cutting is the most prevalent form of SIV, there are many others as well, such as burning, punching, picking at one's skin or nails, and others. Some people use multiple forms of self-injury and each serves a different purpose. Many who self-injure do not experience physical pain at the time. Although self-injury is often referred to as "self-mutilation," mutilating the body is very rarely the goal of SIV.

Who self-injures?

While the media is most fascinated with the stories of young white girls and women, people of both sexes, all ages, races, cultures, and sexual orientations, and from all socioeconomic backgrounds as well as professions live with SIV. Most people who self-injure begin to do so in childhood or adolescence. For some, the SIV is a single event, for most it continues for years. While some people are open about their lives with SIV, many keep it a secret. It is only in the past several years that awareness has increased about the prevalence of SIV in the lives of boys and men and people from very diverse backgrounds. SIV is not a new phenomenon.

SIV is a coping tool; it is not a weakness. It has gotten you through.

Why do people turn to cutting, burning, punching, and other forms of SIV?

The primary purpose of SIV is to provide a way of coping with what feels intolerable. It is a strategy for self-preservation rather than self-destruction. SIV and suicide are not the same. SIV is used by some people to avert suicide. Although we may not realize it at the time, most people who use SIV to cope are attempting to manage feelings of intense helplessness. As traumatized children, we were robbed of the power to change, or exert any control over, what was happening, leaving us helpless in the face of overwhelming

fear. We learned to use SIV because it works. Self-injurers who wrote to the newsletter *The Cutting Edge* (www.healingselfinjury.org) stated that SIV allows them to take control over their own bodies, their own pain, and their own nurturing and healing. People who live with SIV say it helps to:

- Relieve intense feelings, such as despair, rage, and terror
- Release internal psychic pressure (like a pressure cooker valve)
- Physically express emotional pain
- Ward off memories of trauma
- Stop flashbacks
- Disconnect from self and surroundings
- Reconnect with self and surroundings
- Avert suicide
- Physically reenact past abuse
- Prevent violence towards others

*I cut to feel alive.
Within an empty soul
no part of me feels
until the razor carves a straight path.*

*I cut to honor the child.
She, who absorbed so much,
received so little joy.
I am now one with her pain.*

*I cut out of anger.
How dare they use me
as a vessel for their perversion
as a sex toy to discard!*

*I cut to remember.
Never forget the abusers
who tore into our body
producing trickles of blood.*

*I cut to emerge from dissociation
When I become lost
within my many houses
I need help in coming back to reality.*

*I cut to attract attention.
Outweighing my sense of shame
is the need to cry out and say
Look! I'm hurting! Please help!
—Paula Hurwitz¹*

What causes these underlying stressors that lead to SIV?

The underlying root of these stressors is almost always a history of some form of childhood trauma. Although they may not realize it at the time, most people who turn to SIV are attempting to manage the repercussions of trauma, specifically the experience of helplessness. Trauma that typically leads to SIV includes, but is not limited to:

- Loss of parent or significant other
 - Death
 - Divorce
 - Separation
 - Military deployment
- Neglect
 - Emotional and/or physical
 - Children of parents who are alcoholic, addicted, or psychiatrically labeled
- Abuse
 - Sexual abuse
 - Physical abuse
 - Psychological abuse
 - Emotional abuse
 - Witnessing violence
 - Intrusive expectations and power imbalance (parents, coaches, etc.)

Traumatic childhood experiences, especially ongoing, secret, and invasive maltreatment, are the most likely to lead to the use of SIV for coping. People who have experienced more than one type of “adverse childhood experience” are at increased risk for a wide range of physical and emotional problems throughout their lives.² SIV may be only one of several ways these survivors cope with the repercussions of trauma. For example, they may also self-medicate with alcohol or drugs, overwork, or take extreme physical risks, including unsafe sex.

You can heal.

What doesn't help heal SIV?

Currently, professional emphasis remains on efforts to stop self-injuring behavior at all costs. Sometimes, the people we want to trust to help us recover actually do us harm. Most people are angered, frightened, or disgusted by our behavior, including many in the mental health community. Interventions such as forced hospitalization, restraint and seclusion (being tied down or locked in isolation rooms), mandated medication, shaming, and “don't cut” contracts are coercive and retraumatizing. While they might make us stop SIV in the moment, they reenact our original loss of power and control and ultimately do more harm than good. Services that do not recognize the underlying struggles that SIV addresses, or that do not acknowledge the trauma at the core of our problems, are unlikely to promote healing.

Family and friends also tend to react strongly to self-injury and make demands that we stop immediately. Compassionate and respectful understanding takes time to develop for many who worry about those who live with SIV.

What does help heal SIV?

Our actions are informed by our history and internal experience. It is important to acknowledge how SIV serves us, as well as how it might harm us. Reflecting on our SIV provides us with an opportunity to understand our history and our strengths. We can learn not only to honor our survival but also to learn to expand our options for healing the wounds from which SIV arises. Doing so will ultimately heal us from the need to self-injure.

What helps is often not a direct focus on stopping the self-injury at all. What's most important is that it should be your decision if and how and when you want to focus on it. People heal in various ways. Some may want to directly address their SIV by consulting mental health professionals. Many discover that they no longer need SIV in their lives when they address the trauma in their histories.

Linking self-injury to an event promotes self-understanding and can provide a view of one's experience as making sense and of oneself as coping, as opposed to being out-of-control and 'crazy.'

—Pam Deiter, Sarah Nicholls, and Laurie Anne Pearlman³

Those who want to address their SIV directly most often benefit from having support to identify the purposes their self-injury serves and then begin to develop a wider range of choices for managing those issues. Having a mentor, someone who has experienced healing from SIV, can be of great benefit to those who are looking to stop self-injury. The benefits of finding a place where you can feel understood and accepted cannot be overstated. Also, many have found workbooks such as *Understanding Self Injury: A Workbook for Adults*⁴ useful in creating alternative choices for SIV.

The most useful approach is to find someone who will stand with you to witness and encourage this process of self-discovery and support you in remembering that you are a strong survivor, even at the times you most doubt it. This is the essence of trauma-informed care and the basis of healing.

Making decisions about living with SIV

We are all ultimately responsible for how we live our lives. Living with SIV has repercussions—many of us end up with permanent physical scars as well as the feelings of isolation and shame that come from how people react to us. While SIV may serve us well in the moment, its benefits are temporary and limited. People may judge us harshly and demand that we change. Ultimately, we hope that no one finds it necessary to turn to self-injury to cope with his or her life.

Yet it is up to us each individually to determine what we choose to do about SIV. Choice, in the context of lifelong power and control struggles, is a critical component of healing

from the many repercussions of trauma. Trauma by its very nature disconnects us from ourselves and the world around us. Healing from trauma requires a focus on self-understanding as well as the experience of understanding and support from others. Healing is not a linear process. The need for SIV may come and go. Needing self-injury is not an indicator that you are not healing; it is often part of an evolutionary process.

Willpower alone is not typically effective. Stopping SIV is more than making a conscious choice. It is important to acknowledge how SIV serves you while you explore other choices for tending to yourself.

You may not yet want to stop SIV; it may still serve an important function in your life. It is critically important that you decide when you are ready to end this behavior. If you are not yet ready to give up SIV, don't. If you try to stop hurting yourself when you aren't really ready or don't really want to, you are only setting yourself up to fail.

—Tracy Alderman⁵

The concept of “harm reduction” is useful in regard to self-injury: If you can't stop, think about how you can “do it safer.” For example, learn to tend to the wounds so they don't get infected. Keep a first-aid kit stocked and available. Have access to the name and number of a sympathetic support person who can help if need be.

Dealing with others

Disclosing to others about SIV requires consideration. If those around you react to SIV with their own need to make you stop, there is a risk of being forced into treatment that you might not want or find useful. Consider whom you choose to disclose to with caution. Yet disclosure is worth the risk when you ultimately find understanding and encouragement for healing.

There is support available to you, although it is not always apparent. While some may be repulsed by SIV, there are people who understand the need for it and who can support you in the journey of healing. When they have been respected, understood, and encouraged to explore other ways of managing their pain, people in the most difficult of circumstances (such as being imprisoned) have stopped self-injuring. More support is available than ever (see the list of resources below), although it might take some effort to find it. It is worth the search.

RESOURCES

Alderman, T. 1997. *The Scarred Soul: Understanding and Ending Self-Inflicted Violence*. Oakland, CA: New Harbinger Publications. (Also available from the Sidran Institute, 1-888-825-8249; www.sidran.org.)

Connors, R. E. 2000. *Self-Injury: Psychotherapy with People Who Engage in Self-Inflicted Violence*. Northvale, NJ: Jason Aronson. (Also available from the Sidran Institute, 1-888-825-8249; www.sidran.org.)

Constantinou, S. "Between the Lines: A Documentary about Cutting." Film, black and white, 16mm, 21 minutes. Available from Fanlight Productions, 4196 Washington St., Suite 2, Boston, MA 02131; 800-937-4113; fanlight@fanlight.com.

Deiter, P., Nicholls, S., and Pearlman, L. A. 2000. "Self-Injury and Self Capacities: Assisting an Individual in Crisis." *Journal of Clinical Psychology* 56 (9): 1173–91.

Hyman, J. W. 1999. *Women Living with Self-Injury*. Philadelphia, PA, Temple University Press.

Mazelis, R. 2003. "Understanding and Responding to Women Living with Self-Inflicted Violence." A publication of the Women, Co-Occurring Disorders and Violence Study funded by the Substance Abuse and Mental Health Services Administration. (Available free for download at <http://www.healingselfinjury.org/SelfInjury%20Fact%20Sheet%20Final.pdf>.)

Mazelis, R. 2007. "Understanding and Responding to People in the Criminal Justice System Who Live with Self-Inflicted Violence." The National Center for Trauma-Informed Care. <http://mentalhealth.samhsa.gov/nctic/publications.asp#criminal>.

Mazelis, R., ed. 1990–2008. *The Cutting Edge: A Newsletter for People Living with Self-Inflicted Violence*. Quarterly newsletter published from 1990 to 2008. Many back issues are available online at www.healingselfinjury.org or from the Sidran Institute, 200 East Joppa Rd., Suite 207, Baltimore, MD 21286-3107; cuttingedge@sidran.org; 410-825-8888.

Trautmann, K., and Connors, R. 1994. *Understanding Self-Injury: A Workbook for Adults*. Pittsburgh Action Against Rape. (Also available from Sidran Institute, 1-888-825-8249; www.sidran.org.)

Wilkerson, J.L., 2002. *The Essence of Being Real: Relational Peer Support for Men and Women who have Experienced Trauma*. Baltimore: Sidran Institute Press. (Also available for free download from www.sidran.org.)

Websites

Healing Self-Inflicted Violence: www.healingselfinjury.org

The Sidran Institute: www.sidran.org

The National Center for Trauma-Informed Care: <http://mentalhealth.samhsa.gov/nctic/>

¹ Excerpt from "Why Cut" by Paula Hurwitz, written in 1997 and published in *The Cutting Edge* 57 (Fall 2004): 7.

² See the Adverse Childhood Experiences Study conducted by Vincent Felitti, M.D., and Robert Anda, M.D. at www.acestudy.org. A video presentation is available through Cavalcade Productions at <http://www.cavalcadeproductions.com/ace-study.html>. Also available from Sidran Institute (www.sidran.org/store).

³ Deiter, Nicholls, and Pearlman 2000.

⁴ Trautmann and Connors 1994.

⁵ Alderman 1997.