

Understanding Self-Inflicted Violence

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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
- People of both sexes, all ages, races and cultures, sexual orientations and from all socioeconomic backgrounds, live with SIV
- Accurate statistics regarding prevalence are problematic



Self-injury AKA:

- “Cutters”
- Self-mutilation
- Deliberate self-harm
- Delicate skin-cutting
- Parasuicidality
- Self-inflicted violence

Self-inflicted violence vs. indirect self-injury:

- Substance abuse
- Overeating/Dieting
- Unnecessary surgeries
- Smoking
- Overworking
- Overspending...



Common misperceptions regarding SIV:

- Suicide
- Manipulation
- Attention-seeking
- Masochism
- Addiction
- Obsession/
Compulsion
- Biological abnormality
- Adolescent phase
- Incurable

The stopped voice becomes a hand lifting knife, razor, broken glass to cut, burn, scrape, pop, gouge. The skin erupts in a mouth, tongueless, toothless. A voice drips out, liquid. A voice bubbles out, fluid and scabby. A voice sears itself for a moment, in flesh. This is a voice emerging on the skin, a mouth appearing on the skin.

Janice McLane, Ph.D.



The primary purpose 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 can serve to:

- Provide membership in a peer group
- Relieve intense feelings
- Decrease internal psychic pressure
- Physically express emotional pain
- Ward off memories of trauma
- Stop flashbacks of abuse

SIV can serve to:

- Increase dissociation
- Decrease dissociation
- Communicate between personalities
- Re-enact historical abuse
- Prevent violence towards others
- Symbolize spiritual beliefs

...child abuse contributes heavily to the initiation of self-destructive behavior, but the lack of secure attachments maintains it. Those subjects who had sustained prolonged separations from their primary caregivers, and those who could not remember feeling special or loved by anyone as children, were least able to utilize interpersonal resources to control their self-destructive behavior...

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Bessel van der Kolk



J.K. Rowling
did more for
raising consciousness
about (s)elf injury than
anyone



What About trauma?

The re-emergence of trauma as central

- Forgetting what we already knew – cultural amnesia
- We are now remembering, again
- Viet Nam veterans, Holocaust survivors, women survivors of battery and rape, and survivors of disaster lead the way
- SAMHSA WCDVS
- The ACE Study

What do we know?

- Trauma is the common link, the common ground, for most people who struggle with SIV and other psychiatric and/or substance abuse disorders
- There is great potential for healing from trauma, therefore there is great potential for *healing* from the need for SIV



What is trauma?

- “Trauma happens” – trauma overwhelms one’s normal coping responses
- Nature’s traumas versus human-induced traumas
- Obvious trauma versus secret trauma
- Childhood trauma versus adult trauma



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.




Examples of Childhood Traumas

- Medical procedures, esp. anesthesia and prolonged immobilization
- Illness of self or family member
- Loss of a parent or close family member
- Separation/divorce
- Death of a loved one or caregiver



Examples, cont'd

- War, either as victim or family member serving in military/refugee
 - Poverty
 - Parent with substance abuse or mental health struggles
 - Oppression due to race, sexual orientation, class, culture...
 - Witnessing violence
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Examples, cont'd

- Bullying
- Sexual abuse
- Physical abuse
- Psychological abuse
- Emotional abuse
- Emotional and/or physical neglect
- Ritualized abuse

Adding the costs of trauma

- Single incident versus ongoing
- One form vs. multiple forms
- Acknowledged vs. secret
- Coping methods



Changes in MH ideology – barriers to recognizing trauma

- The difference between disease and disorder – the “DSM”
- The 1990’s as the “Decade of the Brain”
- Acceptance of coercive practices
- WHO sanctions for unethical relationships in psychiatric research



Common perspectives re: SIV

“State institutions have been wonderful in curing people, because they don’t want to go there. They would rather go to a private hospital.”

Karen Conterio



“(Borderline) patients are extremely problematic to treat – unpredictable, manipulative, and exasperating.”

Pamela Grim, M.D.



“One patient provoked the staff into performing a prefrontal lobotomy; this procedure ended her self-cutting and ‘she afterwards busied herself cutting out paper dolls’.”

Bodies Under Siege



Consequences

- Most current psychiatric interventions, especially those directed at people who live with SIV, re-traumatize them
- This is especially true when coercive measures are used
- Current interventions revolve around symptom/behavior management rather than holistic recovery



Treatments for SIV:

- Hospitalization
- Physical restraint/seclusion
- Chemical restraint
- Psychotropic meds (antipsychotic, SSRIs, mood stabilizers, naltrexone, “cocktails”)
- ECT/rTMS
- Neurosurgery

Treatments for SIV:

- Behavioral therapy
- Contracting
- Psychoanalytical interpretations
- Replacement behaviors
- Trauma work
- Harm reduction
- Empowerment
- Peer support

SIV in context of a person's life

Viewing self-injury as a (particularly problematic) “symptom” apart from someone's history and internal experience compounds the individual's sense of disconnection and reinforces the self-injury as a coping mechanism.



Guiding Principles

- Unacknowledged trauma remains and can be discerned by its aftereffects and the coping mechanisms used to manage them
- Many of these aftereffects are managed by SIV, which can be considered to be an “all purpose” coping mechanism



The therapeutic goal is to help these patients speak the unspeakable, tolerate the intolerable, and manage the unmanageable.

Martha Stark, M.D.



DO
NO
HARM



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

Robin Connors, Ph.D.



From Trauma and Recovery by Judith Herman, M.D.

Trauma Experiences

- Disempowerment
- Disconnection

Recovery Experiences

- Empowerment
- Connections



“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.

excerpt from *The Cutting Edge*



Renewed connections foster basic capacities for:

- Trust
- Autonomy
- Initiative
- Competence
- Identity
- Intimacy



The Enlightened Witness

With the help of an enlightened witness our early emotions will stand revealed, take on meaning for us, and hence be available for us to work on. But without such empathy, without any understanding of the context of a traumatic childhood, our emotions will remain in a chaotic state and will continue to cause us profound, instinctive alarm.

Alice Miller



SIV makes sense

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."

Deiter, Nicholls, and Pearlman



What helps?

From Self-Injury, by Robin Connors, Ph.D.

Goal 1

Encourage communication about self-injury as a relevant aspect of the client's life that has some relationship to her/his past and other issues of concern.



Goal 2

Improve the quality of the client's life as it relates to self-injury by

- reducing shame and isolation,
- receiving adequate medical attention to the self-injury when needed, and
- decreasing self-criticism for self-injuring.



Goal 3

Significantly diminish the use of self-injury as a coping skill.



Only when the client *desires* to make changes regarding her behavior about self-injury should the second and third goals become central or *even relevant* to the therapy process.



Recovery Requires Relationships.

It cannot occur in isolation.

Judith Herman, M.D.



If we dare to see and to say what we see;
if we are willing to listen and to bear witness to the reality of what women survivors tell us;
if we are willing to become conscious of and oppose the roots of oppression, violence and cruelty within ourselves, our mental health system and our culture;
if we are willing to sacrifice our privilege and prestige by taking an unpopular stand in the age of biologism and misogyny;
if we are willing to enter into solidarity with those women who are survivors of abuse and who are rotting away in the back wards of our community residences and mental institutions...
if we are willing to see these women not as objects to be acted upon, but as real people...

then we are prepared to risk an “act of love.”

Patricia Deegan, Ph.D., Dare to Vision



LOVE

LIBERTY

COERCION

<i>people</i>	persons	agents, doers	objects
<i>value</i>	unconditional	earned, acquired	assigned
<i>force</i>	abhorred	in self-defense	arbitrary
<i>relationship</i>	gifting, sharing	voluntary	involuntary/ coercive
<i>attachment</i>	interdependent	independent	detached
<i>honesty</i>	maximized	contractual	restricted
<i>emotions</i>	joy, love	esteem, respect	helplessness/ emotional pain
<i>conflict</i>	resolved	barely controlled	suppressed/ exacerbated



If you are coming to
help me, you are
wasting your time.

But if you have
come because your
liberation is bound
up with mine,
let us work
together.

(unknown aboriginal woman)

