



Self-Injury: Understanding and Responding to Those Who Live With 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.

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. Also, although often referred to as "self-mutilation," mutilating the body is very rarely the goal of SIV.

SIV is a very effective coping tool.

SIV is not symbolic of insanity, pathology, evil, badness, or manipulation.

SIV is not a suicide attempt! People who self-injure often say that knowing they can use self-injury to manage intense feelings is the only thing that keeps them from suicide. Some mental health professionals now recognize that focusing on the elimination of SIV at all costs is actually harmful and may even increase suicidal thinking or attempts.

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 as well as in people from very diverse backgrounds. SIV is not a new phenomenon.

What are people who self injure coping with?

The underlying root of self-injury is almost always a history of some form of childhood trauma. Although they may not realize it at the time, most people who use SIV to cope are attempting to manage feelings of intense helplessness. A traumatized child is robbed of the

power to change, or exert any control over, what is happening, leaving him or her helpless in the face of overwhelming fear. Trauma that typically leads to SIV includes, but is not limited to:

- Loss of parent or significant other, through
 - Death
 - Divorce
 - Separation
 - Military deployment
 - Neglect
 - Emotional and/or physical
 - Among children of parents who are alcoholic, addicted, or psychiatrically disabled
- 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.¹ 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 or take extreme physical risks (including unsafe sex).

Our tardiness in acknowledging the prevalence of self-harm is tied to our tardiness in coming to acknowledge the prevalence of violent trauma in our culture and the tendency toward violence in ourselves.

—Sharon Klayman Farber, Ph.D.²

Why do people feel the need to cut, burn, or punch themselves?

While often initially difficult to comprehend, SIV serves many purposes in the lives of the people who use it. They use it because it works for them, allowing them to take control over their own bodies, their own pain, and their own nurturing and healing. Although the effects are temporary, SIV helps manage profoundly difficult emotional states that the person might not feel able to manage in any other way. It may seem counterintuitive, but SIV is a strategy for self-preservation rather than self-destruction. People who use SIV say they do it for various reasons, for example, 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

Most people don't self-injure because they're curious and wonder what it would be like to hurt themselves. Instead, most SIV is the result of high levels of emotional stress with few available means of coping. Although it may be difficult for you to recognize and tolerate, it is important that you realize the extreme level of emotional pain that gives rise to SIV activities.

—Tracy Alderman, Ph.D.³

What helps people heal from the need for SIV?

People heal from SIV in various ways. While some find it useful to focus all their energies on eliminating SIV from their lives, others find that the need for SIV diminishes as they focus on healing from the traumatic experiences they have survived.

The trauma that leads to self-injury may include profound emotional pain and shame, disconnection from one's own body, the environment, and other people. The first step to healing is identifying the repercussions of past trauma. As the deep emotional pain is acknowledged and released, and the survivor learns about his/her strengths in survival and gains control over other aspects of his/her life, the use of SIV generally abates without specific behavioral intervention.

People who use SIV are often helped significantly by talking with others who themselves have healed from the need for SIV. Just knowing that others have gotten past the need creates hope for a life without self-injury.

For agencies, mental health providers, and private practitioners, trauma-informed mental health services are the key to helpfully addressing SIV. Trauma-informed services understand that a wide variety of psychiatric “symptoms”—including SIV—are adaptations to trauma that help profoundly wounded people cope.

I cannot just let go of today's knife and never get another one. . . . I do not need her to hold onto my hands to stop them from cutting. I need her to hear what the cutting expresses, what even I sometimes cannot hear.

—Denise F.⁴

What is hurtful to people who live with SIV?

Sometimes, the people who care most, and who genuinely want to help, actually can do harm. Currently, emphasis remains on efforts to stop self-injuring behavior at all costs. Family, friends, professional and paraprofessional providers often react to self-injury with confusion, anger, fear or disgust. They simply want the behavior to stop—now.

The greatest impediments to useful and effective response to self-injury are the feelings and reactions of helping professionals.

—Robin Connors, Ph.D.⁵

Those who care about a person who self-injures often feel it is their responsibility to keep the person safe, and feel it is their own failure if the person continues to cut or otherwise injure him or herself. This is a particularly poignant dynamic if the self-injuring person is a child or adolescent. But interventions such as forced hospitalization, restraint and seclusion, overmedication, and “don’t cut” contracts are coercive and shaming. These approaches reenact the person’s earlier experiences with loss of power and control and most often result in re-traumatization. The use of force is oppositional to healing from SIV and is counterproductive in the long run.

What can you do to help those who live with SIV?

To help someone who lives with SIV it is crucial first to attend to issues of power and control, allowing the person to make decisions about how and when to stop. This requires that you pay attention to your own intense reactions to SIV. Caring about a person who lives with self-injury can be quite frightening and confusing. Learning about SIV takes time and may be emotionally difficult. It is important that you nurture yourself in the process.

Deciding not to force someone to stop self-injuring is a crucial step in supporting recovery. Learning to listen supportively—without taking action other than listening—can be extremely challenging. It is also important to set personal boundaries and to resist offering more help than you can actually provide. Ask the person who lives with SIV how you might be of help and decide what you can do, based on her or his answer.

Learn from people who themselves have healed from the need for SIV. Help people identify their reasons for using SIV as well as to explore alternatives to self-injury that might satisfactorily serve the same purposes for them. Learn and share the principles of “harm reduction.” The main objective of harm reduction is to mitigate the potential dangers and health risks associated with potentially risky behaviors. The basic premise of harm reduction is that if a person does not choose to stop a behavior, that they consider how to make it safer. An example is learning to tend to the wounds of SIV so they don’t get infected.

All people do things to themselves that are harmful. While you may not ever have considered the possibility of cutting or burning yourself, you have probably coped with your own struggles in many ways, including some that are self-harmful. You may drink too much or too often; smoke cigarettes; or eat a whole bag of cookies in one sitting. You may lose yourself in

work 70 hours a week or exercise compulsively. Perhaps the best way to understand SIV is to reflect on your own self-harming behaviors. What are the stressors that trigger your own use of self-harm? How do your “unsafe” behaviors serve a purpose for you? How do they help you cope with the stressors in your life? Self-reflection and self-awareness can help you build a bridge of understanding and a supportive relationship with a person who uses SIV.

The importance of the relationship cannot be underestimated. Because the experience of trauma is isolating to begin with, and people react so strongly to discovery or disclosures of self-injury, a genuine connection based on mutual respect rather than on power dynamics is invaluable to those who use SIV.

Tell Me

*You drop my arm
Turn away quickly –
A stare in reverse,
But just as potent.
I didn't mean –
You address the floor.
I hope I didn't –
Are you OK?
Oh sure, I almost— laugh
Just a cut, could be worse.
We avoid each others eyes
As I rearrange my sleeve,
Pray for the discomfort to pass.
But what I really crave
Is the person who will hold on,
Meet my gaze, and say
Tell me where it hurts.*

—Diane M. Loud⁶

RESOURCES

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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/>

¹See 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

² Sharon Kalyman Farber, Ph.D., *When the Body Is the Target: Self-Harm, Pain, and Traumatic Attachments*. Northvale, N.J.: Jason Aronson, Inc., 2000.

³ Alderman 1997.

⁴ Commentary by Denise F., *The Cutting Edge* 63 (spring 2006), 5.

⁵ Connors 2000.

⁶ "Tell Me," by Diane M. Loud, *The Cutting Edge* 18 (summer 1994).